Contact No: amaged Portion:  C Checked by (Engr-In-Charge): architors Comments = 2001		6) TR: Re-inspect 7) NL: Ideo DA + 8) NTUC Addition OD: •N5: Courtesy •N6: Repair Co •N7: Post Reps +NB: DV / Coll	SMRT Survey  and Services:-  Cer / Tpt Allowanne  -tardination  ir Inspection  cot Excess Coordination  (Non INC) against INC	\$160 53 510 \$23 \$3 \$20 30		
C Checked by (Engr-In-Charge):		6) TR: Re-inspect 7) NL: Ideo DA + 8) NTUC Addition OD: •N5: Courtesy •N6: Repair Co •N7: Post Reps +NB: DV / Coll	SMRT Survey  and Services:-  Cer / Tpt Allowance	\$3 510 \$25		
ontact No: amaged Portion:		6) TR: Re-inspeu 7) NL: Idao DA + 5) NTUC Addition OD: *N5: Courtesy *N6: Repair Co	SMRT Survey  and Services:-  Cer / Tpt Allowance	\$3 \$10		
ontact No:		7) NI : Idao DA + 5) NTUC Addition	SMRT Survey		•	
ontact No:		7) NI : Idao DA +	SMRT Survey	2160	•	
		100 C C C C C C C C C C C C C C C C C C		4		
river/Owner:		Por glaining as	aiusUNC Only (wor 10 Jan	2995) <b>3</b> 75		
and the state of the		4) ET . Vollow-Th	rough Survey rough Burvey (Resurvey)	\$120 \$30		
Lanumul's Particulary 7 (1)		2) DA : Damege /	secument (\$100); INC	\$40/\$45		
NA .	2001568	1) AR 1 Applicat	Reporting (530);		30.00	
o con la reconstruir de la construir de la con		Invoice Pri	aration Glicellini		Anit (S)	a production
	-\				ar da har	
			1			
A STATE OF THE PROPERTY OF THE						
Date Timo Metrino de Santo			1 - F 1 - F		POWER.	
Injurý :		<del>''</del> r				references
3) Upload Resurvey Photo [Repair Cost > \$30	00] (	)	<u></u>		-	
2) QC Check / Post Repair Inspection	.( ·)		<u> </u>	-		
	urtesy Car (	)		<del>-</del>		
ttempelas: ** (1800 florible 2070) 6016m ;			Plus significación de la	经企业	r. Alinoup	py ·
Drive-In ( )/ Towad-In ( ); Invoice:	YES( )/N	O( );Te	owing Co: ( ''	<b>州市可罗西</b>	Shall Land	Kindara
( ) Total Loss Case : to e-mail Insurer		· · · · · · · · · · · · · · · · · · ·	milia Co. (		<del></del>	)
( ) Walk-In Customer: Customer's Inform	nation strictly Cor	nfidential & Str	ictly NO refer of repole	er.		
Goneral Kennings and Street March	Martine County			-	191	- '-
Excess: (\$ ) Loading: \$1,000	The same and the same of the s	( )		<del>र्</del> भक्ष्य		
	arranty: YES (	)/NO(	)	-		
	ote-Est. Status (V	VO): N: 0-20	%; P: 21-79%. P: 8	0-100%	[]	
Confirmed by : (		Date:	Time:		)	
Policy No: ( ) Perio	od: (	)	Cover Type: (		)	
P Particulars: Veh No: GI	3F 9214K.		Tcl:		)	
Proformed Wicsp / INC Assign Wicsp / QW: (		INC (	)/Non-INC( )			*****
The state of the second content of the second secon	V22.4 Iceboir o	y Part Hailing	Tol:	Fax:		CESTIVANIA VIII.
TP Insurer:	Assessment/Su		Owner/Wksn			** **
26 12-11-11-11-1-11-11-11-11-11-11-11-11-11	I-Photo Uplo					
Ob IP ! Reporting Only			1			
21/2/20 11:30.	I-Motor Cini	(Within: OD 2hrs			1-1-	. 11.0
Veh No. Ya 393E	E-mail (white		MT11085438-00	1 22	1212	0 17:31
	SAS c-filling		-	<u> </u>		
Refille MALINC 2000 3024/14	l-min-l-m					10
세계, 보고 있었는 이 경기 전에 가면 하면 보고 있는데 10 PM PM PM (10 PM	Jeb description		Date & Time Complete			

p.20 (1 1 .20)

#### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

**EMail Address** 

- 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.

- 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.

	ACCIDENT STATEMENT
Date Of Report	22/02/2020 16:48
Date Of Accident	21/02/2020 11:30
Exact Location Of Accident	336B ANCHORVALE CRESCENT LOADING BAY
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	YQ393E
Insured/Policyholder	
Name Of Registered Owner	LAM RENOVATION CONSTRUCTION CONTRACTOR
Co Reg No	4XXXX400L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91525051
Vehicle Particulars	
Manufacturer	ISUZU
Model	
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093182556-02
Cover Note Number	
Driver	
Name of Driver	SELVARASU BERNATSHA
NRIC No	GXXXX879K
Date Of Birth	28/04/1991
Occupation	OUTDOOR
Date Of Driving Pass	13/08/2018
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85754132
Fax Number	
Contact Number	OTHERS-91525569

NOEMAIL

Address

622 BEDOK RESERVOIR RD #02-1514

Postcode

470622

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLIDED INTO PARKED VEHICLE

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

3

Passenger 1

ambulance?

NAME:

: UNKNOWN

GENDER:

: MALE

Passenger 2

NAME:

: UNKNOWN

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

I WAS MOVING OUT FROM THE 336B ANCHORVALE CRESCENT LOADING BAY, MY LORRY RIGHT REAR ACCIDENTALLY HIT ONTO ANOTHER PARKED VEH B LEFT HAND SIDE.

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

**GBF9214K** 

Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 12

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:
  - 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
  - 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.:

ETCH PLAN		
	Looding bay	A = YR 393 E
	B	B = GBF 9214K
3368 Au	chorvale crescent	
COURT CIRCUMSTAN	CES OF THE ACCIDENT	
SCRIBE CIRCOMSTANG	LES OF THE ACCIDENT	
Pleme	Refer to	stutement
110001		
	1	
ECLARATION		1.1
	particulars are true in every respect.	11
We declare the foregoing	C. Z. Whi	grow .
( ) (	Driver's Signature	Reporting Centre Personnel's Signature
licyholder's Signature	Dilver a dignature	

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

eBaoTech	0601				and the second		· Change Lange	uage	· Change Pa	ssword >	Log Ou
My Desktop		cy Query									9
Notice of Loss	Policy N	lo.				Date of	Accident				
	Vehicle	No.(For Motor)	YQ3938			Certifica	te Number	-			
					Se	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	•	5093182556- 02		LAM RENOVATION CONSTRUCTION CONTRACTOR	49971400L	GFT	Comprehensive	YQ393E	YQ393E	08/04/2019	

cident MT/1085438			-0.000		COT BACKSON ST	
Scy No.	5093182556-02	Vehicle Na.	YQ393E		GST Registration No.	
rtificate No.						499714000
licyholder Name	LAM RENOVATION CONSTRUCTION CONTRACTOR				Policyholder NRIC	0
reduct Code	FLEET INSURANCE	Cover Type	Comprehensive		Loading	
ontact No.(Mobile)	91525051	Contact No.(Office)			Contact No.(Home)	No *
mail Address		Special Remark			eCode	100 -
PK.	■ No ○ Yes	TCA	No Yes		eCode Reason	1962
CD Protection	No	NCD Entitlement(%)	0		Private Hire	No
Accident Details						
	22/02/2020 17:28	Accident Report Within 24 hrs	Yes		Accident Type	Collided Into Parked Vehic
eport Date		Time of Accident hh:mm	11:30		Country of Accident	Singapore
ate of Accident	21/02/2020	Orange Force			ICM No.	
eporting Centre	336B ANCHORVALE CRESCENT LOADING BAY	0.85 80 80 40 40 40 40				
acident Location	3368 ANCHORVACE CRESCENT CONSTITUTE DATE					
₩ Excess	10000000	Additional Excess			Windscreen Excess	100.00
own damage Excess	600.00	Outside Singapore OD Excess				
Innamed Driver Excess	7,222	Outside Singapore TP Excess				
Third Party Excess	0.00	Outside diligipare in Circle				
♥ Benefits						
	on		GST Registra	rion Date		
ST Registered	No		GST Status V		Yes	
SST Registration No.		and door of the Bad from N		Mouse		
lodification History	22/02/2020 17:29:54 System o	hanged GST Status Verified from N	0.10.103			
10012040404024024						
▼ Policyholder Mailing Add		Address 2	#07-03 ENTERPRISE	INDUSTRIA	Address 3	SINGAPORE 388568
Address 1	46 LORONG 17 GEYLANG	Address Type	Singapore address		Post Code	388568
Address 4		Related Policy Number	5109107098-01			
Unit No.			**************************************			
♥ QI Driver Info	1600	Driver Type	Unnamed Driver			7,000m,4000
Driver Name	Unnamed Driver	Driver NRJC	GXXXX879K		Driver DOB	28/04/1991
Unnamed driver Name	SELVARASU BERNATSHA	Driver Age	28		Driving Experience	1
Register Date of Driver License	13/08/2018				Contact No.(Home)	
Contact No.(Mobile)	85754132	Contact No.(Office)	BEDOK RESERVOIR	BUAD	Address 3	SINGAPORE 470622
Address I	BLK 622 #02-1514	Address 2		NOAD .	Post Code	470622
Address 4		Address Type	Singapore address		0.5055.000000	
Unit No.	02-1514				Driver Insurer Company	
Does he own a Singapore Registered car?	⊕ Yes # No	Driver Vehicle No.			Driver master congony	
Declaration Breathalyser or Blood Test Reading?	0 mg	Any injury?	⊕ Yes # No			
Breathalyser or Blood Test	0 mg	Any injury?	⊕ Yes ⊕ No			
Breathalyser or Blood Test Reading? Modification History	0 mg	Any injury?	⊕ Yes → No	ОО-МХ	▼ Insured Law RENOVA	TION CONSTRUCT INSIDE 49
Breathalyser or Blood Test Reading? Modification History	0 mg	Any injury?	⊕ Yes → No	ОО-МОХ	Name Contact	Contact
Breathalyser or Blood Test Reading? Modification History Claim 001 New	0 mg	Any injury?	⊕ Yes ⊕ No	OD-MX 90010148	Contact No. 62438140 (Home)	Contact No. (Office)
Breathalyser or Blood Test Reading? Modification History Claim 001 New	0 mg	Any Injury?	Ves → No		Contact No. 62438140	No. (Office)  TP Vehicle Number
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No.(Mobile)	0 mg	Any Injury?	⊕ Yes → No		Contact No. 62438140 (Home) OI Vehicle rQ393E Number	Contact No. 651 (Office) TP Vehicle GB
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred	Insured Liability Fully at Feult	•		90010148  vQ393E / GBF9214K ON	Contact No. 62438140 (Home) OI Vehicle rQ393E Number	No. (office) TP Vehicle Number Name of Preferred (o
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop 0	Professed Liability Fully at Foult Repair  Professed Professed Workshop, Naz	•		90010348 VQ393E / GBF9214K ON	Contact No. 62438140 (Home)  Of Vehicle rQ393E Number  21 Feb 2020  Claim	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Owerkshop
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred	Insured Liability Proference	T GIA Donat		90010148  vQ393E / GBF9214K ON	Contact No. 62438140 (Home) OI Vehicle Number 21 Feb 2020	Nec Contact No. (office)  TP Vehicle Number Name of Preferred Workshop
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Remaiks No. Finalisation Oate Registered	Professed Liability Fully at Foult Repair  Professed Professed Workshop, Naz	T GIA Donat		90010348 VQ393E / GBF9214K ON	Contact No. 62438140 (Home) Vehicle Number 21 Feb 2020  Claim Cose	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Owerkshop
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Benvike No. Finalsation	Professed Liability Fully at Foult Repair  Professed Professed Workshop, Naz	T GIA Donat		90010348 (vQ393E / GBF9214K OM 22/02/2020 17:30	Contact No. 62438140 (Home) Vehicle Number 21 Feb 2020  Claim Cose	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Owerkshop
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Enniets No. Yes Finalisation  Date Registered  Report Taken By	Professed Liability Fully at Foult Repair  Professed Professed Workshop, Naz	T GIA Donat		90010348 (vQ393E / GBF9214K OM 22/02/2020 17:30	Contact No. 62438140 (Home) Vehicle Number 21 Feb 2020  Claim Cose	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Owerkshop
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Remaiks No. Finalisation Oate Registered	Professed Liability Fully at Foult Repair  Professed Professed Workshop, Naz	T GIA Donat		90010348 (vQ393E / GBF9214K OM 22/02/2020 17:30	Contact No. 62438140 (Home) Vehicle Number 21 Feb 2020  Claim Cose	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Owerkshop
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Enniets No. Yes Finalisation  Date Registered  Report Taken By	Professed Liability Fully at Foult Repair  Professed Professed Workshop, Naz	T GIA Donat	ved •	90010348 (vQ393E / GBF9214K OM 22/02/2020 17:30	Contact No. 62438140 (Home) Vehicle Number 21 Feb 2020  Claim Cose	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Owerkshop
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Enniets No. Yes Finalisation  Date Registered  Report Taken By	Professed Liability Fully at Foult Repair  Professed Professed Workshop, Naz	T GIA Donat		90010348 (vQ393E / GBF9214K OM 22/02/2020 17:30	Contact No. 62438140 (Home) Vehicle Number 21 Feb 2020  Claim Cose	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Owerkshop
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Enniets No. Yes Finalisation  Date Registered  Report Taken By	Professed Liability Fully at Foult Repair  Professed Professed Workshop, Naz	T GIA Donat	ved •	90010348 (vQ393E / GBF9214K OM 22/02/2020 17:30	Contact No. 62438140 (Home) Vehicle Number 21 Feb 2020  Claim Cose	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Owerkshop
Breathalyser or Blood Test Reading?  Modification History  Claim 001  New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Bonnies No. Yea  Finalisation  Oate Registered  Report Taken By  Print AK letter	Professed Liability Fully at Foult Repair  Professed Professed Workshop, Naz	T GIA Donat	ved •	90010148 YQ393E / GBF9214K ON 22/02/2020 17:30 LIEW SHAN HUI	Contact No. 62438140 (Home) Vehicle Number 21 Feb 2020  Claim Cose	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Owerkshop
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Enneks No. Pinalisation Ves Print AK letter  Attachment	Professed Liability Fully at Foult Repair  Professed Professed Workshop, Naz	T GIA Donat	ved •	90010148 MQ393E / GBF9214K ON 22/02/2020 17:30 EITW SHAN HUI	Contact No. 62438140 (Home) Vehicle Number 21 Feb 2020  Claim Cose	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Owerkshop
Breathalyser or Blood Test Reading?  Modification History  Claim 001 Hear  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Enailed No. Pres Finalisation  Date Registered  Report Taken By  ** Print AK letter  Attachment  Accident No.	Proference Liability Fully at Feult  Proference Workshop, Nar  Option Preferred Workshop, Nar  MT/1085438	e unknown ▼ GIA Recel	ved •	90010148 YQ393E / GBF9214K ON 22/02/2020 17:30 LIEW SHAN HUI	Contact No. 62438140 (Home) Vehicle Number 21 Feb 2020  Claim Cose	NATIC TO NATIC TO NATIC TO NO. (CONTACT NO.
Breathalyser or Blood Test Reading?  Modification History  Claim 001 Hear  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Enailsation  Date Registered  Report Taken By  Print AK letter	Insured Liability Fully at Feult Pentirered Preferred Workshop, Nar Option  MT/1085438 Yes © No	me unknown v GIA Recel report Recel	ved •	90010148 MQ393E / GBF9214K ON 22/02/2020 17:30 EITW SHAN HUI	Contact No. 62438140 (Home) Vehicle Number 21 Feb 2020  Claim Cose	National Contact No. (Office)  Vehicle Number Name of Preferried Owerkshop  Darke Received 22
Breathalyser or Blood Test Reading?  Claim 001 Hear  Claim 190e *  Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment  Accident No. Last Doc. Received	Insured Liability Fully at Feult Perferred Workshop, Nar Option  MT/108S438 Yes  No Path *	me unknown v GIA Recel report Recel	ved •	90010148 VQ393E / GBF9214K ON 22/02/2020 17:30 LIEW SHAN HUI	Contact No. (Home) OI Vehicle VQ393E Number  Claim Close Date  Confidential	NACC  No. (Office)  The Vehicle Number Name of Preferred Owerkshop  Davie Received 22
Breathalyser or Blood Test Reading?  Claim 001	Insured Liability Fully at Feult Penferred Workshop, Nar Option  MT/1085438 Yes No Path *	me unknown v GIA Recel report Recel	ved •	90010148 WQ393E / GBF9214K ON 22/02/2020 17:30 EITEW SHAN HUI 001 22/02/2020 17:31 Category *	Contact No. (Home) OI Vehicle VQ393E Number  Claim Close Date  Confidential	National Contact No. (Office)  Vehicle Number Name of Preferried Owerkshop  Date Received  Urgelicy *
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Benwick No. Type Finalisation  Onte Registered  Report Taken By  Attachment  Attachment  Attachment  Choose File No file chose  Choose File No file chose  Choose File No file chose	Insured Liability Fully at Feult Pentirered Preferred Workshop, Nar Option  MT/1085438 F yes  No Path *	me unknown v GIA Recel report Recel	ved • Submit	90010148  YQ393E / GBF9214K ON  22/02/2020 17:30  LIEW SHAN HUI  001  22/02/2020 17:31  Category *  Pease Select  Please Select	Contact No. (Home) OI Vehicle VQ393E Number  Claim Close Date  Confidential  NO Vehicle VQ393E  Confidential	Davie  Davie  Davie  Davie  Received  Urgency *  Name  Name  Davie  Received  Urgency *  Name  Name  Name  Davie  Received  Urgency *
Breathalyser or Blood Test Reading?  Modification History  Claim 001 History  Claim 19pe *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Finalisation  Date Registered  Report Taken By  Attachment  Print AK letter  Attachment  Choose File No file chose	Insured Liability Fully at Feult Pentirered Preferred Workshop, Nar Option  MT/1085438 F Yes © No Path *	me unknown v GIA Recel report Recel	ved  Save Submit  Clear Chear Chear	90010148  NQ393E / GBF9214K ON  22/02/2020 17:30  EITW SHAN HUI  001  22/02/2020 17:31  Category *  Please Select  Please Select  Please Select	Contact No. (Home) OI Vehicle VQ393E Number  21 Feb 2020  Claim Close Date  Confidential  V NO V V NO V V NO V	Davie  Davie  Davie  Davie  Received  Dirigency *  Normal *  Nario  Nario  Davie  Received  Dirigency *  Normal *  Nario  Nario
Breathalyser or Blood Test Reading?  Modification History  Claim 001 History  Claim 19pe *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Finalization  Date Registered  Report Taken By  ** Print AK letter  Attachment  Accident No.  Last Doc. Received  Choose File No file chose	Insured Liability Fully at Feult Pentirered Preferred Workshop, Nar Option  MT/1085438 F Yes © No Path *	me unknown v GIA Recel report Recel	Save Submit  Clear Clear Clear Clear	90010148  NQ393E / GBF9214K ON  22/02/2020 17:30  EITW SHAN HUI  001  22/02/2020 17:31  Category *  Please Select  Please Select  Please Select  Please Select	Contact No. (Home) OI Vehicle VQ393E Vehicle VQ393E Claim Close Claim Close Date  Confidential  V NO V V NO V V NO V V NO V	Urgency *  Normal *  Next Care  No. (office)  TP  Vehicle Number  Name of Preferred of Workshop  Urgency *  Normal *  Normal *  Normal *  Normal *
Breathalyser or Blood Test Reading?  Claim 001	Insured Liability Fully at Feult Pentinered Preferred Workshop, Nar Option  MT/1085438 F Yes  No Path *	me unknown v GIA Recel report Recel	Save Submit  Clear Clear Clear Clear Clear Clear	Pease Select Pease Select Please Select	Contact No. (Home) OI Vehicle VQ393E Vehicle VQ393E Claim Close Claim Close Chart Value Value VQ393E VQ39SE VQ3PSE	Urgelicy *  Normal Y
Breathalyser or Blood Test Reading?  Claim 001	Insured Liability Fully at Feult Penferred Workshop, Nar Option  MT/1085438 Yes 10 No Path *	me unknown v GIA Recel report Recel	Save Submit  Clear Clear Clear Clear	90010148  NQ393E / GBF9214K ON  22/02/2020 17:30  EITW SHAN HUI  001  22/02/2020 17:31  Category *  Please Select  Please Select  Please Select  Please Select	Contact No. (Home) OI Vehicle VQ393E Vehicle VQ393E Claim Close Claim Close Date  Confidential  V NO V V NO V V NO V V NO V	Urgency *  Normal *  Next Care  No. (office)  TP  Vehicle Number  Name of Preferred of Workshop  Urgency *  Normal *  Normal *  Normal *  Normal *
Breathalyser or Blood Test Reading?  Claim 001	Insured Liability Fully at Feult Penferred Workshop, Nar Option  MT/1085438 Yes 10 No Path *	me unknown v GIA Recel report Recel	Save Submit  Clear Clear Clear Clear Clear Clear	Pease Select Pease Select Please Select	Contact No. (Home) OI Vehicle VQ393E Vehicle VQ393E Claim Close Claim Close Chart Value Value VQ393E VQ39SE VQ3PSE	Urgelicy *  Normal Y
Breathalyser or Blood Test Reading?  Claim 001	Insured Liability Fully at Feult Penferred Workshop, Nar Option  MT/1085438 Yes 10 No Path *	me unknown v GIA Recel report Recel	Save Submit  Clear Clear Clear Clear Clear Clear	Pease Select Pease Select Please Select	Contact No. (Home) OI Vehicle VQ393E Vehicle VQ393E Claim Close Claim Close Chart Value Value VQ393E VQ39SE VQ3PSE	Urgelicy *  Normal Y
Breathalyser or Blood Test Reading?  Claim 001	Insured Liability Fully at Feult Penferred Workshop, Nar Option  MT/1085438 Yes 10 No Path *	me unknown v GIA Recel report Recel	Save Submit  Clear Clear Clear Clear Clear	Pease Select Pease Select Please Select	Contact No. (Home) OI Vehicle VQ393E Vehicle VQ393E Claim Close Claim Close Chart Value Value VQ393E VQ39SE VQ3PSE	Urgelicy *  Normal *

	Uploaded By/Date	Folder Date		File Name	9	Source
Video List		the state of the s			0	
	NAC_PAYA_UB1_800601( NATION/ 22 Feb	NL ASSESSMENT CENTRE SERVICES) o 2020 17:30	Photos	Normal	Phot	os 2020-2-22
1	22 Feb.	L ASSESSMENT CENTRE SERVICES) 0 2020 17:30	Photos	Normal		os 2020-2-22
	NAC_PAYA_UBI_BDD601( NATIONA 22 Feb	L ASSESSMENT CENTRE SERVICES) o 2020 17:30	Photos	Normal	Phot	os 2020-2-22
	NAC_PAYA_UBI_800601[ NATIONA 22 Feb :	L ASSESSMENT CENTRE SERVICES) o 2020 17:30	Photos	Normal	Phob	xs 2020-2-22
	NAC_PAYA_UB1_B00801( NATIONA 22 Feb 2	L ASSESSMENT CENTRE SÉRVICES) o 020 17:30	Photos	Normal		is 2020-2-22
M	NAC_PAYA_UBI_800601( NATIONA 22 Feb 2	L ASSESSMENT CENTRE SERVICES) o 1020 17:30	Photos	Normal	Photo	s 2020-2-22
	NAC_PAYA_UBI_B00601( NATIONA 22 Feb 2	L ASSESSMENT CENTRE SERVICES) o 020 17:31	Photos	Normal	Photo	s 2020-2-22
9	NAC_PAYA_UBI_800601( NATIONAL 22 Feb 2	ASSESSMENT CENTRE SERVICES) o 020 17:31	SAS	Normal	SAS	2020-2-22
TES.						

Display in New Window Scan and uploading