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Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
WY 1 31 F		. INC()/Non-INC()	`	- 1
Owner / Driver: (1010	8	Tel:	-)	
Policy No: (Period: ()	Cover Type: (
		Date:	Time:		2	
Insured/Driver Liability: (%	(WO): N: 0-2	20%; P: 21-79%. P	: 30-100%]		3
Year of Registration: ())/NO()			
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SINGAPORE ACCIDENT STATEMENT

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.
- 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.

oresaid.	ACCIDENT STATEMENT
Date Of Report	26/02/2020 09:23
acts Of Assident	25/02/2020 10:20
Exact Location Of Accident	AYE TWDS TUAS BEFORE MERCHANT RD EXIT
Country/State of Loss	SINGAPORE
D. D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJZ3260R
Insured/Policyholder	
Name Of Registered Owner	AUTO ALLIANCE LEASING PTE LTD
Co Reg No	2XXXXX807W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83396986
Alternative Phone No	OFFICE-83396986
Vehicle Particulars	
Manufacturer	HONDA
Model	HONDA CITY LX 1.5 I-VTEC AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	AND SHARE THE PROPERTY OF THE PARTY OF THE P
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5110688602
Cover Note Number	
Driver	
Name of Driver	LIM WEE KEONG (LIN WEIQIANG)
NRIC No	SXXXX050Z
Date Of Birth	17/12/1975
Occupation	OUTDOOR

Occupation 12/06/1998 Date Of Driving Pass

21 YEARS AND 8 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-81235588 Mobile Number

Fax Number

OFFICE-81235588 Contact Number

NOEMAIL **EMail Address**

Address

BLK 170 YISHUN AVENUE 7

#14-869

Postcode

760170

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO 4

involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

NO

2

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

Number of Passengers (Including Driver)

NAME:

Passenger 1

GENDER:

: FEMALE

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

REFER TO STATEMENT.

Attachment(s)

YES

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

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMK9016J

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 40

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGH3156P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SGK9902Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LIM WEE KEONG (LIN WEIQIANG)

Approximate Age

Injuries Sustain

NECK

Injured person in which vehicle?

SJZ3260R

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

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)

l 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.

Policyholder's Signature Date & Time:

201903807

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

KETCH PLAN		
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	a de la constanta (Ketch Plan
	paler to attach s	
ESCRIBE CIRCUMSTANCES O	F THE ACCIDENT	
	THERESIS	
Refer to statement.		
DECLARATION		
/We declare the force one party	ulars are true in every respect.	
(201903807W) C		
10- 1	/ Mr. = /	KA
Calles halder's Sign attive	Driver's Signature	Reporting Centre Personnel's Signature
Policyholder's Signature Date & Time:	(If driver is not the policyholder)	Name:
ACAD STATE OF THE	Date & Time:	NRIC/FIN No.:

DOMAIN SECURIFICATION OF THE PARTY.

司本几46 81235588 QJ. 组车/46 83396986

35/3/2020 . 10-20AM . SSZ 3260 R .

\$66K SNK Poi63 S52 3260R AYE-SURONG , AYE -CITY

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. FRONT VEHICLE BRAKE, I BRAKE MY VEHICLE AS WELL. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION. AFTER AN IMPACT, MY VEHICLE MOVED FORWARD AND HIT ONTO VEHICLE C REAR PORTION. THERE WERE 4 VEHICLES INVOLVED IN THIS ACCIDENT.

ACCIDENT STATEMENT

ACCIDE	NT DATE: (25/	2/2011	DD/MM/YYY	Y), TIME:(>:	2 (HH:MM)
LOCATIO	N:A/E	tuds city	Sepre 0	lempackay.	
o	ETAILS OF VEHIC	BER: JJZ32	GOR	102	
	POLICY NUMBE	R:		ARTY / THÍRD PAR	TY FIRE &THEFT)
f) g h i).) VEHICLE CATEO) PURPOSE OF US ARE YOU CLAIM	COUPE / MPV GORY: (PRIVATE SING AT ACCIDE ING UNDER YO	COMMERCENT TIME: UP OWN INS	RY / MOTORCYC GIAL / MOTORCY WOT GO URANCE (YES/N REPORTING ONL	YCLE)
A b	ISURED / POLICY NAME: And a NRIC/FIN/PASSI ADDRESS:	Alhance lea	sing 14e	Ud. (MA	LE / FEMALE) 83396986.
	CONTINUE TO 3.	d IF DRIVER ALS	O POLICY H	OLDER	+
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(In al. 1 . 1 . 1 . 9)	NAME: M	den iceans C PORT: 575380	TOT	(MA	LE / FEMALE) \$1235588 -
(11)	ADDRESS:	ORI.		CONTACT:	31 7) 470 0
I semmle.	ADDRESS	74000			
*d	OCCUPATION:	(INDOOR / OUT)	DOOR)	/MM/YYYY)	
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	NRIC/FIN/PAS RD PARTY VEHIC	SPORT:		CONTACT:_	
No of passenger al		BER: _ 544315	5P.	MODEL:	
(Induding driver) f)	NRIC/FIN/PAS	SPORT:		CONTACT:	S
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Notice of Loss	Policy N Vehicle	a. No.(For Mator)	S)Z3260			Certific	tate Number				
					5	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5110688602	5110688602- 000017	AUTO ALLIANCE LEASING PTE. LTD.	201903807W	GFM	Third Party	5)Z3260R	SJZ3260R	27/07/2019	09/04/2020

olicy No.	5110688602	Policyholder Name	AUTO ALLIAN	CE LEASING PTE, I	Policyholder NRIC	201903807W	
ertificate	5110688602-000017						
ddress	55 YUK TONG AVENUE AIRVIEW	PARK SINGAR	PORE 596356				
roduct		Plan			Group Policy Flag	N	
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olicy ssue Date	25/06/2019	Effective Date	25/06/2019	00:00	Expiry Date	09/04/2020 23:5	99
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Additional Excess		OS Premium	0				
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Singapore OD Excess	0	Singapore TP Excess	1300				
) Agent Tel. 63392592			GST Flag	Y	
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	03392392				
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Agent Co- insurance	No	Agent Tel.	63392392				
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Agent Co- insurance Flag Open Policy Info Certificate Info	No	Agent Tel.	03392372	Shapan Sasara way.		Address 3	SINGAPORE 596356
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T river	5110688602	Vahide No.	323000		
ricate No.	5110688602-000017			Policyholder NRIC	201903807W
cyholder Name	AUTO ALLIANCE LEASING PTE. LTD.		Maria Radio	Loading	0
ouct Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Contact No.(Home)	0
stact No.(Mobile)	83396986	Contact No. (Office)	0	eCode	NC V
ail Address		Special Remark		eCode Reason	ECHINO
(® No ○Yes	TCA	No ○ Yes		No
	No	NCD Entitlement(%)	0	Private Hire	40
Protection Accident Details	,,,,				many Colleges
	26/02/2020 09:43	Accident Report Within 24 hrs	Yes	Academ Type	Chain Collision
port Dete		Time of Accident hh:mm	10:20	Country of Accident	Singapore
te of Accident	25/02/2020	Orange Force		ICM No.	
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cident Location					
Total Excess Applicable		Windscreen Excess	0.00		
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Standard Excess	0.00	YIED TP Excess		Driver is Covered?	
ED OD Excess	0.00	West Control			
aditional Excess		Total TP Excess Applicable			
cal CO Excess Applicable	0.00	Total TP Excess Applicable			
y Benefits					
GST Registered Inform			GST Registration Date		
ST Registered	No		GST Status Verified	Yes	
ST Registration No.					
odification History					
0.000	237				
Policyholder Mailing A		Address 2	AIRVIEW PARK	Address 3	SINGAPORE 596356
Address 1	SE YUK TONG AVENUE		Singagore address	Post Code	596356
Address 4		Address Type	5110688602		
Unit No.		Related Policy Number	\$110000005		
Of Driver Info			- TOTAL STATE TOTAL STATE		
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	17/12/1975
Unnamed driver Name	LIM WEE KEONG (LIN WEIQIAN	Driver NRIC	\$500000502	Driving Experience	21
Register Date of Driver Licens		Driver Age	44		0
	81235588	Contact No.(Office)	0	Contact No.(Home)	
Contact No.(Mobile)		Address 2	YISHUN AVENUE 7	Address 3	SINGAPORE 760170
Address 1	BLK 170	Address Type	Singapore adcress	Post Code	760170
Address 4		Manager 1 Pro-	e captive concesso		
Unit No.	14-859			Driver Insurer Company	
Does he own a Singapore Registered car?	O Yes ® No	Driver Vehicle No.			
Regional day					
Declaration		W0000000000	® Yes ○ No		
Breathalyser or Blood Test Reading?	0 mg	Any injury?	@18 O NO		
no reservo de la companio					
Modification History					
the same of the sa					
Claim 001 New					
Claim 001 New					
Claim 001 New		15.00 at 26.00 at	AUTO ALLIANCE LEASING PTE.	Insured NRIC	201903807W
Claim 001 New	ор-мх 🖳	Insured Name	AUTO ALLIANCE LEASING PTE.		201903607W +
	00-MX V	Contact No.(Home)		Contact No.(Office)	
Caim Type * Contact No.(Mobile)		Contact No.(Home) OI Vehicle Number	\$123260R		
Caim Type * Contact No.(Mobile) Email Address	97552383	Contact No. (Home) O) Vehicle Number Type of Benefit *		Contact No.(Office)	
Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type	97552383	Contact No.(Home) OI Vehicle Number	\$123260R	Contact No.(Office)	
Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Typ Claimant Name *	97552383	Contact No. (Home) O) Vehicle Number Type of Benefit *	\$123260R	Contact No. (Office) TP Vehicle Number	* SMK90L63
Claim Type * Contact No.(Mobile) Email Andress Claimant Type Claimant Typ Claimant Name * Claimant Address	97552383	Corract No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	\$123260R	Contact No.(Office)	* SMK90163
Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Typ Claimant Name * Claimant Address Claim Description	97552383 24 * Flease Select	Corract No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	\$123260R	Contact No. (Office) TP Vehicle Number	\$ SMK90160 SMK9016
Claim Type * Contact No.(Mobile) Email Andress Claimant Type Claimant Type Claimant Name * Claimant Address Claimant Address Claim Description Preferred Workshop Contact No.	97552383 Please Select >> 5223260R / SMK9016) ON 25 Feb 2020	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liebitty *	5123250R Please Select V Not at Fault	Contact No. (Office) TP Vehicle Number Rame of Preferred Works	SMK90L63
Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Typ Claimant Name * Claimant Address Claim Description Preferred Workshop Contact	97552383 Please Select >> S123260R / SMK90163 ON 25 Feb 2020 Yes Yes	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liebility * Preterered Repair Option	5123250R Flease Select	Contact No. (Office) TP Vehicle Number Rame of Preferred Works	\$ SMK90160 SMK9016
Claim Type * Contact No.(Mobile) Email Andress Claimant Type Claimant Type Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No.	97552183 Please Select >> S223260R / SMK90163 ON 25 Feb 2020 ** Yes 26/02/2020 09:45	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liebitty *	5123250R Please Select V Not at Fault	Contact No. (Office) TP Vehicle Number Reme of Preferred Works GSA report	SMK90L63
Claim Type * Contact No.(Mobile) Email Andress Claimant Type Claimant Typ Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation	97552383 Please Select >> S123260R / SMK90163 ON 25 Feb 2020 Yes Yes	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liebility * Preterered Repair Option	5123250R Please Select V Not at Fault	Contact No. (Office) TP Vehicle Number Reme of Preferred Works GSA report	SMK90L63
Claim Type * Contact No.(Mobile) Email Andress Claimant Type Claimant Typ Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	97552183 Please Select >> S223260R / SMK90163 ON 25 Feb 2020 ** Yes 26/02/2020 09:45	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liebility * Preterered Repair Option	5123250R Please Select V Not at Fault	Contact No. (Office) TP Vehicle Number Reme of Preferred Works GSA report	SMK90L63
Claim Type * Contact No.(Mobile) Email Andress Claimant Type Claimant Typ Claimant Name * Claimant Address Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	97552183 Please Select >> S223260R / SMK90163 ON 25 Feb 2020 ** Yes 26/02/2020 09:45	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liebility * Preterered Repair Option	5123250R Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Reme of Preferred Works GSA report	SMK90L63
Claim Type * Contact No.(Mobile) Email Andress Claimant Type Claimant Typ Claimant Name * Claimant Address Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	97552183 Please Select >> S223260R / SMK90163 ON 25 Feb 2020 ** Yes 26/02/2020 09:45	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liebility * Preterered Repair Option	5123250R Please Select V Not at Fault	Contact No. (Office) TP Vehicle Number Reme of Preferred Works GSA report	SMK90L63
Claim Type * Contact No.(Mobile) Email Andress Claimant Type Claimant Typ Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	97552183 Please Select >> S223260R / SMK90163 ON 25 Feb 2020 ** Yes 26/02/2020 09:45	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liebility * Preterered Repair Option	5123250R Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Reme of Preferred Works GSA report	SMK90L63
Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Typ Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	97552183 Please Select >> S223260R / SMK90163 ON 25 Feb 2020 ** Yes 26/02/2020 09:45	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liebility * Preterered Repair Option	5123250R Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Reme of Preferred Works GSA report	SMK90L63
Claim Type * Contact No.:(Mobile) Email Address Claimant Type Claimant Typ Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Pinalsation Date Registered Report Taken By Print AK letter	97552183 Please Select >> S223260R / SMK90163 ON 25 Feb 2020 ** Yes 26/02/2020 09:45	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liebility * Preterered Repair Option Claim Close Date	5123250R Freake Select Not at Fault Preferred Workshop, Name unknown Seve Submit	Contact No. (Office) TP Vehicle Number Reme of Preferred Works GSA report	SMK90L63
Claim Type * Contact No.:Mobile) Email Andress Claimant Type Claimant Type Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalsation Date Registered Report Taken By Print AK letter Attachment	97552183 Please Select >> S223260R / SMK90163 ON 25 Feb 2020 ** Yes 26/02/2020 09:45	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liebility * Preterered Repair Option Claim Close Date Claim No.	S123250R Flease Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Works GSA report Date Received	SMK90L63
Oeim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Typ Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	97552183 97552183 Please Select >>> 5223260R / SMK090163 ON 25 Feb 2020 ** Yes 26/03/3020 09:45 Dackson MT/1085844	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liebility * Preterered Repair Option Claim Close Date	5123250R Freake Select Not at Fault Preferred Workshop, Name unknown Seve Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Works G3A report Date Received	# SMK90163 Prop Received (28/02/2020 00 00 (3)
Claim Type * Contact No. [Mobile) Email Address Claimant Type Claimant Typ Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	97552183 97552183 Please Select >>> 5223250R / SMK90163 ON 25 Feb 2020 7es 26/02/2020 09:45 Jackson MT/1085844 ® Yes No	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liebility * Preterered Repair Option Claim Close Date Claim No.	SIZIZEOR Please Select Not at Fault Preferred Workshop, Name unknown Save Submit Category ** Category **	Contact No. (Office) TP Vehicle Number Name of Preferred Works GIA report Date Received Confidential	Received 28/02/2020 90 00 III
Oaim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Typ Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Aktachment	97552183 97552183 Please Select >>> 5223260R / SMK090163 ON 25 Feb 2020 ** Yes 26/03/3020 09:45 Dackson MT/1085844	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liebility * Preterered Repair Option Claim Close Date Claim No. Upload Date	Save Submit 001	Contact No. (Office) TP Vehicle Number Name of Preferred Works GSA region Date Received Confidential	Received 28/02/2020 90:00 III
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tachment	Uploaded By/Date	Category	9	urgency		(00)	
UII	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Feb 2020 09:49	RIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-26		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Feb 2020 09-49	NRIC/ Driving License	٧	Normal	NRIC/ Driving License 2020-2-26		
*	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Feb 2020 09:48	SAS		Normal	SAS 2020-2-26		
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Feb 2020 09:48	Photos		Normali	Photos 2020-2-26		
O	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Feb 2020 09:48	Photos		Normal	Photos 2020-2-26		
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Feb 2020 09:48	Photos		Normal	Photos 2020-2-26		
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	NAC_PAYA_UB1_800603{ NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Feb 2020 09:48	Photos		Normal	Photos 2020-7-26		
11	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Feb 2020 09:48	Photos		Normal	Photos 2020-2-26		
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Old I	NAC_PAYA_UB1_B00601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Feb 2020 09:47	Photos		Normal	Photos 2020-2-26		
125	NAC_PAYA_UB1_800601[NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Feb 2020 09:47	Photos		Normal	Photos 2020-2-26		
40	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Feb 2020 09:47	Photos		Normal	Photos 2020-2-25		
6 5	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Feb 2020 09:47	Photos		Normal	Photos 2020-2-26		
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Feb 2020 09:46	/I Photos		Normal	Photos 2020-2-26		
O	NAC_PAYA_UBI_BODGO1(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2020 09:46	/I Photos		Normal	Photos 2020-2-26		
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THE S	NAC_PAYA_URI_BOOGO1(NATIONAL ASSESSMENT CENTRE SER CES) on 26 Feb 2020 09:46	VI Photos		Normal	Photos 2020-3-26		
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7	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER CES) on 25 Feb 2020 09:46	VI Photos		Normal	Photos 2020-2-26		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SEF CES) on 26 Feb 2020 09:45	tVI Photos		Normal	Photos 2020-2-36		
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	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SE CES) on 26 Feb 2020 09:45	RVI Protos		Normal	Photos 2020-2-26		
20	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SE	RVI Photos		Normal	Photos 2020-2-26		

