NATIONAL Assessment Centre	2 Services	1	NATV					
Date In: 3 2/20- 10:36	Jeb description	n	Date &Time Complete	Don.	e by			
Ref No: 4A MILLOOODTLIZY	SAS e-filing							
Veh No: \$4771E	E-mail (within	n Shrs, AIC 2hrs)						
D.O.A: 16/1/20 - 11: 40	i-Motor Cla	im Form	M7/108248-01	13/2/20	11:09			
And the second s	i-Motor W/	O (Within: OD 2h						
OD / TP / Reporting Only	i-Photo Uple	i-Photo Uploaded						
	Assessment/S	Survey Report						
TP Insurer:			to Owner/Wksp					
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:				
TP Particulars: Veh No: SICAT	3314	. INC ()/Non-INC()	500000 - East 1 to 1				
Owner / Driver: (Tel:)	action in the con-			
Policy No: () Peri	od: ()	Cover Type: ()				
Confirmed by : (Date:	Time:)				
Insured/Driver Liability: (%) [N	ote-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80	-100%]				
Year of Registration: () W	arranty: YES ()/NO()					
Excess: (\$) Loading: \$1,00	0()/\$2,000	0()						
General Remarks:-		DECH STANK						
() Walk-In Customer: Customer's inform								
() Total Loss Case : to e-mail Insurer	URGENTLY	-						
								
Drive-In ()/ Towed-In (); Invoice:	YES()/I	NO();T	owing Co: (
Remarks; (INC hotline: 6788 6616)		100	Date&Time Completed	Done	by			
	urtesy Car ()	Date & Time Completed	Done	by			
1) Apply for Transport Allowance ()/Co	urtesy Car ()	Date&Time Completed	Done	by			
Apply for Transport Allowance ()/Co QC Check / Post Repair Inspection	()	Date & Time Completed	Done	by			
Apply for Transport Allowance ()/Co QC Check / Post Repair Inspection	()	Date&Time Completed	Done	by			
Apply for Transport Allowance ()/Co QC Check / Post Repair Inspection	()	Date & Timb Completed	Done	by			
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()						
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()		Done				
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()						
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	()						
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	()						
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	()						
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	()						
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	(Anit (5)	Amu			
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	(paration Checklist.		() Amu			
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	(Invoice Pro 1) AR: Accident 2) DA: Damage	paration Checklist. Reporting (\$30); Assessment (\$100); INC	Ant (S) fat Bill SS0)	() Amu			
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time: Actions stimant's Particulars:	(Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F	paration Checklist. Reporting (\$30); Assessment (\$100); INC	Ans (5)	() Amu			
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions aimant's Particulars: iver/Owner:	(Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Fellow-T	paration Checklist. Reporting (\$30); Assessment (\$100); INC lee hrough Survey hrough Survey (Resurvey)	Amt(S) fst Bill 580) 40/545 5120 530	Amti			
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions aimant's Particulars: iver/Owner: ntact No:	(Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Fellow-T	paration Checklist: Reporting (\$30); Assessment (\$100); INC (see) Arough Survey (Resurvey) gainst INC Only (wef 10 Jan 20)	Amt(S) fst Bill 580) 40/545 5120 530	Amti			
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time: Actions aimant's Particulars: iver/Owner: ntact No:	(Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA	paration Checklist. Reporting (\$30); Assessment (\$100); INC (see Incomplete	Ant (5) fst Bill 580) 40/545 5120 530 05)	Amti			
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions atimant's Particulars':- iver/Owner: ntact No: maged Portion:	(Invoice Pro 1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Addition	paration Checklist. Reporting (\$30); Assessment (\$100); INC (see Incomplete	Anit(S) fat Bill 580) 40/545 \$120 \$30 05) \$75	Amu			
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions aimant's Particulars':- iver/Owner: ntact No: maged Portion:	(Invoice Pro 1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition	paration Checklist. Reporting (\$30); Assessment (\$100); INC (see Incomplete	Ant:(s) fst Bill 580) 40/545 5120 530 05) 575 \$160	Amti			
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions aimant's Particulars: iver/Owner: intact No: imaged Portion:	(Invoice Pre 1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C	paration Checklist Reporting (\$30); Assessment (\$100); INC rec hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 20 ption + SMRT Survey pnel Services Cor / Tpt Allowance p-ordination	Ant:(s) fst Bill 580) 40/545 5120 530 05) 575 \$160	Amu			
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions aimant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	(Invoice Pre 1) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition QD* *N5: Courtesy *N6: Repair C *N7: Fost Rep	paration Checklist Reporting (\$30); Assessment (\$100); INC rec hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 20 ption + SMRT Survey pnel Services Cor / Tpt Allowance p-ordination	Ant:(s) fst Bill 580) 40/545 5120 530 05) 575 \$160	Amu			
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions aimant's Particulars: iver/Owner: maged Portion: Checked by (Engr-In-Charge):	(Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Addition OD: *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col TP (N11): TP	paration Checklist. Reporting (\$30); Assessment (\$100); INC (See Survey (Resurvey)) gainst INC Only (wef 10 Jan 20 only) stion + SMRT Survey onal Services: Car / Tpt Allowance a-ordination nir Inspection lect Excess Coordination (Non INC) against INC	\$80) 40/\$45 \$120 \$30 05) \$75 \$160 \$3 \$10 \$23 \$33 \$20	Amu			
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions aimant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	(Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition OD *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	paration Checklist. Reporting (\$30); Assessment (\$100); INC (See Survey (Resurvey)) gainst INC Only (wef 10 Jan 20 only) stion + SMRT Survey onal Services: Car / Tpt Allowance a-ordination nir Inspection lect Excess Coordination (Non INC) against INC	\$30 \$160 \$10 \$25 \$20 \$30 \$31 \$31 \$32 \$32 \$33 \$33 \$34 \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$35				

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.
- 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.

aloresaid.	
(*) Proposition and American Service and American Service (*)	ACCIDENT STATEMENT
Date Of Report	03/02/2020 10:36
Date Of Accident	16/01/2020 21:40
Exact Location Of Accident	TAN TOCK SENG HOSPITAL CARPARK
Country/State of Loss	SINGAPORE
D. D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFU7771E
Insured/Policyholder	
Name Of Registered Owner	HAJI AGUS BIN ABDULLAH
NRIC No	SXXXX476D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81217076
Alternative Phone No	OFFICE-81217076
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	CAMRY 2.0 AUTO ABS AIRBAG
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5067328639-04
Cover Note Number	
Driver	
Name of Driver	HAZWAN BIN AGUS
NRIC No	SXXXX724D

 NRIC No
 SXXXX724E

 Date Of Birth
 15/06/1985

 Occupation
 INDOOR

 Date Of Driving Pass
 31/12/2004

Driving Experience 15 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98329877

Fax Number

Contact Number OFFICE-98329877

EMail Address NOEMAIL

Address

BLK 338A ANCHORVALE CRESCENT

#07-77

Postcode

541338

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

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?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

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

NO NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: HAJI AGUS BIN ABDULLAH

GENDER:

: MALE

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

ON STATED DATE AND TIME, I WAS WAITING AN EMPTY LOT. I SAW THAT ONE OF THE VEHICLE WANTED TO EXIT FROM LOT. I REVERSED MY VEHICLE. I DID NOT REALIZED THAT MY VEHICLE REAR LEFT PORTION GRAZED ONTO VEHICLE B. I DISCOVERED MY VEHICLE REAR LEFT PORTION WAS DENTED.

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

SKG3331H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 11

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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 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:
 - (i) 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
- 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:

Driver's Signature

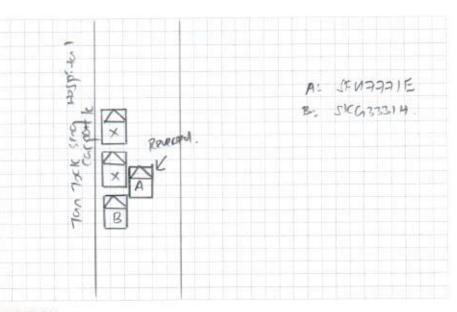
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

reta	to	statemen.	
		4.75	
		1	
			N. Control of the Con

DECLARATION

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

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personner's Signature

Name: NRIC/FIN No.:

eBaoTech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	· Chan	ge Password	• Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date o	of Accident	1	6/01/2020 2	1:40	
	Vehicle	No.(For Motor)	SFU777	1E		Certifi	cate Number	[145	
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5067328639- 04		HAJI AGUS BIN ABDULLAH	50198476D	GPC	Third Party, Fire & Theft	SFU7771E	SFU7771E	12/02/2019	11/02/2020
					Ċ	Continue					

laim Handling					
ccident MT/1082158					
olicy No.	5067328639-04	verscie No.	SFU7771E	GST Registration No.	
ertificate No.				Park Control of the Control	20100/257
olicyholder Name	HAJE AGUS BIN ABDULLAH		2 2 727763	Pakcyholder NRIC	501984760
oduct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
ontact No. (Mobile)	NIL	Contact No. (Office)		Contact No. (Home)	
mail Address		Special Remark	251.25	eCode	1 = 4
SFK:	® No ○ Yes	TCA	® No ○ Yes	oCode Reason	Not available
ICD Protection	yes	NCD Emillement(%)	50	Private Hire	NOT BYBROTE
			AL	Townson Town	Visioners
leport Date	30/01/2020 11:42	Acodent Report Within 24 hrs		Accident Type	Unknown
late of Accident	16/01/2020	Time of Accident hh:mm	21:40	Country of Accident	Singapore
aparting Centre		Orange Force		ICM No.	
codent Location	JALAN TAN TOCK SENG NEAR COM	MYUNICABLE DISEASE CENTRE 2			
					1707301
Dwn damage Excess	0.00	Additional Excess	D .	Windscreen Excess	0.00
Innamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
hard Party Excess	0.00	Gutside Singapore TP Excess	0.60		
□ Benefits					
□ GST Registered Informa	ition				
ST Registered	No		GST Registration Date	2000	
ST Registration No.			GST Status Verified	Yes	
lodification History					
Policyholder Mailing Ad	drace				
Address 1	BUK 504 #02-710	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE SIGSON
	3UK 504 #02-710		Singapore address	Post Code	530504
Address 4		Address Type	5ingapore address 5067328639-05	F106 V006	and the same of th
Unit No.		Related Policy Number	5067328639-03		
₩ OI Driver Info		72.0070.40			
Oriver Name		Driver Type		Driver DOB	
Innamed driver Name		Driver NRIC			
Register Date of Driver License		Driver Ape		Contact No.(Home)	
Contact No. (Mobile)		Contact No. (Office)			
		Address 2		Address 3	
Contact No. (Mobile) Address 1 Address 4			Foreign address		
Address 1 Address 4 unit No. Does he own a Singapore Registered car? Mostfication History	(*) Yes (*) No	Address 2	Foreign andress	Address 3	
Address 1 Address 4 Unit NS, Does he own a Singapore Registered car?	○ Yes (a) No OD-MX S1217076	Address Type	HAZI AGUS BIN ABDULLAH	Address 3. Post Code	S0198476D
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? *Costfication History Claim 002 New Claim Type * Contact No.(Mobile)	ор-мх	Address Type Driver Vehicle No. Insured Name	HAJI AGUS BIN ABDULLAH	Address 3. Past Code Driver Insurer Company Insured NRIC	
Address 1 Address 4 unit No. Does he own a Singapore Registered car? Claim 002 New Claim Type * Contact No.(Mobile) Email Address	00-MX V 81217076	Address Type Driver Vehicle No. Insured Name Contact No. (Home)	HAJI AGUS BIN ABDULLAH 63863715	Address 3. Past Code Driver Insurer Company Insured NRIC Contact No.(Office)	S0198476D
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Claim 002 New Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type *	00-MX S1217076 Please Select V	Address Type Driver Vehicle No. Insured Name Contact No.(Home) DI Vehicle Number	HAN AGUS BIN ABDULLAH 63863715 SPU7771E	Address 3. Past Code Driver Insurer Company Insured NRIC Contact No.(Office)	S0198476D
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Claim 002 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Clement Name *	00-MX S1217076 Please Select V	Address Type Driver Vehicle No. Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit *	HAN AGUS BIN ABDULLAH 63863715 SPU7771E	Address 3. Past Code Driver Insurer Company Insured NRIC Contact No.(Office)	S0198476D
Address 1 Address 4 Unit No. Does he own a Singappre Registered car? Modification History Claim 1002 New Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address	00-MX S1217076 Please Select V	Address 2 Address Type Driver Vehicle No. Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC *	HAN AGUS BIN ABDULLAH 63863715 SPU7771E	Address 3. Past Code Driver Insurer Company Insured NRIC Contact No.(Office)	S0198476D SKG3331H
Address 1 Address 4 Unit No. Does he own a Singappre Registered car? **Costication History Claim 002 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Cl	S1217076 Please Select	Address 2 Address Type Driver Vehicle No. Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC *	HAN AGUS BIN ABDULLAH 63863715 SPU7771E	Address 3. Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Verticle Number	S0198476D SKG3331H
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? **Costfication History Claim 1002 New Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claimant Address Claimant Description Preferred Workshop Contact No.	S1217076 Please Select	Address 2 Address Type Driver Vehicle No. Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC +	HAN AGUS BIN ABDULLAH 63863715 SPU7771E Please Select	Address 3. Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Verticle Number	S0198476D SKG3331H
Address 1 Address 4 unit No. Does he own a Singapore Registered car? footification History Claim 002 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claim Description Processing Contact No. Require Pinalasation	OO-MX	Address 7 Address Type Driver Vehicle No. Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC +	HAN AGUS BIN ABDULLAH 63863715 SPU7771E Please Select Fully at Paul!	Address 3. Post Code Driver Insurer Company Jeeured NRIC Contact No. (Office) †P Versicle Number Name of Preferred Work	\$0198476D \$KG3331H
Address 1 Address 4 Unit No. Does he own a Singappre Registered car? Modification History Claim 002 New Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	OD-MX	Address 7 Address Type Driver Vehicle No. Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferency Repair Option	HAN AGUS BIN ABDULLAH 63863715 SPU7771E Please Select Fully at Paul!	Address 3. Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Verticle Number Name of Prefetred Work	\$0198476D \$KG3331H \$hop
Address 1 Address 4 Unit No. Does he own a Singappre Registered car? Modification History Claim 002 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claim Description Preferred Workshop Contact No. Require Final serior Date Registered Report Teken By	OO-MX	Address 7 Address Type Driver Vehicle No. Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferency Repair Option	HAN AGUS BIN ABDULLAH 63863715 SPU7771E Please Select Fully at Paul!	Address 3. Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Verticle Number Name of Prefetred Work	\$0198476D \$KG3331H \$hop
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Modification History Claim 002 New	OO-MX	Address 7 Address Type Driver Vehicle No. Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferency Repair Option	HAN AGUS BIN ABDULLAH 63863715 SPU7771E Please Select Fully at Fault Preferred Workshop, Name unknown	Address 3. Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Verticle Number Name of Prefetred Work	\$0198476D \$KG3331H \$hop
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? **Colim 002 New Claim 19pe ** Contact No. (Mobile) Email Address Claimant Type Claimant Type ** Claim Description Preferred Workshop Contact No. Resoure Pinalosition Date Registered Report Teken By	OO-MX	Address 7 Address Type Driver Vehicle No. Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferency Repair Option	HAN AGUS BIN ABDULLAH 63863715 SPU7771E Please Select Fully at Paul!	Address 3. Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Verticle Number Name of Prefetred Work	\$0198476D \$KG3331H \$hop
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Addification History Claim 002 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Type Claimant Type * Claimant Address Claim Description Preferred Workshop Contact No. Require Pinalosition Date Registered Report Taken By	OO-MX	Address 7 Address Type Driver Vehicle No. Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferency Repair Option	HAN AGUS BIN ABDULLAH 63863715 SPU7771E Please Select Fully at Fault Preferred Workshop, Name unknown	Address 3. Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Verticle Number Name of Prefetred Work	\$0198476D \$KG3331H \$hop
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Footfication History Claim 002 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Type Claimant Type * Claimant Address Claim Description Professed Workshop Contact No. Require Pinalisation Date Registered Report Teken By Print AK letter	OO-MX	Address 7 Address Type Driver Vehicle No. Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferency Repair Option	HAN AGUS BIN ABDULLAH 63863715 SPU7771E Please Select Fully at Fault Preferred Workshop, Name unknown	Address 3. Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Verticle Number Name of Prefetred Work	\$0198476D \$KG3331H \$hop
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Addification History Claim 002 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Type Claimant Type * Claimant Address Claim Description Profess Pinalastion Date Registered Report Teken By Print AK letter Attachment	OO-MX V	Address Type Driver Vehicle No. Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC + Insured Liability * Preferency Regain Option Claim Close Date	HAJI AGUS BIN ABDULLAH 63863715 SPU7771E Please Select Fully at Fault Preferred Workshop, Name unknown	Address 3. Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Verticle Number Name of Prefetred Work	\$0198476D \$KG3331H \$hop
Address 1 Address 4 José No.	OO-MX W	Address Type Driver Vehicle No. Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC * Preferency Repair Option Claim Close Date Claim No.	HAN AGUS BIN ABDULLAH 63863715 SPU7771E Flease Select Truly at Fault Preferred Workshop, Name unknown	Address 3. Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Verticle Number Name of Prefetred Work	\$0198476D \$KG3331H \$hop
Address 1 Address 4 José No.	OO-MX W	Address Type Driver Vehicle No. Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC + Insured Liability * Preferency Regain Option Claim Close Date	HAJI AGUS BIN ABDULLAH 63863715 SPU7771E Flease Select Fully at Fault Preferred Workshop, Name unknown Seve Submit 002 03/02/2020 11:10	Address 3. Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Verticle Number Name of Prefetred Work GIA report Date Received	Sx(G3331H Sx(G3331H shap Received 03/02/2020 00:00
Address 1 Address 4 José No.	OO-MX W	Address Type Driver Vehicle No. Insured Name Contact No.(Home) DI Vehicle Number Type of Benefs * Claimant NRIC * Preferend Repair Option Claim Close Date Claim No. Upload Date	MAN AGUS BIN ABDULLAH 63863715 SPU7771E Flease Select Fruity at Fault. Preferred Workshop, Name unknown 002 03/02/2020 11:10 Category *	Address 3. Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Variable Number Name of Preferred Work GIA report Date Received	\$0198476D \$KG3331H shop Received 03/02/2020 00:00
Address 1 Address 4 Unit No. Does he own a Singapore Registered Car? Addification History Claim 002 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Type Claimant Type * Claimant Address Claim Description Profess Regular Pinalisation Date Registered Report Takkin By Print AK letter Attachment Accident No.	OO-MX W	Address Type Driver Vehicle No. Insured Name Contact No.(Home) DI Vehicle Number Type of Senets * Claimant NRIC * Preferend Repair Option Claim Close Date Claim No. Upload Date Brows	Preferred Workshop, Name unknown Fruity at Fault. Preferred Workshop, Name unknown 002 03/02/2020 11:10 Category *	Address 3. Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Variable Number Name of Preferred Work GIA report Date Received	\$0198476D \$KG3331H shop Received 03/02/2020 00:00
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Footfication History Claim 002 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Type Claimant Type * Claimant Address Claim Description Professed Workshop Contact No. Require Pinalisation Date Registered Report Teken By Print AK letter	OO-MX W	Address Type Driver Vehicle No. Insured Name Contact No.(Home) DI Vehicle Number Type of Benefs * Claimant NRIC * Preferend Repair Option Claim Close Date Claim No. Upload Date	Preferred Workshop, Name unknown Fruity at Fault. Preferred Workshop, Name unknown 002 03/02/2020 11:10 Category * Clear Please Select	Address 3. Post Code Driver Insurer Company Insured NRIC Confact No. (Office) TP Variable Number Name of Preferred Work GIA report Date Received Confidential No. No.	S0198476D
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Footfication History Claim 002 New Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Type Claimant Type * Claimant Address Claim Description Preferred Workshop Confact No. Require Pinal sation Date Registered Report Teken By Print AK letter Attachment Acodemt No.	OO-MX W	Address Type Driver Vehicle No. Insured Name Contact No.(Home) DI Vehicle Number Type of Senets * Claimant NRIC * Preferend Repair Option Claim Close Date Claim No. Upload Date Brows	MAN AGUS BIN ABDULLAH 63863715 SPU7771E Please Select Pulty at Fault Preferred Workshop, Name unknown 002 03/02/2020 11:10 Category * Coar Please Select Clear Please Select Clear Please Select	Address 3. Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Variable Number Name of Preferred Work GIA report Date Received	S0198476D
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Footfication History Claim 002 New Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Type Claimant Type * Claimant Address Claim Description Preferred Workshop Confact No. Require Pinal sation Date Registered Report Teken By Print AK letter Attachment Acodemt No.	OO-MX W	Address 7 Address Type Driver Vehicle No. Insured Name Contact No.(Home) DI Vehicle Number Type of Senets * Claimant NRIC * Preferend Repair Option Claim Close Date Claim No. Upload Date Brows Brows Brows	Professe Select Fruity at Fault. Preferred Workshop, Name unknown O02 03/02/2020 11:10 Category * Clear Please Select Clear Please Select	Address 3. Post Code Driver Insurer Company Insured NRIC Confact No. (Office) TP Variable Number Name of Preferred Work GIA report Date Received Confidential No. No.	S0198476D
Address 1 Address 4 José No.	OO-MX W	Address 7 Address Type Driver Vehicle No. Insured Name Contact No.(Home) DI Vehicle Number Type of Banats * Claimare NRIC * Preference Repair Option Claim Close Date Claim Rio. Upload Date Brows Brows Brows	Preferred Workshop, Name unknown Fruity at Fault Preferred Workshop, Name unknown O02 03/02/2020 11:10 Category * Clear Please Select e. Clear Please Select e. Clear Please Select e. Clear Please Select	Address 3. Post Code Driver Insurer Company Insured NRIC Confact No. (Office) TP Verticle Number Name of Preferred Work GIA report Date Received Confidential V No V No V No	S0198476D SKG3331H shop Received 03/02/2020 00:00 Urgency * Description * mmal v mmal v mmal v mmal v mmal v
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Footfication History Claim 002 New Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Type Claimant Type * Claimant Address Claim Description Preferred Workshop Confact No. Require Pinal sation Date Registered Report Teken By Print AK letter Attachment Acodemt No.	OO-MX W	Address 7 Address Type Driver Vehicle No. Insured Name Contact No.(Home) DI Vehicle Number Type of Senets * Claimant NRIC * Preferend Repair Option Claim Close Date Claim No. Upload Date Brows Brows Brows Brows Brows	Fully at Fault Freferred Workshop, Name unknown Preferred Workshop, Name unknown O02 03/02/2020 11:10 Category * Clear Please Select e. Clear Please Select	Address 3. Post Code Driver Insurer Company Insured NRIC Confact No. (Office) TP Verticle Number Name of Preferred Work GIA report Date Received Confidential V No V No V No V No V No	S0198476D SKG3331H shop Received 03/02/2020 00:00
Address 1 Address 4 Unit No. Does he own a Singappre Registered car? Footfication History Claim 002 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claim Description Profer red Workshop Contact No. Require Pinalisation Date Registered Report Teken By Print AK letter Attachment Acodem No. Last Doc. Received	OO-MX W	Address 7 Address Type Driver Vehicle No. Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC * Preference Repair Option Claim Close Date Claim No. Upload Date Brows Brows Brows Brows Brows Brows	Professe Select Professe Select Press Select	Address 3. Post Code Driver Insurer Company Insured NRIC Confact No.(Office) TP Verticle Number Name of Preferred Work GIA report Date Received Confidential V No V N	S0198476D SKG3331H Shop Received 03/02/2020 00:00
Address 1 Address 4 José No. José No own a Singapore Registered Car? Todification History Claim 102 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claim Description referred Workshop Confact No. Require Pinalisation Date Ragistered Report Taken By Print AK letter Attachment Accident No. Last Doc. Received	OO-MX W	Address 7 Address Type Driver Vehicle No. Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC * Preference Repair Option Claim Close Date Claim No. Upload Date Brows Brows Brows Brows Brows Brows	Professe Select Professe Select Press Select	Address 3. Post Code Driver Insurer Company Insured NRIC Confact No.(Office) TP Verticle Number Name of Preferred Work GIA report Date Received Confidential V No V N	S0198476D SKG3331H Shop Received 03/02/2020 00:00
Address 1 Address 4 Unit No. Does he own a Singappre Registered car? Footfication History Claim 002 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claim Description Profer red Workshop Contact No. Require Pinalisation Date Registered Report Teken By Print AK letter Attachment Acodem No. Last Doc. Received	OO-MX W	Address 7 Address Type Driver Vehicle No. Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC * Preference Repair Option Claim Close Date Claim No. Upload Date Brows Brows Brows Brows Brows Brows	Professe Select Professe Select Press Select	Address 3. Post Code Driver Insurer Company Insured NRIC Confact No.(Office) TP Verticle Number Name of Preferred Work GIA report Date Received Confidential V No V N	S0198476D SKG3331H Shop Received 03/02/2020 00:00

	Uploaded By/Date	Folder Date	File	Name	9	Source	Actio
Video List							
	NAC_PAYA_UBI_E00601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Feb 2020 11:09		Priotos	Normal	Photo	18 2020-2-3	
	NAC_PAYA_UBI_800601(NAT CES) on 0	TIONAL ASSESSMENT CENTRE SERVI 3 Feb 2020 11:09	Photos	Normal	Photo	∞ 2020-2-3	
	NAC_PAYA_UBI_800601(NA1 CES) on 0	TIONAL ASSESSMENT CENTRE SERVI 3 Feb 2020 11:00	Photos	Normal	Photo	xx 2020-2-3	
W.	NAC_PAYA_UBI_B00601(NA: CES) on ti	TIONAL ASSESSMENT CENTRE SERVI 3 Feb 2020 11:09	Photos	Normal	Photo	ne 2020-2-3	
615	NAC_PAYA_UB1_800601(NAC_ERS) on 0	TIONAL ASSESSMENT CENTRE SERVI 3 Feb 2020 11:09	Photos	Normal	Phoc		
	NAC_PAYA_URL_B00601[NA CES) on 0	TIONAL ASSESSMENT CENTRE SERVI 9 Feb 2020 11:09	Photos	Normal	Phot	04-2020-2-3	
1	CES) on 0	TIONAL ASSESSMENT CENTRE SERVI 3 Feb 2020 11:09	SAS	Normal	SAS	5 2020-2-3	