NATIONAL Assessment Centre S	Services -	ef 1 Jan'05] M	NAMOU YORG	D lo		
	Jeb description		Date &Time Completed	Done by	,	
Ref No: NAINCHOUNGERTY	SAS e-filing					
Veh No: 516V15076	E-mail (within Sh	rs, AIC 2hrs)			•	
D.O.A: 6/4/20-10-50	i-Motor Claim	Form	M7 109 0935-001	7/1/20 11	46	
1	Within: OD 2hr	s, TP 4hrs)				
OD / TP / Reporting Only	ded					
	Assessment/Sur	vey Report				
TP Insurer:	y Fax / Hand to Owner/Wksp					
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: 17861	c	, INC()/Non-INC().			
Owner / Driver: (Tel:)		
Policy No: () Perio	d: ()	Cover Type: ()		
Confirmed by : (Date:	Time:)		
Insured/Driver Liability: (%) [No	te-Est. Status (W	O): N: 0-2	0%; P: 21-79%. F: 80-	100%]		
	arranty: YES ()/NO()			
Excess: (\$) Loading: \$1,000)			-	
	Service of the servic			STORY ST.	0 0	
() Walk-In Customer : Customer's inform	etion strictly Con	fidential & S	trictly NO refer of repairer		T. PASILIFIA	
		ilidericiai a e	*			
() Total Loss Case : to e-mail Insurer		0/)	Fowing Co: (,)	
Drive-In ()/ Towed-In (); Invoice:	YES()/N	0();		APRIZE OF SEM 1990		
Remarks; (INC hotline: 6788 6616)			Date&Time Completed	Done	by	
CARL PRODUCT 1 A 100 CO CARL PRODUCT 1	urtesy Car ()				
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$300	001 ())				
Injurý:		- Constitution (Notes of	SONOTE SONOTE		7 , 79 , 87	
Date/Time / Actions		SHLEEL ST	The second secon	Markson Contract.		
	*1					
					-	
	1			Ar		
•		Designation of the Control of the Co	720000000000000000000000000000000000000	Anit (S)	Amt (3	
11A22-0.6C3	100	Invoice Pr	eparation Checklist	fa Bill	Add Bi	
NA200181		1) AR : Accide	nt Reporting (\$30);	(620)		
laimant's Particulars :-		2) DA : Damas	C 14200 squitter	(\$80) \$40/\$45		
river/Owner:		3) TF : Towing 4) FT : Follow	-Through Survey	\$120		
		th ler . Vallage	-Through Survey (Resurvey) against INC Only (wef 10 Jan 2	\$30 (205)		
ontact No:		6) TR : Re-ins	pection	2/13		
amaged Portion:		7) N1 : Idao D	A + SMRT Survey	\$160		
3	•	8) NTUC Add	ilional Services:-			
C Checked by (Engr-In-Charge):	1	*N5: Courte	ssy Car / Tpt Allowance	\$5 510		
	rate at a fact to	*N6: Repair	r Co-ordination Repair Inspection	\$25		
Auditors! Comments ::		+N8: DV /	Collect Excess Coordination	53		
The state of the s	A water of march Compact	TP (NII):	TP (Non INC) against INC	30	-	
at_1:		9) N12: Idea I		ad	公本(司)	
at. 2 / 3;		Invoice dated	Fee Charg	ed PEGN		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

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

- 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.

The state of the state of the state of	ACCIDENT STATEMENT
Date Of Report	07/04/2020 10:55
Date Of Accident	06/04/2020 10:50
Exact Location Of Accident	PIE TWDS PAYA LEBAR RD
Country/State of Loss	SINGAPORE

Country/State of Loss	SINGAPORE	
Photospherical profession	DETAILS OF OWN VEHICLE	West States St.
Vehicle Registration Number	SKV1507C	
Insured/Policyholder		
Name Of Registered Owner	JAIDI BIN SIMAH	
NRIC No	SXXXX014F	

NOEMAIL

Email Address (LOCAL) +65-97706824 Mobile Phone No OFFICE-97706824 Alternative Phone No

Vehicle Particulars

Model

HONDA Manufacturer STREAM 1.8 A

Exact Purpose for which vehicle was being used at PRIVATE USE time of accident

Are you claiming under your own insurance policy

REPORTING ONLY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

for repair to your vehicle?

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

5104525149-01 Policy Number

Cover Note Number

Driver

MUHAMAD SHAHIDAN BIN NORDIN Name of Driver

SXXXX281C NRIC No 21/12/1984 Date Of Birth OUTDOOR Occupation 31/03/2006 Date Of Driving Pass

14 YEARS AND 0 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-87144779 Mobile Number

Fax Number

OFFICE-87144779 Contact Number

NOEMAIL **EMail Address**

Address

BLK 886 TAMPINES STREET 83

#03-33

Postcode

520886

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

RELATIVE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

NO

Other Information

Was any foreign vehicle involved in this accident?

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

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO

3

Passenger 1

NAME:

3 8

: FEMALE

Passenger 2

NAME:

() H

GENDER:

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)

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

XD7862C

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.
- 5) Any false reporting may be referred to the police for investigation.
- 6) The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7) By the 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

(II) For complying with requirements under my regulations, laws or court orders.

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

SKETCH PLAN

Ven A: S KV 1507 C

Along FIE towards paya Cebar Kd

Ven B: KD7862 C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT the Stated date and time, I was travelling along PIE sudden paya lebar road turning towards right out from portion heard sound coming the right rear of I came down that SAW my when vehicle. left Veh had hit XD 7862C) front portion Courter at my own love me.

DECLARATION

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

Policy holder's signature Date & time: 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.

的 100 元号 100 元	ACCIDENT DETAILS	
Date of accident	06/04/2020	(DD/MM/YY)
Time of accident	(HH:MM)	
Exact location of accident	Along PIE towards paya Lebar Rd.	

A STATE OF THE PARTY OF THE PAR		DETAILS OF	VEHICLE			图表皮基础
Vehicle registration number	SKV	1201C				
Vehicle make and model	Hono	da strea	am			
Type of vehicle	Saloon Lorry	MPV 🗆		Van rcycle □	Others:	
Vehicle category	Private 🗆	Comm	ercial 🗆	Motorcy	cle 🗆	
Purpose of using at said time						
Are you claiming under your own insurance company?	Yes Third part of	No.≱′ claim _r		se select: g only 🗷		

2000年度,1900年	INSURANCE IN	FORMATION	No. of the last
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft \square	TP only

	INSURED / POLICY HOLDER	
Name	Jaidi Bin siman	Male ≠ Female □
NRIC / Fin / Passport number	S1531014 F	
Contact	9770 6824	
Address	BIK 350 Woolands Avenue 3	# 10-97 5 (730350)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)								
Name	Muhamad Shahidan Bin Kordin Male, Female -								
NRIC / Fin / Passport number	S8 441281C								
Contact	87144 779								
Address	BIK 886 Tampines street 83 #03-33 5(520886)								
Email address									
Date of birth	21 dec 1984								
Occupation	Indoor Outdoor								
Driving date pass	31/03/2006								

April 1997 Property and the	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes D No Z
the insured's company?	If no, relationship of the driver and insured: Father -In law
Accident captured by camera?	Yes No
Weather condition	Clear Raining Others:
Road surface	Dry Wet a
	3 (Inclusive of driver)
No of passenger	5 (metasive of driver)
	PASSENGER 1
Name	Sofie Fadi
Gender	Male □ Female Ø
的 自然是一种,但是一种	PASSENGER 2
Name	Juriah bre NOH Awi
Gender	Male Female
新自身是特殊安全领的性理	PASSENGER 3
Name	
Gender	Male Female
	PASSENGER 4
Name	
Gender	Male Female
the design of the last of the	PASSENGER 5
Name	
Gender	Male Female
	PASSENGER 6
Name	
Gender	Male Female
The state of the s	OTHER INFORMATION
Was anybody injured?	Yes 🗹 No 😿
Was other vehicle damaged?	Yes No 🗆
文学的主张,我有的证明。对于新疆和	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No If yes, please state which police station.
Police station name	
e de la companya del companya de la companya de la companya del companya de la co	
	WITNESS 1
Name	
	WITNESS 2
Name	

学课的 主义是国际企业,并经过国际企业	THIRD PARTY VEHICLE 1	
Vehicle registration number	XD 7862 C	
/ehicle make model	-70	
Name		
IRIC / Fin / Passport number		
ontact		
THE RESERVE OF THE PARTY OF THE	THIRD PARTY VEHICLE 2	
/ehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
Contact		
AND PARKS MARK AND DESCRIPTION	THIRD PARTY VEHICLE 3	HEREN ALLAN
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		
The state of the s	THIRD PARTY VEHICLE 5	加生的 表达 的 一种
Vehicle registration number		CONTRACT SEASON
Vehicle make model		
Name		III-E
NRIC / Fin / Passport number		
Contact		
Contact		
	TUIRD DARTY VEHICLE 6	0. 4. 50 (4.5)
Control California de la California	THIRD PARTY VEHICLE 6	Minter Const
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
- Inc Annie - Annie		
经济的 经现代的 医电子	THIRD PARTY VEHICLE 7	
Vehicle registration number		
Vehicle registration number Vehicle make model		
Vehicle registration number Vehicle make model Name		

Contact

	INJURED PERSON 1
Name	Sofie Faidi
Injuries sustained	Shock / headache.
Which vehicle person in?	Left.
Were seat belts worn?	Yes No D
Was injured conveyed to	Yes D No.
hospital by ambulance?	ics a mod
noopital by animal animal	
	INJURED PERSON 2
Name	Juriah He Mat Awi
Injuries sustained	Hand
Which vehicle person in?	Right
Were seat belts worn?	Yes No D
Was injured conveyed to	Yes D No.
hospital by ambulance?	
。	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes 🗆 No 🗅
hospital by ambulance?	
	INJURED PERSON 4
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes No
Was injured conveyed to	Yes No
hospital by ambulance?	
MARKET AND COMMENTAL AND COMME	INJURED PERSON 5
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	
	INJURED PERSON 6
Name	
Injuries sustained	
Which vehicle person in? Were seat belts worn?	Voc. 5. No. 5.
Was injured conveyed to	Yes - No -
hospital by ambulance?	Yes 🗆 No 🗆
nospital by ambulancer	



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder 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
- 3. 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

: 5104525149-01

The Policyholder

: JAIDI BIN SIMAH BLK 350 #10-97

WOODLANDS AVENUE 3

SINGAPORE 730350

Period of Insurance

: 27 Oct 2019 To 26 Oct 2020

Sum Insured

: Market Value of Insured Vehicle less Residual COE/PARF Value at Time of Loss

Premium (inclusive GST)

: 5\$976.94

Interest Insured

Cover Type Primary Driver : drivo CLASSIC

: JAIDI BIN SIMAH Named Driver (1) : N/A

Named Driver (2)

: N/A

Make/Model

: HONDA/STREAM

Capacity

: 1800cc

Registration Number

: SKV1507C

Registration Year : 2007

Chassis Number

: RN61014067

Off-peak Car

Repair at Owner's Preferred Workshop: No

Insure with COE

* No

Excess (Section 1) Excess (Section 2)

: \$\$600 : N/A

NCD Entitlement : 40%

· No

Windscreen Excess

: S\$100

NCD Protection Loyalty Discount

: No

Additional Excess

: N/A

: Please refer to Terms and Conditions

Unnamed Driver Excess Hire Purchase Company

: RICARDO CARS PTE LTD

Optional Cover

Transport Allowance Excess Waiver

: No : No

Memo A: N/A

Endorsement Operative: M3

Agency

: META AGENCY PTE. LTD. (00000573430)

Date of Issue

: 08 Oct 2019 12:07 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

Hello, NAC_PAYA_UBI_800	501						· Change	e Language	Chan	ge Password	· Log Ou
My Desktop	Policy Query										
	Policy 1	No.				Date o	f Accident	[6	6/04/2020 1	0:50	
	Vehicle	No.(For Motor)	SKV150	7C		Certific	tate Number				
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5104525149- 01		JAIDI BIN SIMAH	S1531014F	GPC	drivo CLASSIC	SKV1507C	SKV1507C	27/10/2019	26/10/2020

		De lieu de a l'écon			14/10/20 (20/20/20)			
Policy No.	5104525149-01	Policyholder Name	JAIDI BIN	SIMAH	Policyholder NRIC	S1531014F		
Certificate No.								
Address	BLK 350 #10-97 WOODLANDS AVENUE 3 SINGAPORE 730350							
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy issue Date	08/10/2019	Effective Date	27/10/201	9 00:00	Expiry Date	26/10/2020	23:59	
Excess Type	Per Accident	All Claims Excess						
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100		
Additional Excess	0	OS Premium	0					
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess	
Agent	META AGENCY PTE. LTD.	Agent Tel.	98585076		GST Flag	Y		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
Policyh	older Mailing Address							
Address 1	BLK 350 #10-97	Addres	s 2	WOODLANDS AVENUE 3 AC		Address 3	SINGAPORE 730350	
ddress 4		Address Type Related Policy Number		Singapore address Po		ost Code	730350	
Jnit No.				5104525149-01				
▶ Insured	Object: SKV1507C							
♥ Endorse	ements							
	Sequence Date of Endorsement		Endorsement Type				Endorsement Content	

Claim Handling Accident HT/1090935							
	**********	201000000	DESCRIPTION	1200			
Policy No. Certificate No.	5104525149-01	Vehicle No.	SKV1507C	GST Registration No.			
	Vacant and Section 1997						
Project Code	DATOT BIN SIMAH PRIVATE CAR INSURANCE	Court Tree	444 5 1555	Policyholder NRIC	S1531014F		
Contact No. (Mobile)	97706824	Cover Type Contact No.(Office)	drive CLASSIC	Contact No.(Home)	0		
Email Address	37700024	Special Remark	0	eCode			
KPK	® No ○Yes	TCA	® No ⊜Yes	eCode Reason	14. 4		
NCD Protection	No	NCD Entitlement(%)	40	Private Hire	No		
Accident Details				XC000X4003	222.5		
Report Date	07/04/2020 11:45	Accident Report Within 24 hrs	Yes	Accident Type	Cellsion - Change / Cross lane Singapore		
Date of Accident	06/04/2020	Time of Accident hhomm	10:50	Country of Accident			
Reporting Centre		Orange Force		ICM No.	Singapore .		
Accident Location	PIE TWDS PAYA LEBAR RO						
▼ Total Excess Applicable							
Excess Type	Per Accident	Windscreen Excess.	100.00				
OD Standard Excess	600,00	TP Standard Excess	0.00				
VIED OD Excess	500.00	YIED TP Excess		Driver is Covered?			
Additional Excess	۰						
Total CO Excess Applicable	1100.00	Total TP Excess Applicable					
▽ Benefits ▽ GST Registered Inform	ation						
SST Registered Inform	ation No		GST Registration Date				
GST Registration No.	North		GST Status Verified	Yes			
Modification History							
Policyholder Mailing Ad	ldress						
Address 1	8LK 350 #10-97	Address 2	WOODLANDS AVENUE 3	Address 3	SINGAPORE 730350		
Address 4		Address Type	Singapore address	Post Code	730350		
Unit No.		Related Policy Number	5104525149-01				
OI Driver Info							
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver				
Unnamed driver Name	MUHAMAD SHAHIDAN BIN NOR	Driver NRIC	SXXXX281C	Oriver DOS	21/12/1984		
Register Date of Driver License		Driver Age	35	Driving Experience	14		
Contact No.(Mobile) Address 1	87144779	Contact No.(Office)	0	Contact No. (Home)	0		
	BLK 896	Address 2	TAMPINES STREET 83	Address 3	TAMPINES SPRING		
Address 4 Unit No.	SINGAPORE 520886 03-33	Andress Type	Singapore address	Post Code	520886		
Does he own a Singapore	O Yes ® No	Driver Vehicle No.		5 5 5			
Registered car?	C 185 (B) 180	Driver verscle No.		Driver Insurer Company			
Declaration							
Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ® No				
and the same of th							
fodification History							
Houricecon Priscory							
Claim 001 New							
Daim Type +	00-MX	Insured Name	JAIDI BIN SIMAH	1			
Dritact No.(Mobile)	97705R24	Contact No.(Home)	NIL	Insured NRIC	51531014F		
mail Address	W1700028	Of Vehicle Number	SKV1507C	Contact No. (Office) TP Vehicle Number	XD7862C		
Darmant Type Claimant Type •	Please Select	Type of Benefit *	Please Select	1P Verscie Number	X07862C		
Daiment Name *	22	Claimant NRIC *					
Darmant Address							
Daim Description	SKV1507C / XD7862C ON 6 Apr 2020			Name of Preferred Workshop			
referred Workshop Contact lo.		Insured Liability *	Not at Fault		7.0		
tequire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
ate Registered	07/04/2020 11:48	Claim Close Date		Date Received	07/04/2020 00:00		
eport Taken By	Jackson						
Print AK letter	. (100 (100 (100 (100 (100 (100 (100 (10						
0 0 00			Save Submit				
Attachment							
30189077	30.00000000	25000	9000				
codent No.	MT/1090935	Claim No.	001				
ast Doc. Received	● Yes ○ No	Upload Date	07/04/2020 11:49				
	Pach *	-	Category •	Confidential Urgen			
		Browse	Clear Please Select	V Normal	<u> </u>		
		Browse	. Oear Please Select	W Normal	<u> </u>		
		Browse	Clear Please Select	V Normal			
		Browse	Clear Please Select	✓ ND ✓ Normal			
		Browse	Clear Please Select	▼ NO V Normal	v		
		Browse	Clear Please Select	V Normal	<u> </u>		

	Uploaded By/Date	Folder Date	File Name			9	Source	A	
Video List									
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