	ntre Services		-
Date In: 14/2-15:13	Jeb description	Date &Time Completed	Done by
Ref No: AM/INCWOOSSY9/ZY	SAS e-filing		
Veh No: 57 V 8070 K	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 24412 - 8:15	i-Motor Claim Form	100-CHE BOILWIS	22/12/15
OD : (TP / Reporting Only	i-Motor W/O (Within: OD 2)	irs, TP 4hrs)	
OB 7 11 7 reporting only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report	j	
17 maurot.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:
TP Particulars: Veh No:5	470981 INC	()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: (Period: (Cover Type: (
Confirmed by : (Date:	Time:	1600/1
<u> </u>	6) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 50-	100%]
Year of Registration: ()	Warranty: YES ()/NO (
Excess: (\$) Loading: \$	e relie il ogradio della compania de		
() Walk-In Customer: Customer's	information strictly Confidential & S	Strictly NO refer of repairer.	
() Total Loss Case : to e-mail Ins	surer URGENTLY.	, · · · · · · · · · · · · · · · · · · ·	
Drive-In ()/ Towed-In (); Inve	oice: YES() / NO();	Towing Co: (
Remarks:- (INC horline: 6788 6616	0	Date & Time Completed	Done by
(2002-200-000-00-00-00-00-00-00-00-00-00-			We came don broaded age of
1) Apply for Transport Allowance			Andrew Control of
) / Courtesy Car ()		
2) QC Check / Post Repair Inspection) / Courtesy Car ()		
) / Courtesy Car ()		
2) QC Check / Post Repair Inspection) / Courtesy Car ()		
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >]) / Courtesy Car ()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :) / Courtesy Car ()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :) / Courtesy Car ()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :) / Courtesy Car ()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :) / Courtesy Car ()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :) / Courtesy Car ()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions)/Courtesy Car ()		Anc(s)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions	() \$3000] () Invoice Pr	eparation Checklist.	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions	() ()	eparation Checklist. nt Reporting (\$30); to Assessment (\$100); INC (\$	Ant (5) fst Bill
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Laimant's Particulars :-	Invoice Property 1) AR: Accide 2) DA: Darnag 3) TF: Towing 4) FT: Follow	eparation Checklist; at Reporting (\$30); te Assessment (\$100); INC (\$ Fee \$4 Through Survey	Ant (5) // fst Bill 80) 10/\$45 \$120
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions	Invoice Pr	eparation Checklist; nt Reporting (\$30); te Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey)	Ant (5) // fsi Bill 80) 10/545 \$120 \$30
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Laimant's Particulars :- Oriver/Owner:	() ()	cparation Checklist: at Reporting (\$30); c Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 section	Anit (5) IseBill (80) 10/545 5120 \$30 5) \$75
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Laimant's Particulars :- Oriver/Owner:	() ()	eparation Checklist: Int Reporting (\$30); In Assessment (\$100); INC (\$200); Fee \$400; Through Survey (Resurvey) A seajust INC Only (wef 10 Jan 200) Bection A + SMRT Survey	Anit (5) Tot Bill (80) (0/\$45 \$120 \$30 5)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Claimant's Particulars :- Oriver/Owner: Contact No: Damaged Portion:	() ()	cparation Checklist Introduction (\$30); A + SMRT Survey Itional Services:-	Anit (5) Ise Bill (80) (0/5 45 \$120 \$30 5) \$75 \$160
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Claimant's Particulars :: Driver/Owner:	() ()	cparation Checklist Int Reporting (\$30); Int Reporting (\$100); In	Anit (5) IseBill (80) 10/545 5120 \$30 5) \$75
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Laimant's Particulars :- Oriver/Owner: Contact No: Damaged Portion: C Checked by (Engr-In-Charge):	Invoice Pr	eparation Checklist. Introduction (\$30); A Assessment (\$100); INC (\$20); Through Survey (Resurvey) A seainst INC Only (wef 10 Jan 200) Bection A + SMRT Survey Itional Services: Sy Car/Tpt Allowance Co-ordination Epair Inspection	Ant (5) IseBill 80) 10/545 5120 530 5) \$75 5160 \$55 510 \$25
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Claimant's Particulars :- Contact No: Camaged Portion: C Checked by (Engr-In-Charge): Auditors' Comments :-	Courtesy Car ()	cparation Checklist: at Reporting (\$30); c Assessment (\$100); INC (\$ Fee \$4 Through Survey (Resurvey) against INC Only (wef 10 Jan 200 action A + SMRT Survey tional Services:- sy Car / Tpt Allowance Co-ordination epair Inspection collect Excess Coordination	380) 156 Bill 380) 10/\$ 45 \$120 \$30 \$5) \$75 \$160 \$5 \$5 \$25 \$5 \$20
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Laimant's Particulars: Oriver/Owner: Contact No: Oamaged Portion: C Checked by (Engr-In-Charge):	Courtesy Car ()	cparation Checklist Introduction (\$30); A Assessment (\$100); INC (\$30); Through Survey Through Survey (Resurvey) A Survey (Resurvey) A SMRT Survey Itional Services: Sy Car / Tpi Allowance Co-ordination Epnir Inspection Collect Excess Coordination TP (Non INC) against INC	Anit (5) Ise Bill 380) 10/5 45 5120 530 5) \$75 \$160 \$5 510 \$25 55 \$20 30

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

被禁止了这种的	ACCIDENT STATEMENT
Date Of Report	22/04/2020 15:23
Date Of Accident	20/04/2020 18:15
Exact Location Of Accident	UPP CIRCULAR RD
Country/State of Loss	SINGAPORE
A CONTRACTOR OF THE PARTY OF TH	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV8070K
Insured/Policyholder	
Name Of Registered Owner	GUAN JIAMING
NRIC No	SXXXX620J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98218535
Alternative Phone No	OFFICE-98218535
Vehicle Particulars	
Manufacturer	тоуота
Model	WISH 2.0 AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115450680
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD REDZUAN BIN IBRAHIM

NRIC No SXXXX066B Date Of Birth 08/09/1977 OUTDOOR Occupation 17/12/2004 Date Of Driving Pass

15 YEARS AND 4 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-90448731 Mobile Number

Fax Number

OFFICE-90448731 Contact Number

EMail Address NOEMAIL Address BLK 540 WOODLANDS DRIVE 16

#03-75

Postcode 730540

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Mahiala Basistatian Number of Driver's Own

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 0

Number of Passengers (Including Driver)

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 SJU7098T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MR LEE

NRIC/Passport Number

Contact Number 98529815

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

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 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
- Any false reporting may be referred to the Police for investigation.
- 5. 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
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

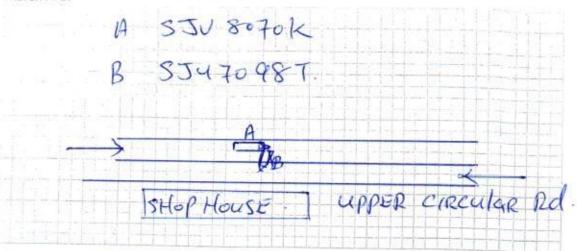
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such personal information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 - (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
- (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.
- my Personal Information will also be collected and used to compile claims history for the purpose of freud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Signature er is not the policyholder te & Time:

Reporting Centre Personn s Signature Name

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 20 04 20 AT AROUND 1316HD, 1 WB DRIVING STUBOT	N
ALONG OPPER CIRWLAR KOAD. I REALIZED THAT MY VEHIC	E
OR OVERHEATING. 1 THEN STOPPED MY VEHICLE ALONG TO	E
COAD SIDE AND WENT TO THE NEARON SHOP (SONG FA)	f
TO TAKE SOME WATER AND JOP UP. AS I WAS ABOUT TO GET	
BACK TO MY CAR, I SAW VEHICLEND SJUFO98T WAS	
KERROUNG AND HIT MY VEHICLE. HE THEN GOT NOT DE	
HIS CAR AND ADMITTED THAT HE REVENSED AND ACCIDENTALL	41
HIT MY VEHICE. HE CALL FOR A PRIVATE SETTLEMENT AND	
WE EXCHANGE CONTACT DETAILS. AT AROUND 2313 hrs HE	
TEXT ME TO INFORM ME TO SEND MU CAP FAD DAMACE	
ASESMENT. ON 21 04 I SEND HIM THE ASSESMENT	
HOWRVER HE INFORM ME TO CLAIM INSURANCE.	
DAMAGE TO MU YRHICLE: FRONT RIGHT FENDERS AND	>
SUMPER. 1 ATTICHED ALON A LETTED WETTER	
BY HIM THAT HE REVERSE AND HIT OM MU VEHICLE WITH	1
NAME AND HIS MOBILE NOMBER	1

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature (I) driver is not the policyholder) Reporting Centre Personnel'asignature

EHICLE NO: 22180	FOK MAKE & MODEL: TOYOTA.
DATE OF ACCIDENT	20 1 4 1 20.
TIME OF ACCIDENT	1816 GSAM/PM
OCATION OF ACCIDENT	upper cipcular Rd.
Exact Purpose use during acciden	nt
NAME OF OWNER	GUAN JIAMING. 98218535.
TELP NO	
NRIC	MTUC 59475620
CLAIM TYPE	OD / THEO PARTY / Reporting Only
PRIVATE HIRE	(YES/NO?
NSURANCE CO.	MTUC
TYPE OF CAVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	5115450680.
NAME OF DRIVER	As above / MONO MOHAMMAD REDZUAN BIN IBRA S7725066B. Any passengers: No.
NRIC	
DATE OF BIRTH	08/09/1977
OCCUPATION	Catdoor / Indoor
DATE OF DRIVING PASS	17/12/2004.
GENDER	Male / Female
CONTAC NO.	90448731 Office: Home:
ADDRESS	BIK 540 woodland Drive #03-75 (730540)
DRIVER HAVE ANY OWN Vehi	1/0
RELATIONSHIP	Epologee / If No: HIRC
WEATHER CONDITION	Clear / Raining / Other:
ROAD SURFACE	/ Wet / Other:
ANY INJURIES	No If yes: Who?
CONTAC NO.	
POLICE REPORT	No If yes: Where?
VEHICLE B NO.	- 334 40 10 1 May 1 movember 1
NAME	MR Lee
CONTAC NO.	98529815 .
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger : Any Passenger :
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unl offering accident claims assistan	tknown person soliciting (s) / YES / NO
offering accident claims assista.	
offering accident claims assista	C C and A stand British
	Sme Motor Pte Ltd 6 Speed Autowerkz Pte Ltd
PARTICULAR WORKSHOP	1 Kaki bukit ave 6 #02-15 #02-05 ARK @ KB. Singapore 417896
	Sme Motor Pie Ltu

Dear Sir, I revered inte your bumber. Please contact me for info. Lee Kung 98529815

Hello, NAC_PAYA_UBI_800601		Change Language				ge Password	· Log Ou					
My Desktop	Policy Query							,				
Notice of Loss	Policy N	40.				Date o	of Accident	[20/04/2020	18:15		
	Vehicle	No.(For Motor)	SJV807	SJV8070K		Certificate Number						
						Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date	
	0	5115450680		GUAN JIAMING	\$94756201	GPC	drivo CLASSIC	SJV8070K	SJV8070K	08/01/2020	08/02/2021	

Policy No.	5115450680	Policyholder Name	GUAN JIA	MING	Policyholder NRIC	594756203			
ertificate		and the C			records.				
ddress	16 ANG MO KIO CENTRAL 3	16-25 GRANDFI	IR B SINGA	PORE 567748					
roduct			o Sinda	FORE 307740	Group				
lame folicy	PRIVATE CAR INSURANCE	Plan Effective			Policy Flag	N			
ssue Date	08/01/2020	Date	08/01/202	20 00:00	Expiry Date	08/02/2021	1 23:59		
xcess ype	Per Accident	All Claims Excess							
hird Party excess	1500	Own damage Excess	2000		Windscreen Excess	100			
Additional excess	0	OS Premium	0						
outside ingapore			1500			You	oung/Inexperience Driver Excess		
gent	LEE JIA YEE	Agent Tel.			GST Flag	Y			
o- nsurance lag open olicy Info ertificate	No								
A Property and the	nolder Mailing Address	SV 108 - 100 C	- 44		0.0	700V 25			
ddress 1	16 ANG MO KIO CENT			#16-25 GRANDEUR	8	Address 3	SINGAPORE 567748		
ddress 4			s Type	Singapore address		Post Code	567748		
Init No. 16-25		Related Policy Number		5115450680					
Insure In	d Object: SJV8070K	2010000	1002						
▼ Endors	ements								
Sequen	ce Date of Endorsem	ent i	ndorsemer	nt Type	Endorsement	Status	Endorsement Content		
	25/02/2020 00:00	Basic I Endors	nformation ement	Entry Re	ejected		Thank you for giving us the opportunity to serve you. We confirm that from 25 Feb 2020, the Excess under Section 1 of this policy is amended as follows: EXCESS (SECT 1): \$2,000.00 In view of this amendment, an additional premium of \$1,774.06 (Inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches beash, credit card or NETS. Thank you for giving us the		
							opportunity to serve you. We confirm that from 28 Feb 2020, the Excess under Section 1 of this		

Claim Handling						
Accident MT/1091743	34 346 Approaches	WITE CASE CO.				
Policy No.	5115450680	Vehicle No.	5JV8070K		GST Registration No.	
Certificate No.						
Policyholder Name	GUAN JIAMING				Policyholder NR3C	594756201
Product Code	PRIVATE CAR INGURANCE	Cover Type	drivo CLASSIC		Loading	0
Contact No.(Mobile)	98218535	Contact No.(Office)	0		Contact No.(Home)	0
Email Address	22	Special Remark	920 0		eCode	(4c.×)
NCD Protection	® No ○ Yes No	TCA	® No ○Yes		eCode Reason	
S Accident Details	40	NCD Entitlement(%)	0		Private Hire	Yes
Report Date	22/04/2020 15:46	Tanada an Marana Mahara Nasana	0.000		Parameter and A	
Date of Accident	20/04/2020 13:40	Accident Report Within 24 hrs	18:15		Acodent Type	Damaged whilst parked
Reporting Centre	200002020	Time of Accident hh:mm Orange Force	10:15		Country of Accident ICH No.	Singapore
Accident Location	UPP CIRCULAR RD	Change Force			ICH NO.	
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess		100.00		
SASSANS:				100.00		
QD: Standard Excess	2,000.00	TP Standard Excess		1,500.00		
YIED OD Excess	500.00	VIED TP Excess			Driver is Covered?	
Additional Excess	0					
Total OD Excess Applicable	2500.00	Total TP Excess Applicable				
♥ Benefita						
♥ GST Registered Inform				All the second second		
GST Registered GST Registration No.	No			gistration Date stus Verified	Man	
Modification History			(42) 30	rius venned	Yes	
♥ Policyholder Halling Ad	Idress					
Address 1	16 ANG MO KIO CENTRAL 3	Address 2	#16-25 GRAN	opus a	Address 3	SINGAPORE 567748
Address 4		Address Type	Singapore add	ess	Post Code	567748
Unit No.	16-25	Related Policy Number	5115450680			201740
♥ OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Drive	e e		
Unnamed driver Name	MOHAMMAD REDZUAN BIN IBR.	Driver NR3C	5XXXXX0668		Driver DOB	08/09/1977
Register Date of Driver License	17/12/2004	Driver Age	42		Driving Expenence	15
Contact No.(Mobile)	90448731	Contact No.(Office)	0		Contact No.(Home)	0
Address 1	BLK S40	Address 2	WOODLANDS		Address 3	SINGAPORE 730540
Address 4	0000	Address Type	Singapore addr	ess	Post Code	730540
Unit No. Does he own a Singapore	03-75					
Registered car?	○ Yes ® No	Driver Vehicle No.			Driver Insurer Company	
Declaration						
Breathalyser or Blood Test	Omg	A de Carlos Mo	O			
Reading?		Any injury?	○ Yes ® No			
Modification History						
Claim 001 New						
200 2000	-	2 10 SERVICE				
Claim Type *	OD-MX	Insured Name	GUAN HAMING		Insured NRIC	59475620)
Contact No.(Mobile)	96218535	Contact No.(Home)			Contact No. (Office)	
Email Address Claimant Type Claimant Type •	jiamingki@hotmail.com	OI Vehicle Number Type of Senetz. •	SJV8070K Please Select	-	TP Vehicle Number	S3U7098T
Calmant Name *	>>	Claimant NRIC *	Priemse select	-		
Claimant Address	122	Sales				
Claim Description	53v8070k / S3U7098T ON 20 Apr 2020				Name of Preferred Workshop	
Preferred Workshop Contact		Insured Liability *	Not at Fault	191		
No. Require Finalisation	Yes 🔻	Preferend Repair Option			T many	Destroy
			Preferred Work	shop, Name unknown	The Country of the Co	Received
Date Registered Report Taken By	22/04/2020 15:49 Deckson	Claim Close Date	15		Date Received	22/04/2020 00:00
	December					
Print AK letter						
			Seve Submit			
Attachment		3				
9						
Accident No.	MT/1091743	Claim No.		001		
Last Doc. Received	● Yes ○ No	Upload Date		22/04/2020 15:50		
	Path *	C-1885	Coll passes are	Category *	A STATE OF THE PARTY OF THE PAR	ncy • Description •
		Browse.		THE STATE OF THE S	V Normal	<u> </u>
	Alexander of the second	Browse.			Mormal V Normal	
		Browse.			V Normal	
		Browse.	Clear Ple	ase Select	▼ Normal	<u> </u>
		Browse.	Clear Ple	ase Select	▼ NO V Normal	▼
		Browse.	. Cear Pie	ese Select	Normal	V

	Uploaded By/Date	Folder Date	,	lie Name		9	Source		Ac
Video List									_
3		DNAL ASSESSMENT CENTRE SERVI Apr 2020 15:49	Photos		Normal	Per	notos 2020-4-22		
B		ONAL ASSESSMENT CENTRE SERVI Agr 2020 15:49	Photos		Normal	pe	notos 2020-4-22		
E C		DNAL ASSESSMENT CENTRE SERVI Apr 2020 15:49	Photos		Normal	PF	notos 2020-4-22		
		DNAL ASSESSMENT CENTRE SERVI Apr 2020 15:49	Photos		Normal	pe	notes 2020-4-22		
		DNAL ASSESSMENT CENTRE SERVI Apr 2020 15:49	Photos		Normal	Pf	notos 2020-4-22		
B,	NAC_PAYA_UBI_800601[NATIO CES) on 22 /	DNAL ASSESSMENT CENTRE SERVI Apr 2020 15:49	Photos		Normal	Pt	notos 2020-4-22		
6	NAC_PAYA_UBI_800601(NATIO CES) on 22 /	OWAL ASSESSMENT CENTRE SERVI Apr 2020 15:50	Photos		Normal	Pt	notos 2020-4-22		
	NAC_PAYA_UBI_800601(NATIO CES) on 227	ONAL ASSESSMENT CENTRE SERVI Apr 2020 15:50	Photos		Normal	pe	notos 2020-4-22		
#	NAC_PAYA_UBI_800601(NATIO CES) on 22 /	ONAL ASSESSMENT CENTRE SERVI Apr 2020 15:50	Photos		Normal	pe	notos 2020-4-22		
		DNAL ASSESSMENT CENTRE SERVI Apr 2020 15:50	Photos		Normal	99	notes 2020-4-22		
		ONAL ASSESSMENT CENTRE SERVI Apr 2020 15:50	Photos		Normal	PP	notes 2020-4-22		
*(DNAL ASSESSMENT CENTRE SERVI Apr 2020 15:50	Photos		Normal	Pf	otos 2020-4-22		
63	NAC_PAYA_UB1_800601(NATIO CES) on 22 /	ONAL ASSESSMENT CENTRE SERVI Apr 2020 15:50	SAS		Normal	9	SAS 2020-4-22		
grahe justi		ONAL ASSESSMENT CENTRE SERVI Apr 2020 15:50	NR3C/ Onving License	Y	Normal	NRIC/ Dri	ving License 2020-4-22		
		ONAL ASSESSMENT CENTRE SERVI Apr 2020 15:50	NRJC/ Driving License	Y	Normal	NRIC/ Dri	ving License 2020-4-22		
ttachment	Uploade	d By/Date	Category	9	Urgency		Description	Msg Sent? (CD)	