NATIONAL Assessment Centre Services. [WHI Jamos] MNAW DOVEN 1-01 Done by Date &Time Completed Date In: 21/2 - 13:43 Jeb description Reino: NM INCLOSSING 12 SAS e-filing E-mail (within Shrs, AIC 2hrs) Veh No: PCTOLLE i-Motor Claim Form M 1086189-001 D.O.A: 28/2/20 - 07 47 i-Motor W/O (Within: OD 2hrs, TP 4hrs) TP / Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Preferred Wksp / INC Assign Wksp / QW: (Tel: Veh No: 10 61154)/Non-INC(TP Particulars: INC (Tcl: Owner / Driver: (Cover Type: () Policy No: (Period: (Time: Date: Confirmed by: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%] Insured/Driver Liability: (Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000 (General Remarks:) Walk-In Customer: Customers information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: (Date&Time Completed Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Amt (1) Amt (S) Invoice Preparation Checklist MA20167 / WA 20163 M Bill Add Bill 1) AR : Accident Reporting (\$30); Claimant's Particulars :-INC (\$30) 2) DA : Damege Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey \$30 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR: Re-inspection Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge): \$5 *N5: Courtesy Cor / Tpt Allowanne 510 *N6: Repair Co-ordination \$25 *N7: Fost Repair Inspection Auditors! Comments :-* N8: DV / Collect Excess Coordination 35 \$20 TP (N11): TP (Non INC) against INC Cat. 1: 9) N12: Idao Mobile at a feet Fee Charged Involce doted 2at. 2/3: Fee Charged Invoice dated

i spend the

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

EMail Address

Fax Number Contact Number

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

| aforesaid. | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| AND SECURITY OF SE | ACCIDENT STATEMENT |
| Date Of Report | 28/02/2020 13:43 |
| Date Of Accident | 28/02/2020 03:40 |
| Exact Location Of Accident | ALONG AYE |
| Country/State of Loss | SINGAPORE |
| the same of the sa | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | PC5011E |
| Insured/Policyholder | |
| Name Of Registered Owner | F&S CHAUFFEUR SERVICES |
| Co Reg No | 5XXXX621D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97313347 |
| Alternative Phone No | OFFICE-97313347 |
| Vehicle Particulars | |
| Manufacturer | ТОУОТА |
| Model | HIACE COMMUTER GL 3.0 A |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL USE |
| 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 | BUS |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5115996725 |
| Cover Note Number | |
| Driver | |
| Name of Driver | MUHAMMAD FAOZI @KUMARAN S/O MARIMUTHU |
| NRIC No | SXXXX245J |
| Date Of Birth | 09/09/1981 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 30/12/2016 |
| Driving Experience | 3 YEARS AND 1 MONTH |
| | |

MALE

+65-97313347

NOEMAIL

OFFICE-97313347

Address

BLK 119 YISHUN RING ROAD

#01-449

Postcode

760119

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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?

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

YES NO

Number of Passengers (Including Driver)

0

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)

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

XD6115H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 4) The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the police for investigation.
- 6) 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 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.
- 8) Consent under the Personal Data Protection Act (PDPA)

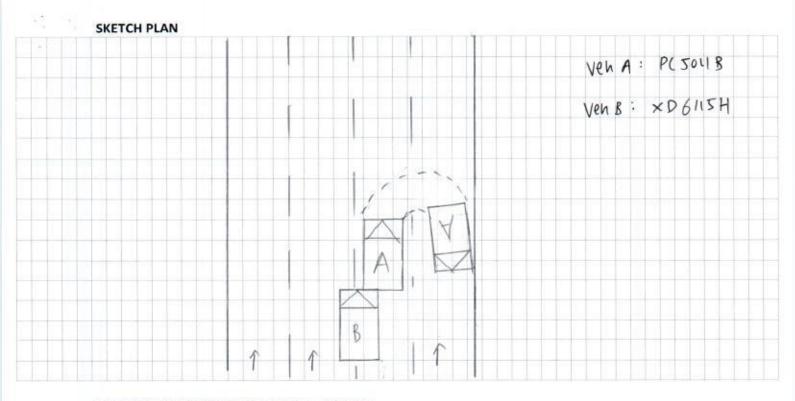
I understand, acknowledge, agree and consent that:

- (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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - For complying with requirements under my regulations, laws or court orders.

F&S CHAUFFEUR SERVICES

Policy holder's signature Date / time: row =

Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:



| on the | State | ed date | and + | time, | my ve | nicle 1 | was | Stat | ionavy |
|---------|-------|------------|-------|--------|---------|---------|-----|------|--------|
| Along 1 | HE. S | Suddenly , | Veh | B (X | D 6115H |) clid | not | See | my |
| Vehicle | and | collided | onto | rear | lett pp | ortion | 40 | my. | venice |
| causii | ng my | venicle | front | - left | venicl | e of | my | var | +0 |
| nit | +Ne | barricade | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

DECLARATION

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

F&S CHAUFFEUR SERVICES

Policy holder's signature Date & time: wg-

Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

| | ACCIDENT DETAILS | |
|----------------------------|------------------|------------|
| Date of accident | 28 02 2020 | (DD/MM/YY) |
| Time of accident | 3: 43 am | (HH:MM) |
| Exact location of accident | Alongs AYE | |

| CARL PARTY | K BE TO | DETAILS OF | VEHICLE |
|----------------------------------------------------|-----------------|----------------|-------------------------------------------|
| Vehicle registration number | PC | 5011E | |
| Vehicle make and model | To | SIH BHOYO | ce |
| Type of vehicle | Saloon Lorry | MPV 🗆 Bus 🗆 | CRV □ Van Motorcycle □ Others: |
| Vehicle category | Private 🗆 | Comm | ercial Motorcycle |
| Purpose of using at said time | | | |
| Are you claiming under your own insurance company? | Yes Third part | No. | if no, please select: Reporting only □ |

| | INSURANCE IN | FORMATION | |
|-------------------|---------------|------------------------------------|-----------|
| Insurance company | NTUC | | |
| Policy number | | | 10 |
| Type of policy | Comprehensive | Third party fire & theft \square | TP only 🗆 |

| | INSURED / POLICY HOLDER | | |
|------------------------------|----------------------------------|------------|--------|
| Name | F4 S Chauffeur Services | Male □ | Female |
| NRIC / Fin / Passport number | | | |
| Contact | 9731 3347 | | |
| Address | BIK 119 Yishun Ring Road #01-449 | 5 (760119) |) |

| DRIVER | SAME AS INSURED ABOVE (SKIP TO D.O.B) | | | | | | | | |
|------------------------------|---------------------------------------------------|--|--|--|--|--|--|--|--|
| Name | Muhammad Faozi @ Kumavan s/o Mutny Male, Female - | | | | | | | | |
| NRIC / Fin / Passport number | S8129245J | | | | | | | | |
| Contact | 9731 3347 | | | | | | | | |
| Address | BIK 119 Yishun Ring Road #01-449 5(760119) | | | | | | | | |
| Email address | | | | | | | | | |
| Date of birth | 09 (09 1981 | | | | | | | | |
| Occupation | Indoor D Outdoor D | | | | | | | | |
| Driving date pass | 12/06/2009 | | | | | | | | |

| PARTY NEW YORK BEST | GENERAL INFORMATION OF THE ACCIDENT |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Was driver an employee of | Yes 🗆 No 🖻 |
| the insured's company? | If no, relationship of the driver and insured: |
| Accident captured by camera? | Yes D No Z |
| Weather condition | Clear Raining Others: |
| Road surface | Dry Wet |
| No of passenger | (Inclusive of driver) |
| | |
| SUAL CONTRACTOR | PASSENGER 1 |
| Name | |
| Gender | Male Female |
| | |
| 建设工程的 关键设置 | PASSENGER 2 |
| Name | |
| Gender | Male Female |
| | |
| Company of the Compan | PASSENGER 3 |
| Name | |
| Gender | Male Female |
| | |
| Section Street Section 1985 | PASSENGER 4 |
| Name | |
| Gender | Male Female |
| | |
| | PASSENGER 5 |
| Name | |
| Gender | Male Female |
| | |
| | PASSENGER 6 |
| Name | |
| Gender | Male Female |
| | |
| NO CONTRACTOR PRODUCTION | OTHER INFORMATION |
| Was anybody injured? | Yes No. |
| Was other vehicle damaged? | Yes, No 🗆 |
| | |
| 建设的 | DETAILS OF POLICE STATION ACTION |
| Reported to police? | Yes No If yes, please state which police station. |
| Police station name | |
| | |
| | WITNESS 1 |
| Name | |
| | |
| (A) 自己从中国的国际企业的 | WITNESS 2 |
| Name | |

| 在 对于1000年的中央1000年 | THIRD PARTY VEHICLE 1 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Vehicle registration number | XD 6112H |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| | |
| MATERIAL PROPERTY OF THE STATE | THIRD PARTY VEHICLE 2 |
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| | |
| | THIRD PARTY VEHICLE 3 |
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| | |
| | THIRD PARTY VEHICLE 4 |
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| | |
| ATT 10.000 | THIRD PARTY VEHICLE 5 |
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| (0.000) | |
| ME THE THE BELLEVIEW | THIRD PARTY VEHICLE 6 |
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| 22 | |
| C. C. St. Co. C. | THIRD PARTY VEHICLE 7 |
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| | | WILLIAMS DE | TOSON 4 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|
| ALCOHOLD STATE STATE STATE STATE | EAGER 2 | INJURED PE | RSON 1 |
| Name | _ | | |
| Injuries sustained | | | |
| Which vehicle person in? | 22300000 | | |
| Were seat belts worn? | Yes 🗆 | No □ | |
| Was injured conveyed to | Yes 🗆 | No 🗆 | |
| hospital by ambulance? | | | |
| | M-USSOSIA CO | | |
| | | INJURED PE | RSON 2 |
| Name | | | |
| Injuries sustained | | | |
| Which vehicle person in? | | | |
| Were seat belts worn? | Yes 🗆 | No 🗆 | |
| Was injured conveyed to | Yes 🗆 | No 🗆 | |
| hospital by ambulance? | | | |
| | War and the same of the same o | | |
| STATE OF THE STATE | CHAPTER TO | INJURED P | ERSON 3 |
| Name | | | |
| Injuries sustained | | | |
| Which vehicle person in? | | 1 | |
| Were seat belts worn? | Yes 🗆 | No 🗆 | |
| Was injured conveyed to | Yes 🗆 | No 🗆 | |
| hospital by ambulance? | (S) (S) (S) (S) | / | |
| | | | |
| Production of the second second | HOLDING. | INJURED P | FRSON 4 |
| Name | | | |
| Injuries sustained | 1/ | | |
| Which vehicle person in? | / | | |
| Were seat belts worn? | Yes 🗆 | No 🗆 | |
| Was injured conveyed to | Yes 🗆 | No 🗆 | |
| hospital by ambulance? | 11.00 | 2017/02/07/0 | |
| / | | | |
| THE PARTY OF THE P | HERMAN, | INJURED P | FRSON 5 |
| Name | | INJUNED | LINGUI 3 |
| / | N CONTRACTOR | | |
| Injuries sustained Which vehicle person in? | _ | | |
| Were seat belts worn? | Yes 🗆 | No 🗆 | |
| Was injured conveyed to | Yes 🗆 | No 🗆 | |
| hospital by ambulance? | 165 🗆 | NO L | |
| nospital by allibulance: | | | |
| | NAME OF TAXABLE PARTY. | INITION OF | EDCON C |
| | - AND NOTE OF | INJURED P | ERSUN 6 |
| Name / | | | |
| Injuries sustained | | | |
| Which vehicle person in? | Care Care | | |
| Were seat belts worn? | Yes □ | No 🗆 | |
| Was injured conveyed to hospital by ambulance? | Yes 🗆 | No 🗆 | |



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS WANAGEMENT CENTRE

S Maffles Quay VI3 00 Seepapore 040500

Yel 1651 6224 8010 Fax (45) 6234 0030

Operating Hours: Monday to Friday, 09:00 - 17:00

UBit: SSEC00He / GST Reg. No. 140-00017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

| | | | DDEND | 500 | | | | |
|--------------------------------------------------|----------------------------------------------|---------------|------------|-------------|-----------------------------|----------|---------------|----------|
| (A) PARTICULARSO | FPERSON MAKII | NGTHEAME | NDMENTS | i. | | | | |
| Original Report | No : MNAIZO | 0026231 | ii . | Vehicle | Ranistravia | n Afa. | PCSON | a |
| | rici: muhammad | 10.021 | Kundra | NRIC/E | Muthu N/Decessor | | | |
| ("Vehicle Driver | /Vehicle Owner) | (°) Please de | lete as ap | propriate | is) rasspon | : 041 | SXXXXX | 27 |
| Address | : Blk 119 | | Ring | Road | #01-A | 49 | Singapore | r Zhouq |
| Contact (Tel) | :_973133 | 347 | | Mobile i | | | | 1700117 |
| Email Address | : | | | | | | | |
| Date of Accident | : 28/02/2 | 020 | 000100 | Time of A | ccident: | 034 | 10 | |
| Place of Accident | - Along | AYE | | | e utroculator | | | |
| Insurance Compar | y: NTUC | <u>J</u> | | | | | | |
| have made a repo make the following Change | nt on the above m amendments: Of Sketo | g 8 | | d would li | ke to includ | le addit | ional Informa | ellon or |
| | .0 | | | d would III | and the same of the same of | | | etion or |
| | .0 | | | d would li | - I | A - P | C5011B | etion or |
| | .0 | | | d would li | - I | A - P | | etion or |
| | .0 | | | d would li | - I | A - P | C5011B | etion or |
| | .0 | | | d would li | - I | A - P | C5011B | etion or |
| | .0 | | | d would li | - I | A - P | C5011B | ation or |
| Change | .0 | | | d would II | - I | A - P | C5011B | ation or |

Date:



it Insurance mation on the ct Income or

THE SCHEDULE

Private Bus Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M90372806G

Policy Number

: 5115996725

The Policyholder

: F&S CHAUFFEUR SERVICES

BLK 119 #01-449 YISHUN RING ROAD SINGAPORE 760119

Period of Insurance

: 04 Feb 2020 To 03 Feb 2021

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: \$\$2,008.22

Interest Insured

Cover Type

: Comprehensive

Make/Model

: TOYOTA/HIACE

Capacity

: 0.85 ton(s)

Number of Seater

Registration Number Chassis Number

: PC5011E

Registration Date

: 26 Apr 2016

Excess (Section I)

: KDH2230026986

Insure with COE NCD Entitlement

: Yes : 0%

Excess (Section II)

: \$\$2,000

Windscreen Excess

: \$\$1,500 : \$\$500

Geographical Limit

: WITHIN THE REPUBLIC OF SINGAPORE ONLY

Hire Purchase Company

: N/A

Memo A: N/A

Endorsement Operative: N/A

Agency

: S'PORE SCH&PTE HIRE BUS OWNS ASS (00000601247)

Date of Issue

: 04 Feb 2020 16:44 hrs

Reprint

: 04 Feb 2020 16:50 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

| eBao Tech | | | | | | 数据 | | | | Genera | lClaim |
|------------------------|----------|----------------|-----------------------|------------------------------------------|----------------------|-----------|---------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | | - | - | | - | · Change L | anguage | • Chan | ge Password | · Log Out |
| My Desktop | Poli | cy Query | | | | | | | | | |
| Notice of Loss | Policy N | ło. | | | | Date | of Accident | 28 | /02/2020 (| 3:40 | -2 |
| | Vehicle | No.(For Motor) | PC5011 | E | | Certifi | icate Number | | | | |
| | | | | | E | Search | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5115996725 | | F&S CHAUFFEUR SERVICES | 53402621D | GBS | Comprehensive | PC5011E | PC5011E | 04/02/2020 | 03/02/2021 |
| | 2 | | | V. V | C | Continue | | | | | |

| olicy No. | 5115996725 | Policyholder Name | F&S CHAUF | FEUR SERVICES | Policyholder NRIC | 53402621D | | |
|------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------|-----------------|-----------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--|
| Certificate | | realine | | | , and | | | |
| No. | | | | | | | | |
| Address | BLK 119 #01-449 YISHUN RING ROAD SINGAPORE 760119 | | | | | | | |
| Product Name | BUS INSURANCE | Plan | | | Group Policy Flag | No state of the st | | |
| Policy ssue Date | 04/02/2020 | Effective Date | 04/02/2020 | 00:00 | Expiry Date | 03/02/2021 23:59 | | |
| Excess Type | Per Accident | All Claims Excess | | | | | | |
| Third Party Excess | 1500 | Own damage Excess | 2000 | | Windscreen Excess | 500 | | |
| Additional Excess | | OS Premium | 0 | | | | | |
| Outside Singapore OD Excess | | Outside Singapore TP Excess | | | | Young/Inexperience Driver Excess | | |
| Agent | S'PORE SCH&PTE HIRE BUS OW | Agent Tel. | 67410788 | | GST Flag | Υ | | |
| Co- insurance | No | | | | | | | |
| Flag | | | | | | | | |
| Open | | | | | | | | |
| Open Policy Info Certificate | | | | | | | | |
| Open Policy Info Certificate Info | holder Mailing Address | | | | | 20 11 <u>(M.</u> 977) | | |
| Open Policy Info Certificate Info Policy | holder Mailing Address BLK 119 #01-449 | Addre | ss 2 | YISHUN RING RO | AD | Address 3 | SINGAPORE 760119 | |
| Open Policy Info Certificate Info Policyl Address 1 | | 10000000 | ss 2 ss Type | YISHUN RING RO Singapore address | 1175 | Address 3 Post Code | SINGAPORE 760119 760119 | |
| Open Policy Info Certificate Info | | Addre | ss Type | 10 2 H 10 | 1175 | | -Ballouthast State Halabat County | |
| Open Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No. | BLK 119 #01-449 | Addre Relate | ss Type | Singapore address | 1175 | | -Ballouthast State Halabat County | |
| Open Policy Info Certificate Info Policyl Address 1 Address 4 Unit No. | BLK 119 ±01-449 01-449 ad Object: PC5011E | Addre Relate | ss Type | Singapore address | 1175 | | -Ballouthast State Halabat County | |

| ccident MT/1086189 | Section Control | (1) (1) (1) (1) | transfer - | Transport for the Street Market | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--|
| ORCY No. | 5115996725 | Vehicle No. | PC5011E | GST Registration No. | | |
| Certificate No. | | | | | | |
| Policyholder Name | FBS CHAUFFEUR SERVICES | | | Policyholder NRIC | 53402621D | |
| Product Code | BUS INSURANCE | Cover Type | Comprehensive | Loading | 0 0 [N: 💙] | |
| Contact No.(Mobile) | 97313347 | Contact No.(Office) | 0 | Contact No.(Home) | | |
| Small Address | | Special Remark | | eCode | | |
| OPIC. | ® No ○ Yes | TCA | ® No ○ Yes | eCode Reason | No | |
| VCD Protection | No | NCD Entitlement(%) | 0 | Private Hire | | |
| ♥ Accident Details | 202 | ALLES AND | | | | |
| Report Date | 28/02/2020 13:56 | Accident Report Within 24 hrs | Yes | Acadent Type | Collision - Head to Rear | |
| | | Standing! | | | Collision - Head to Rear Singapore | |
| Nate of Accident | 28/02/2020 | Time of Accident hh:mm | 03:40 | Country of Accident | | |
| leporting Centre | | Orange Force | | ICM No. | | |
| ccident Location | ALONG AYE | | | | | |
| ♥ Total Excess Applicable | | | | | | |
| xcess Type | Per Accident | Windscreen Excess | 500.00 | | | |
| | | | | | | |
| OD Standard Excess | 2,000.00 | TP Standard Excess | 1,500.00 | | | |
| 1EO OO Excess | 0.00 | VIED TP Excess | | Driver is Covered? | | |
| dditional Excess | | | | | | |
| otal OD Excess Applicable | 2000.00 | Total TP Excess Applicable | | | | |
| ♥ Benefits | | | | | | |
| GST Registered Informa | ition | | | | | |
| ST Registered | No | | GST Registration Date | | Maria C | |
| ST Registration No. | | | GST Status Verified | Yes | | |
| odification History | 28/02/2020 13:57:39 Systi | em changed GST Status Verified fro | m No to Yes | | | |
| | | | | | | |
| Policyholder Mailing Add | dress | | | | | |
| ddress 1 | BUK 119 #01-449 | Address 2 | YISHUN RING ROAD | Address 3 | SINGAPORE 760119 | |
| ddress 4 | 22 20 EXT. St. | Address Type | Singapore address | Post Code | 760119 | |
| int No. | 01-449 | Related Policy Number | 5115996725 | 10000000 | 100000000000000000000000000000000000000 | |
| sy OI Driver Info | 10.70G | | 100000000000000000000000000000000000000 | | | |
| river Name | Unnamed Driver | Driver Type | Unnamed Onver | | | |
| innamed driver Name | MUHAMMAD FACZI @KUMARAN | Driver NRIC | SXXX245) | Driver DOB | 09/09/1981 | |
| | | | | | | |
| | | Driver Age | 38 | Driving Experience | 3 | |
| ontact No.(Mobile) | 97313347 | Contact No.(Office) | 0 | Contact No.(Home) | 0 | |
| ddress 1 | BLK 119 | Address 2 | YISHUN RING ROAD | Address 3 | SINGAPORE 760119 | |
| ddress 4 | | Address Type | Singapore address | Post Code | 760119 | |
| init No. | 01-449 | | | | | |
| oes he own a Singapore | ○ Yes ® No | Driver Vehicle No. | | Driver Insurer Company | | |
| legistered car? | (8.47.90) | | | | | |
| eclaration | | | | | | |
| reathalyser or Blood Test | 0 mg | Any injury? | ☐ Yes 	® No | | | |
| eading? | O mg | Any injury/ | 01604 | | | |
| | | | | | | |
| | | | | | | |
| lodification History | | | | | | |
| | | | | | | |
| Calm 001 Nex | | | | | | |
| | | | | | | |
| Claim 001 New | ар-мх 😢 | Insured Name | FAS CHAUFFEUR SERVICES | Insured NRIC | 534026210 | |
| Claim 001 New | A STATE OF THE PARTY OF THE PAR | | FBS CHAUFFEUR SERVICES | | | |
| Claim 001 New laim Type * ontact No.(Mobile) | GD-MX V | Contact No.(Home) | | Contact No.(Office) | • | |
| Claim 001 New laim Type * ontact No.(Mobile) mail Address | 97313347 | Contact No.(Home) OI Vehicle Number | PCS011E | | | |
| Claim 001 New Jaim Type * ontact No.(Mobile) mail Address laimant Type Claimant Type * | 97313347 Please Select | Contact No.(Home) OI Vehicle Number Type of Benefit * | | Contact No.(Office) | • | |
| Claim 001 New Jaim Type * ontact No.(Mobile) mail Address laimant Type Claimant Type * | 97313347 | Contact No.(Home) OI Vehicle Number | PCS011E | Contact No.(Office) | • | |
| claim OO1 Next laim Type * ontact No.(Mobile) mail Address laimant Type Claimant Type * laimant Name * | 97313347 Please Select | Contact No.(Home) OI Vehicle Number Type of Benefit * | PCS011E | Contact No.(Office) | • | |
| laim 001 New laim Type * ontact No. (Mobile) mail Address laimant Type Cleimant Type * laimant Name * laimant Address | 97313347 Please Select | Contact No.(Home) OI Vehicle Number Type of Benefit * | PCS011E | Contact No.(Office) | • | |
| Claim 001 New Institute the Claim Type * ontact No. (Mobile) mail Address laimant Type Claimant Type * laimant Name * laimant Address laim Description referred Workshop Contact | 97313347 Please Select | Contact No.(Home) OI Vehicle Number Type of Benefit * | PCS011E | Contact No. (Office) TP Vehicle Number | • | |
| isim Type * ontact No. (Mobile) mail Address laimant Type Claimant Type * laimant Name * laimant Address laimant Address laim Description referred Workshop Contact o. | 97313347 Please Select | Contact No. (Home) OI Vehicle Number Type of Benefit. * Claiment NRIC * | PCS011E Please Select Not at Fault | Contact No. (Office) TP Vehicle Number | * XD6115H | |
| laim 1992 * Jaim Type * Ontact No. (Mobile) mail Address laimant Type Cleimant Type * laimant Address laimant Address laim Description referred Workshop Contact o. equire Finalisation | 97313947 Please Select >> PCS011E / XD6115H QN 28 Feb 2020 Yes Yes | Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Preference Repair Option | PCS011E Please Select | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop | XD6115H Received | |
| Claim 001 New Jaim Type * ontact No. (Mobile) mail Address laiment Type Claimant Type * laiment Name * laiment Address laim Description referred Workshop Contact o. equire Finalisation ulia Registered | 97313947 Please Select | Contact No. (Home) OI Vehicle Number Type of Benefit. * Claiment NRIC * | PCS011E Please Select Not at Fault | Contact No. (Office) TP Vehicle Number | * XD6115H | |
| Claim 7001 New Claim Type * Contact No. (Mobile) Initial Address Italiament Type Claimant Type * Italiament Address Italiament Address Italiament Address Italiament Address Italiament Morkshop Contact Io. Initial Registered Iesort Taken By | 97313947 Please Select >> PCS011E / XD6115H QN 28 Feb 2020 Yes Yes | Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Preference Repair Option | PCS011E Please Select Not at Fault | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop | XD6115H Received | |
| Claim 7001 New Claim Type * Contact No. (Mobile) Initial Address Italiament Type Claimant Type * Italiament Address Italiament Address Italiament Address Italiament Address Italiament Morkshop Contact Io. Initial Registered Iesort Taken By | 97313947 Please Select | Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Preference Repair Option | PCS011E Please Select Not at Fault | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop | XD6115H Received | |
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| Claim 001 New Jaim Type * ontact No.(Mobile) mail Address laimant Type Claimant Type * laimant Name * laimant Address laim Description referred Workshop Contact o. oquire Finalisation alse Registered eport Taken By Print AK letter | 97313947 Please Select | Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Preference Repair Option | PCS011E Please Select Not at Fault Preferred Workshop, Name unknown | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop | XD6115H Received | |
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| Claim 7001 New Claim Type * Contact No. (Mobile) Claimant Type Claimant Type * Llaimant Name * Llaimant Address Llaim Description Verferred Workshop Contact Io. Lequire Finalisation Late Registered Leport Taken By Print AK letter Attachment | 97513347 Please Select | Contact No.(Home) OI Vehicle Number Type of Benefit * Claimart NRIC * Insured Liability * Preferenced Repair Option Claim Close Date Claim No. Upload Date Browse Browse Browse | PCS011E Please Select V Preferred Workshop, Name unknown V Save Suomit 001 28/02/2020 14:03 Category * Category * Clear Please Select M. Clear Please Select S. Clea | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urgen No. Normal No. Normal No. Normal | # | |

| Attachment | List | | | - | - 17 | | The second secon | Mar France | |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------|--------|---------|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---|
| Attachment | Upload | ed By/Date | Category | ? | Urgency | | Description | Mag Sent? (CD) | |
| 500 | NAC_PAYA_UBI_800601(NATI CES) on 28 | ONAL ASSESSMENT CENTRE SERVI Feb 2020 14:03 | NR3C/ Driving License | ٧ | Normal | NRIC/ D | riving License 2020-2-26 | | |
| 1 | NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Feb 2020 14:02 | | SAS | | Normal | SAS 2020-2-18 | | | |
| | NAC_PAYA_UBI_B00601(NAT) CES) on 28 | ONAL ASSESSMENT CENTRE SERVI Feb 2020 14:00 | Photos | | Normal | Photos 2020-2-28 | | | |
| - 4. | NAC_PAYA_UBI_800601[NATI CES] on 28 | ONAL ASSESSMENT CENTRE SERVI Feb 2020 14:00 | Photos | | Normal | Photos 2020-2-28 | | | |
| | NAC_PAYA_UBI_B00601(NATI CES) on 28 | ONAL ASSESSMENT CENTRE SERVI Feb 2020 14:00 | Photos No | | Normal | Photos 2020-2-2B | | | |
| No. | NAC_PAYA_UBI_800601(NATI CES) on 28 | ONAL ASSESSMENT CENTRE SERVI Feb 2020 14:00 | Photos | | Normal | | Photos 2020-2-28 | | |
| Rec | NAC_PAYA_UBI_800601(NATI CES) on 28 | ONAL ASSESSMENT CENTRE SERVI Feb 2020 14:00 | Photos | | Normal | | Photos 2020-2-28 | | |
| | NAC_PAYA_UB1_800601(NATI CES) on 28 | ONAL ASSESSMENT CENTRE SERVI Feb 2020 13:59 | Photos | | Normal | | Photos 2020-2-28 | | |
| | NAC_PAYA_UB1_800601(NAT) CES) on 28 | ONAL ASSESSMENT CENTRE SERVI Feb 2020 13:59 | Photos | | Normal | , | Photos 2020-2-28 | | |
| 3/ | NAC_PAYA_UB1_BD0601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Feb 2020 13:59 | | Photos | | Normal | 1 | Photos 2020-2-28 | | |
| \mathbf{A}_{0} | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Peb 2020 13:59 | | Photos | | Normal | | Photos 2020-2-28 | | |
| 为 | NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Peb 2020 13:59 | | Photos | | Normal | | Photos 2020-2-28 | | |
| 45 | NAC_PAYA_UB1_B00601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Peb 2020 13:59 | | Photos | | Normal | | Photos 2020-2-28 | | |
| 3 | NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Feb 2020 13:58 | | Photos | | Normal | , | Photos 2020-2-28 | | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Feb 2020 13:58 | | Photos | | Normal | , | Photos 2020-2-28 | | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI (CES) on 28 Feb 2020 13:58 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI (CES) on 28 Feb 2020 13:58 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI (CES) on 28 Feb 2020 13:58 | | F CENTRE SERVI Photos | | Normal | Photos 2020-2-28 Photos 2020-2-28 Photos 2020-2-28 | | | |
| 203 | | | Photos | Normal | | | | | |
| | | | Photos | | | | | | |
| 2 A | NAC_PAYA_UB1_800601(NATI CES) on 28 | C_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Feb 2020 13:58 | | | Normal | Photos 2020-2-28 | | | |
| Video List | | | | | | | | | - |