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Policy No: (= 22400:)	
Confirmed by: (Date: Time:)		rind: ()	Cover Type: ()	
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MNA120012548 / National Assessment Centre Services - Uti ENTRY DATE & TIME: 28/01/2020 20:58 SUBMITTED BY: Liew Shan Hui

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

aforesaid.		
THE PARTY OF THE PERSON OF THE PARTY.	ACCIDENT STATEMENT	
Date Of Report	28/01/2020 20:58	
Date Of Accident	23/01/2020 17:30	
Exact Location Of Accident	LOR 8 TOA PAYOH TWDS LOR 7 TOA PAYOH	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLF3635A	
Insured/Policyholder		
Name Of Registered Owner	ONG KOK HUA	
NRIC No	SXXXX993C	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-86707077	
Alternative Phone No	OFFICE-86707077	
Vehicle Particulars		
Manufacturer	HONDA	
Model	SHUTTLE	
Exact Purpose for which vehicle was being used a time of accident	t WORK	
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	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	5098498353-01	
Cover Note Number		
Driver		
Name of Driver	ONG KOK HUA	
NRIC No	SXXXX993C	
Date Of Birth	23/04/1966	
Occupation	OUTDOOR	
Date Of Driving Pass	16/12/2011	
Driving Experience	8 YEARS AND 1 MONTH	
Gender	MALE	
Mobile Number	(LOCAL) +65-86707077	
Fax Number		
Contact Number	OFFICE-86707077	
EMail Address	NOEMAIL	020000000000

Address

BLK 612C PUNGGOL DRIVE #04-881

Postcode

823612

Was driver an employee of the Insured's Company NO

OWNER

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) involved in the accident

2

Was any body injured in the Accident?

YES

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)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: SUGUNTHAN A/L GOPALKRISHNAM

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO. T/202000124/2023

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

EG2228B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Page 2 of 18

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ONG KOK WAH

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

SKETCH PLAN

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.
- 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.

my s

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 .:

GLAHAM Shirth Plant own, U.S.

CH PLAN			
	A		A: 5LF 3635 A 6: 66 2228 B.
CRIBE CIRCUMSTANCES	OF THE ACCIDENT	Lor & Te	a payon tools for 7
Refer +	· Police	Report	T 20200124 2023.
CLARATION Ve declare the foregoing par	ticulars are true in ever	ry respect.	
licyholder's Signature te & Time:	Driver's Signa (If driver is no Date & Time:	ture at the policyholder)	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

STARME Sketchillanform VS

ACCIDENT STATEMENT

ACC	DENT DATE: (23/1/20)	DD/MM/YYYY), TIME:((+;_3	<u>o</u>)(HH:MM)
LOCA	MION: Lor 8 Tog Pay	oh twels Lor 7 To	g Payoh.
1.	DETAILS OF VEHICLE	r 7/250	
	a) VEHICLE NUMBER:		
	b) INSURANCE COMPANY:	IMC.	
	c)POLICY NUMBER:		
	d)POLICY TYPE: (COMPREHENSI)	/E / THIRD PARTY / THIRD PARTY	FIRE & I HEFT)
	e)MAKE & MODEL: Hond	g stuttle	(OTHERS)
	f)TYPE:(SALOON / COUPE / MPV		
	g) VEHICLE CATEGORY: (PRIVATE h) PURPOSE OF USING AT ACCID	/ COMMERCIAL / MOTORCYCI	commercial
	I) ARE YOU CLAIMING UNDER YO	LIB OWN INSTIBANCE (VES/NOT	
	IF NO, PLEASE STATE (THIRD PAR		
2	INSURED / POLICY HOLDER	TO CAMP A RELOCKTIVE STATE	
51	A)NAME: ong Kok	Hug (MALE)	FEMALE)
	b)NRIC/FIN/PASSPORT:	CONTACT: 8	5707077
	c)ADDRESS:		
		7 N N	
	* CONTINUE TO 3.d IF DRIVER AL	SO POLICY HOLDER	
* No of passenge.	DRIVER		NEW CONTROL OF THE PARTY.
(Including driver)	a)NAME: /+3 /46 0 C		
(_2)	Office fried the out	CONTACT:	
<u></u>	c)ADDRESS:		
	*d) DATE OF BIRTH: (//_	\(\(\text{DD\(\text{MM\(\text{M\(\text{MM\(\text{MM\(\text{MM\(\text{M\(\text{MM\(\text{MM\(\text{MM\(\text{MM\(\text{MM\(\text{MM\(\text{MM\(\text{MM\(\text{M\(\text{MM\(\text{MM\(\text{MM\(\text{MM\(\text{M\(\text{M\(\text{MM\(\text{MM\(\text{MM\(\text{M\)}}}}}}}\end{\text{M\(\text{M\(\text{M\(\text{M\(\text{M\(\text{M\(\text{M\(\text{M\(\text{M\(\text{M\(\text{M\(\text{M\(\text{M\(\text{M\)}}}}}}}\end{\text{M\(\text{M\(\text{M\)}}}}}}}\text{M\(\text{M\(\text{M\(\text{M\(\	
М.	-LOCGURATION: INDOOR LOU	TDOOR!	
Sugunthan AlL	f)YEARS OF DRIVING EXPRERIENCE	E:	
	WAS DRIVER AN EMPLOYEE OF	THE INSURED'S COMPANY?	(YES / NO)
nopal Krish nan. 4.	IF NO, RELATIONSHIP OF THE	DRIVER WITH INSURED:	owner.
5.	a) WEATHER CONDITION: (CLEAR	/ RAINING / OTHERS	
	b)ROAD SURFACE: (DRY / WET /		
	WAS ANYBODY INJURED (YES / N		er.
7.	a) REPORTED TO POLICE (YES / NO	D)	10 a) r 0
		LICE STATION: Traffic	Ponte.
4 He of passenger	THIRD PARTY VEHICLE a) VEHICLE NUMBER: & G	222 PB MODEL	
	b) DRIVER'S NAME:	MODEL	
	c) NRIC/FIN/PASSPORT:	CONTACT:	
(_) 9.	THIRD PARTY VEHICLE		
3.E	d) VEHICLE NUMBER:	MODEL:	and the second
* No of passenger	OL DDIVED'S NAME.		- F
(Induding driver)	f) NRIC/FIN/PASSPORT:	CONTACT:	
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on Tresday			
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	VIDEO =	Yes.	





Date of Expiry:

1 of 4

Report No. T/20200124/2023

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Chinese

Occupation:

SELF EMPLOYED

REPORT OF	A TRAFFIC	ACCIDENT	Note Report No.: Station Diary		
Date/Time Report Made: 24/01/2020 11:07			Vide Report No.: Station Diary N		
Informar	nt's Particu	lars			
	Informant:		Address: APT BLK 612C PUNGO SINGAPORE 823612	GOL DRIVE #04-881 DAMAI GROVE	
ID Type	/ ID No.:) / S173799	93C	Contact No.: Home/Office:	Mobile: 86707077	
Nationali			Email:		
Sex: Male	Age:	Date of Birth: 23/04/1966	Type of Informant: Driver	Latin tion / School Name:	
Race:	Race:		Language: English	Institution / School Name:	

Type of Accident:	Non-Injury Attended by Polic	Drink Date/Title o		Type of Location T-Junction
LORONG 8 T	Traveling Toward Roa OA PAYOH OA PAYOH ONG 8 TOA PAYOH T		7 TOA PAYOH, NEAF	R TO TOA PAYOH
SOUTH CC Weather:		Road Surface:		Road Speed Limit:
SOUTH CC Weather: Clear Traffic Flow: Dual Carriag				

Driving Licence Information:

Class: 3A

Details of V	enicle invo	WASHINGTON TO COMPANY OF THE PROPERTY OF THE PARKS OF THE	100	Color	Condition	No of Passenge
Vehicle No.	Туре	Make	Model	COIOI	Slightly	0
EG2228B	Car				Damaged	
		LIGNIDA	SHUTTLE	White	Slightly	1
SLF3635A	Car	HONDA	1.5G CVT	VVIIIC	Damaged	

details of ver				
	hicle Insurance	Insurance No	Effective	Expiry Date
Vahiala Na	Insurance Company	Insulance No		





2 of 4

Report No. T/20200124/2023

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of V	ehicle Insurance	STATE STATE OF STATE	7	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
The Control of the Co	NTUC Income Insurance Co-Operative	5098498353-01	12/03/2019	11/03/2020

Details of Person	n Involved			200			
Any Pedestrian In	volved: No						
No. of Pedestrian		Use of Pedes	strian	Cross	ing: NA		
Driver				1993			
Name	Ho Kok Wah	IC	ID No.		S0452693G		
Related Vehicle	EG2228B (Car)	C	Contact No.		NIL		
Hospital/Clinic	NIL		Clinic NIL Class Drivin Licence Expiry		oriving icenc	g e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis		rge	NIL			
	ted Medical Leave NIL	Degree of In	jury	NIL			
Driver							
Name	ONG KOK HUA		ID No.		S1737993C		
Related Vehicle	SLF3635A (Car)	C	Contact No.		86707077		
Hospital/Clinic	PROHEALTH MEDICAL GROUPUNGGOL DAMAI PTE LTD		Class Driving Licent Expiry	g	Class: 3A Date of Expiry: NIL		
Date Treatment	24/01/2020	Date Discha	arge		1/2020		
	ited Medical Leave 03	Degree of Ir	njury	NIL			

Brief Details.

On 23/1/20 at about 1730hrs, I was driving my vehicle bearing vehicle number SLF3635A with 1 passenger onboard along Lorong 8 Toa Payoh towards Lorong 7 Toa Payoh. As I was driving on the said road, I saw a vehicle bearing vehicle number EG2228B approaching from Toa Payoh Industrial Park. As it was my right of way. I proceeded on. However, the mentioned vehicle did not stop at the said junction and proceeded on also, colliding onto the left rear side and left rear tyre. After the collision, we alighted from the vehicle. My passenger informed me that he was injured. I then called for the police and informed that my passenger was injured. About 20 minutes later, the ambulance and the traffic police arrived at scene. I was then informed to lodge a report regarding this incident. As a result of the collision, my vehicle's left rear passenger door was dented and could not operate. The left rear tyre rim was also damaged.

On 24/1/20, I woke up feeling pain at my back area hence consulted the doctor and was granted 3 days mc.

That is all.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 4

Report No. T/20200124/2023

CONTINUATION OF REPORT





Report No. T/20200124/2023

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

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: F / Sgt 3 LOUIS SEAH ZHENG LIANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/01/2020 11:07
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL	Classification Of Case:
Contact No.: 65476246	pringer-
Authentication Stamp	



Certificate of Insurance

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: 5098498353-01 Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle : SLF3635A

hassis Number : GK81004136

Chassis Number : GK81004136
2. Name of Policyholder : ONG KOK HUA

3. Effective Date of Insurance : 12 Mar 2019

4. Expiry Date of Insurance : 11 Mar 2020

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 or Hirer's business.

This Policy does not cover

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

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

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)
 : \$\$2,000

 EXCESS (SECTION 2)
 : \$\$1,500

 WINDSCREEN EXCESS
 : \$\$100

ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP : NO

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES
NCD PROTECTION : NO
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : ONG KOK HUA

NAMED DRIVER (1) : N/A
NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : INDEX CREDIT PTE LTD

SUM INSURED : 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)

Agency : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue : 18 Feb 2019 16:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

014

Authorised Officer

Chief Executive

Countersigned By:

aim Handling								
cident MT/1081996	STATE OF THE STATE	Vehicle No.	5LF3635A	G	ST Registration No.			
lcy No.	5098498353-01	2000 T-000 T-000						
rtificate No.	0.000.000			Pg	plicyhalder NRIC	517379	93C	
licyholder Name	DNG KOK HUA PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Lo	oading	0		
educt Code exact No.(Mobile)	86707077	Contact No.(Office)	9	0	ontact No.[Home]	0		
nail Address	86707077	Special Remark		**	Code	No *		
	- No Yes	TCA	* No Yes	e	Code Reisson			
×		NCD Entitlement(%)	0	P	rivate Hire	Yes		
D. Protection	No	370						
Accident Details		and the second s	Yes	A	ocident Type	Side Sw	pe	
port Date	29/01/2020 13:27	Accident Report Within 24 hrs			country of Accident	Singapo	ne.	
te of Accident	23/01/2020	Time of Accident hh;mm	17:30		CM No.			
porting Centre		Orange Force			S-01.7503			
ocident Location	LOR 8 TO A PAYOR TWOS LOR 7 TO A PAYOR							
₹ Excess						160.00		
wn damage Excess	2,000,00	Additional Excess	0	y	Windscreen Excess	100.00		
named Driver Excess	0.00	Outside Singapore OD Excess		2,000.00				
virsi Party Excess	1,500.00	Outside Singapore TP Excess		1,500.00				
⇒ Benefits								
GST Registered Informat	tion							
	No		GST Regatir	ation Date				
FT Registered FT Registration No.	77		GST Status	Verified	Yes			
odification History								
Salitation investig								
Policyholder Mailing Add		CONSTRUCTOR	NUMBERON DRIVE		Address 3	SINGA	PORE 823612	
odress 1	BLK 612C #04-BB1	Address 2	PUNGGOL DRIVE		Post Code	82361	2	
ddress 4		Address Type	Singapore address		2000	02.500		
mrt No.	04-881	Related Policy Number	5098498353-01					
₩ OI Driver Info								
triver Name	ONG KOK HUA	Driver Type	Hain Driver		Driver DOB	23/04	11066	
Innamed driver Name		Driver NRIC	\$1737993C			8	7,755	
Register Date of Driver License	16/12/2011	Driver Age	53		Driving Experience Contact No.(Home)			
Contact No.(Mobile)	86707077	Contact No.(Office)					PORE 823512	
Address 1	BLK 612C +04-881	Address 2	PUNGGOL DRIVE		Address 3	82361		
Address 4		Address Type	Singapore address		Post Code	82301		
ant No.	04-881							
Does he own a Singapore	Yes - No	Onver Vehicle No.			Driver Insurer Com	pany		
Registered car?								
Declaration								
Claim 001 OD-MX Non	d			OD-Mx v	Insured DNG K	OK HUA	Insured NRJC	517
Claim Type *					Contact		Contact	
Contact No.(Mobile)					No. (Home)		No. (Office)	-
Contact No.(House)					. 01		TP	No.
Email Address					Vehicle SLF36 Number	35A	Vehicle Number	EG:
Little Passi Cass					10/025		Name of Preferred	
Claim Description				SLF3635A / EG2228B ON 23 JW	n 2020		Workshop	
Preferred	Insured Liability Not at Far	ult T						
Workshop 0 Beamet No. Yes	Preferred Workshop, Option		ved *	,	Claim		Date	29/
Finalisation Date Registered	Dotson			29/01/2020 13:33	Close Date		Received	
					Workshop		Total Loss but	
Report Taken By				BEH SWEE YANG SHERWIN	Repairer		Repaired	
F Print AK letter								
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			Save Submit					
Attachment								
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	MT/1081996	Claim No.		001				
Accident No.	* Yes O No	Upload Date		29/01/2020 13:30				
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Accident No. Last Doc. Received	200,000		Clear	Please Select	Y NO	Y Normal Y		
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29/2020	Claim	Handling(accident	reporting	Claim Task	001 OD-MX)
Usel THE	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jan 2020 13:33	on NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-29
79E V	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) of 29 Jan 2020 13:33	NRIC/ Driving License	٧	Normal	NRIC/ Driving License 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Jan 2020 13:33	on Photos		Normal	Photos 2020-1-29
TOOL TO	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVICES) of 29 Jan 2020 13:33			Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) of 29 Jan 2070 13:33	on Photos		Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) (29 Jan 2020 13:33	on. Photos		Normal	Photos 2020-1-29
X	NAC_PAYA_UBI_80D601(NATIONAL ASSESSMENT CENTRE SERVICES) (29 Jan 2020 13:33	on Photos		Normal	Photos 2020-1-29
S.	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) (29 Jan 2020 13:33	on Photos		Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) (29 Jun 2070 13:32	on Photos		Normal	Photos 2020-1-29
0	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 29 Jan 2020 13:32	on Photos		Normal	Photos 2020-1-29
447	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) - 29 Jan 2020 13:32	on Photos		Normal	Photos 2020-1-29
	NAC_PAYA_UBI_BDD601(NATIONAL ASSESSMENT CENTRE SERVICES) 29 Jun 2020 13:32	on Photos		Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 29 Jan 2020 13:32	on Photos		Normal	Photos 2020-1-29
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