NATIONAL Assessment Centre	Services, (well Jamos)			
Date In 27/06/20	Job description	Date &Time Com	pleted	Done by
Ref No NA/NC20006737/13	SAS c-filing			
Vch No 56869744	E-mail (while this, AIC thr	i)		
1171A 26/06/20 1530	l-Motor Claim Form	mT/1095	458 -	001
	I-Motor W/O (within: OD	2hts, TP (hts)		
OD (D) Reporting Only	I-Photo Uplonded			•
Hara Karangara	Assessment/Survey Repu	1		
TP Insurer:	Ass't Report by Fax / Ha	id to Owner/Wksn		
Proferred Wksp / INC Assign Wksp / QW; (MURERN	Tol:	Fex;	
Tr Particulars: Veli No:	SCN7026P. INC	()/Non-INC().	
Owner / Driver: (Tal:)
Policy No: () Perio	od: () Cover Type: ()
Confirmed by: (Date:	Time:)
Insured/Driver Liability: (%) [No	otc-Est. Status (WO): N:	0-20%; P: 21-79%.	P; 80-100%	[6]
	arranty; YES () / NO ()		
Execus: (\$) Loading: \$1,000	AND DESCRIPTION OF THE PARTY OF	Water Statement St. F. St. Co.	म्हलून <u>प्रमा</u> हा	Harrier
General Remails as & Taskiz (1911) 1903.	The same is a second se		A Laster	r Milita a fin
() Wallt-In Customar : Customer's Inform		Strictly NO refer of re	pairer.	
() Total Loss Case : to e-mail Insurer	URGENTLY.	mar 1 d		And the second second second second second second
			d	The state of the s
Drive-In ()/ Towad-In (); Invoice:		; Towing Co: (' (,)
Drive-In ()/ Towad-In (); Invoice:	YES()/NO()	; Towing Co. (Y Wangsa	()
Drive-In ()/ Towad-In (); Invoice:	YES()/NO()	; Towing Co: (()
Drive-In ()/ Towad-In (); Invoice:	YES()/NO()	; Towing Co: () Name by
Drive-In ()/ Towed-In (); Invoice: (Connected: Connected: Conne	YES () / NO () urtesy Car ()	; Towing Co: (V 54 24	(Alpanelly
Drive-In ()/ Towed-In (); Invoice: Remarks and Allowance ()/ Con 1) Apply for Transport Allowance ()/ Con 2) QC Check / Post Repair Inspection	YES () / NO () urtesy Car ()	; Towing Co: ((allabate by
Drive-In ()/ Towed-In (); Invoice: (Construction of the Construction of the Constru	VES() / NO() urtesy Car() () 00] ()			(Alpanethy
Drive-In ()/ Towed-In (); Invoice: Remarks: (INC:Incolling: 6748166161818 1) Apply for Transport Allowance ()/ Co. 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$306 Injury:	YES () / NO () urtesy Car ()			Angenety Society
Drive-In ()/ Towed-In (); Invoice: Remarks: (INC:Incolling: 6748166161818 1) Apply for Transport Allowance ()/ Co. 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$306 Injury:	VES() / NO() urtesy Car() () 00] ()			And the state of t
Drive-In ()/ Towed-In (); Invoice: Remarks: (INC:Incolling: 6748166161818 1) Apply for Transport Allowance ()/ Co. 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$306 Injury:	VES() / NO() urtesy Car() () 00] ()			Costant In
Drive-In ()/ Towed-In (); Invoice: (Construction of the Construction of the Constru	VES() / NO() urtesy Car() () 00] ()			Carriery .
Drive-In ()/ Towed-In (); Invoice: (Kunnerles Francisco (IN Calculum a CARREGA (IN CARREGA (VES() / NO() urtesy Car() () 00] ()			School State of the state of th
Drive-In ()/ Towed-In (); Invoice: (Un) Apply for Transport Allowance ()/ Co. 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$300 Injury: Duty China Page (1978)	YES()/NO() urtesy Car() () 00] ()			Ang(3) (Cang(3)
Drive-In () / Towed-In (); Invoice: (United State of the Content of the Conten	VES () / NO () urtesy Car () () 00] () Invoices	In action Christian Interporting (530);		
Drive-In () / Towed-In (); Invoice: Itemnoles () (INC holling 6730 [acto)) 1) Apply for Transport Allowance () / Co. 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$300 Injury : Drey Carry (Actorism) (Actor	VES () / NO () urtesy Car () () 00] () Invoices 1) Alt : Ace 2) DA : Dam 3) TF: Tow	If an arrow Chrosiss In the Reporting (530); age Assurament (5100); age Pee	INC (\$50)_ \$40/\$45	
Drive-In () / Towed-In (); Invoice: Itemnoles () (INC holling 6730 [acto)) 1) Apply for Transport Allowance () / Co. 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$300 Injury : Drey Carry (Actorism) (Actor	VES () / NO () urtesy Car () () 00] () Inv pices 1) Alt : Accident () 2) DA : Dam 3) TF: Tow 4) FT: Fello	If ar arrow Chrosiss If ar arrow Chrosiss Ient Reporting (530); age Assussment (5100); age Pee w-Through Survey	INC (550) \$40/\$45 \$120	
Drive-In () / Towed-In (); Invoice: Itemnoles: (INC hothin - C188 geto) 1) Apply for Transport Allowance () / Cor 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$300 Injury : Date Time () / Towed-In (); Invoice: Date Time () / Towed-In (); Invoice:	VES () / NO () urtesy Car () () 00] () Invoices I) Alt: Accident () () 1) PT: Fello 5) PT: Fello Faretains	J. L. S. J.	INC (\$50) \$40/\$45 \$120) \$30 Jan 2005)	
Drive-In () / Towed-In (); Invoice: Itemnels:	VES () / NO () urtesy Car () () 00] () Invoices I) Alt : Acciding the second of the second	J. L. S. J.	INC (550) 540/545 5120) 530	
Drive-In () / Towed-In (); Invoice: Itemnatical (INC-Incolling 674816610) [Incolling 674816610] [Incolling	VES () / NO () urtesy Car () () 00] () Invoicest i) AR: Acet 2) DA: Dam 3) TF: Follo Faretainu 6) TR: Re-in 7) N1: Idae 3) NTUC Acet 3) NTUC Acet	J. L. S. J.	INC (550) \$40/545 \$120) \$30 Jan 2005) \$75	AND SAMEDIN
Drive-In () / Towed-In (); Invoice: Itemporary (IN Condition of 188 (actor)) [1] 1) Apply for Transport Allowance () / Condition of 198 (actor) [1] 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$300 (actor) [1] Injury : Date Christ (Actor) (Actor) (Actor) [1] Injury : Injur	VES () / NO () urtesy Car () () 00] () Inv bigs! 1) Alt : Acciding the control of the	J. L. S. J.	INC (550) \$40/\$45 \$120) \$30 301 2005) \$775 - \$160	AND SAMEDIN
Drive-In () / Towed-In (); Invoice: Itemporary (INC-Incolary 674816616) 1) Apply for Transport Allowance () / Co. 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$300 Injury : Date/Lame Actions () (Incolary 68 river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	VES () / NO () urtesy Car () () 00] () Finv Oige; 1) Alt : Accided to the control of t	J. L. C. L.	INC (550) \$40/\$45 \$120) \$30 Jan 2995) \$75 -, \$160	AND SAMEDIN
Drive-In () / Towed-In (); Invoice: (Connected and Interest of the Cotton of the Co	VES () / NO () urtesy Car () () 00] () Involge, 1) AR: Acc 2) DA: Dair 3) TF: Tewl 4) FT: Follo Forelaini 6) TR: Re-in 7) N1: Idae 3) NTUC Ac OD: 'NG: Reper	January Control of the Control of th	INC (550) \$40/\$45 \$40/\$45 \$120) \$300 \$40/\$245 \$120 \$375 \$775 \$5160 \$525 \$510 \$725 \$53	AND SAMEDIN
Drive-In () / Towed-In (); Invoice: (Connector: **(INCshorthie: 6748 f.640) shall 1) Apply for Transport Allowance () / Co. 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date Tames Actions Act	VES () / NO () urtesy Car () () 00] () Involge, 1) AR: Acc 2) DA: Dair 3) TF: Tewl 4) FT: Follo Forelaini 6) TR: Re-in 7) N1: Idae 3) NTUC Ac OD: 'NG: Reper	J. J	INC (550) \$40/\$45 \$120) \$300 Jan 2005) \$75 -, \$160 \$51 \$75	AND SAMEDIN

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.
- 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

- ^ ^			-	1100	-		M = 12	
- 41	A.	au.	-10			TEN	$n \rightarrow 1$	
SECTION AND DESCRIPTION AND DE		deleni	and the			Company	Colonial	100

Date Of Report 27/06/2020 11:21 26/06/2020 15:30 Date Of Accident

Exact Location Of Accident CHIN SWEE RD AT MANHATTAN HOUSE CARPARK

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

SLB6974Y Vehicle Registration Number

Insured/Policyholder

ONG THIN KWAN Name Of Registered Owner SXXXX937F NRIC No NOEMAIL Email Address

(LOCAL) +65-94559922 Mobile Phone No Alternative Phone No OTHERS-94559922

Vehicle Particulars

HONDA Manufacturer VEZEL Model

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken Vehicle Category PRIVATE CAR

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

5079461809-04 Policy Number

Cover Note Number

Driver

ONG THIN KWAN Name of Driver NRIC No SXXXX937F Date Of Birth 23/03/1944

INDOOR Occupation 27/05/1963 Date Of Driving Pass

57 YEARS AND 0 MONTHS Driving Experience

Gender

(LOCAL) +65-94559922 Mobile Number

Fax Number

OTHERS-94559922 Contact Number

NOEMAIL EMail Address

BLK 130A LORONG 1 TOA PAYOH

#31-502 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

1

NO

General Information of the Accident

SIDE SWIPE Type Of Accident Weather Conditions CLEAR DRY Road Surface

Other Information

Address

NO Was any foreign vehicle involved in this accident? Number of vehicles (including own vehicle) 2 involved in the accident NO Was any body injured in the Accident? Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? YES

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

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?

If Yes, against whom?

Circumstances of Accident

MY VEH WAS STATIONARY OUTSIDE THE PARKING LOT AT CHIN SWEE RD AT MANHATTAN HOUSE CARPARK.SUDDENLY VEH B CAME OUT FROM THE PARKING LOT AND HIT ONTO MY RAER LEFT SIDE PORTION OF MY VEH.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLN7026P

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category ANG JUNJIE Name of Driver

NRIC/Passport Number

93220326 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted. to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- 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, 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:

Driver's Signature (If driver is not the policyholder) Date & Time:

Name

Centre Personnel's Signature

NRIC/FIN No.:

Reporting

	CHIM SWEERB
A-SLB6974Y	MANNINTTON HOUSE
B-SLN7036P	CARPARK
D SZN /0381	
	≥4 Λ
	1101

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

21-	ce 1		11.	21 12	0 - 7		
1-15	regu	0		State	ment.		
	Anna Anna Anna						
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					i ii	- III	

DECLARATION

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

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACC	IDENT DATE: 36/06/30 JOD/MM/	(YYYY), TIME:(/3:30)(HH:MM)
LOCA	ATION: CHIN SWEE RO MANA	MITAN HOUSE CARPARE
1.	DETAILS OF VEHICLE	85
	a) VEHICLE NUMBER: 52869749	
	b)INSURANCE COMPANY: NTIC	
60	C)POLICY NUMBER: 5079 46/809 -	-34
	d)POLICY TYPE: (COMPREHENSIVE & THIRE	
	e)MAKE & MODEL: HONON	21 AKT TIKE ATTELY
	f)TYPE:(SALOON / COUPE / MPY /V AN / L	OPRY / MOTORCYCLE / OTHERS
	g) VEHICLE CATEGORY: (PRIVATE) COMM	- P. B. C. B.
	h)PURPOSE OF USING AT ACCIDENT TIME:	
	I) ARE YOU CLAIMING UNDER YOUR OWN	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM	
2	INSURED / POLICY HOLDER	Y REPORTING ONLY
2.	A)NAME: ONG THIN KWAN	(MALE) FEMALE)
	b)NRIC/FIN/PASSPORT: 520399371	CONTACT: 94 S 5 99 2
	CLADDRESS: BLK 130A LOR 1	
8 9 9	-#31-500 311130	
	* CONTINUE TO 3.d IF DRIVER ALSO POLIC	YHOLDER
THO of personas.	DRIVER	a riotzek
Chaldinger	alname: AS ABOUC	(MALE / FEMALE)
(Including driver)	DRIVER a)NAME: AS ABOUC b)NRIC/FIN/PASSPORT:	CONTACT:
(T)	c)ADDRESS:	
	\$ 100 mm m m m m m m m m m m m m m m m m	
	*d) DATE OF BIRTH: (23/03/1944)(DD/MM/YYYY)
	e)OCCUPATION: (INDOOR) / OUTDOOR)	,
	f) YEARS OF DRIVING EXPRERIENCE: 27/0	////
4.	WAS DRIVER AN EMPLOYEE OF THE INS	
	IF NO, RELATIONSHIP OF THE DRIVER	
5.	a) WEATHER CONDITION (CLEAR) RAINING	G / OTHERS)
	b)ROAD SURFACE (DRY) / WET / OTHERS_	
	WAS ANYBODY INJURED (YES NO)	
7.	a) REPORTED TO POLICE (YES (NO)	
721	IF YES, PLEASE STATE WHICH POLICE STAT	TON:
d. 110 all 11.	THIRD PARTY VEHICLE	
rive of hassenden	a) VEHICLE NUMBER: SCN 7036 P	MODEL:
(Industring driver)	b) DRIVER'S NAME: ANG JUNIOR	2017.07.020.25.120
()	THIRD PARTY VEHICLE	CONTACT:92236326
tho of passenger.	d) VEHICLE NUMBER:	
(Including driver)	e) DRIVER'S NAME:	00111101
7 (1)	T) NRIC/FIN/PASSPORT:	CONTACT:
()	N SE SE SUSS.	
	196	
		18 ₁₂ 2
	4	**
	Cmail =	
	permitted (Mall	
	× 70	
	$f_{ax} =$, a
file g	Yax = .	- W

Policy No.

GeneralClaim

Change Language Change Password Chan

Vehicle No.(For Motor) SLB6974Y Certificate Number Search

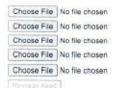
Select Policy No. Certificate Number Name NRIC Product Cover Type Vehicle No. Object Date Expiry Date

ONG THIN KWAN S2039937F GPC CLASSIC SLB6974Y SLB6974Y 19/04/2020 18/04/2021

Continue

Claim Handling

Policy No.	5079461809-04	Vehicle No.	SL86974Y	GST Registration No.	
Certificate No.					
Policyholder Name	ONG THIN KWAN			Policyholder NRIC	5203993
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	94559922	Contact No.(Office)	0	Contact No.(Home)	0
Imail Address		Special Remark		eCode	No w
FK.	. No Yes	TCA	■ No : Yes	eCode Reason	laterace to all
		NCD Entitlement(%)	50	Private Hire	No
VCD Protection	Yes	MCD EUDEMENDING	50	Private mile	
	NA PATAN MARKANI	WOLDOWN WARRANT STITLE TAXABLE	-100	was a second of the second of	The same of the same
Report Date	27/06/2020 11:59	Accident Report Within 24 hrs	Yes	Accident Type	Side Swit
Date of Accident	26/06/2020	Time of Accident hh:mm	15:30	Country of Accident	Singapor
Reporting Centre		Orange Force		ICM No.	
ccident Location	CHIN SWEE RD AT MANHATTAN HOUSE CARPARK				
▼ Total Excess Applicable					
kcess Type	Per Accident	Windscreen Excess	100.00		
score type	To Proceeding	and the same of the same	- 300-97		
D Standard Excess	0.00	TP Standard Excess	0.00		
TED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
	0.00	Steam of Excess Papersons	0.00		
→ Benefits			020000000		
Coverage			Sum Insured		
xcess Warver			99999999,99		
GST Registered Informat					
ST Registered	Nα		GST Registration Date		
SST Registration No.			GST Status Verified	Yes	
fodification History					
	portes				
→ Policyholder Mailing Add	William Company of the Company of th	10-00000NUp.	constant variation	www.cow.	5000000
Address 1	BLK 130A #31-502	Address 2	LORONG 1 TOA PAYOH	Address 3	TOA PAY
Address 4	SINGAPORE 311130	Address Type	Singapore address	Post Code	311130
Jnit No.		Related Policy Number	5079461809-04		
river Name	ONG THIN KWAN	Driver Type	Main Driver		
Innamed driver Name		Oriver NRIC	52039937F	Driver DOB	23/09/1
legister Date of Driver License	02/05/1990	Driver Age	75	Driving Experience	30
Contact No.(Mobile)	94559922	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 130A	Address 2	LORONG 1 TOA PAYOH	Address 3	TOA PAY
			Singapore address	Post Code	311130
Address 4	SINGAPORE 311130	Address Type	angapore accress	Page Code	311130
Unit No.	#31-502				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
	(2001)	WOODEN AND	1100 - 3000		
Breathalyser or Blood Test	0 mg	Any injury?	Yes @ No		
Breathalyser or Blood Test	0 mg	Any injury?	Yes a No		
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes @ No		
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes @ No		
Breathalyser or Blood Test Reading?	1	Any injury?	Yes @ No		
Sreathalyser or Blood Test teading? Indification History	1	Any injury?	Yes @ No		
ireathalyser or Blood Test leading? lodification History Claim 001 OD-MX	1	Any injury?	200.5894 (180.00)	✓ Insured ONG THIN KWAN	
ireathalyser or Blood Test leading? lodification History Claim 001 OD-MX	1	Any injury?	Yes @ No	✓ Insured ONG THIN KWAN Contact	
reathalyser or Blood Test teading? odification History Claim 001 OD-MX NSW	1	Any injury?	200.5894 (180.00)	Contact 62533161	
reathalyser or Blood Test teading? odification History Claim 001 OD-MX NSW	1	Any injury?	ОО-МХ	Contact No. (Home) [62533161	
Streathalyser or Blood Test Reading? Indiffication History Claim 001 OD-MX New Claim Type * Contact No.(Mobile)	1	Any injury?	ОО-МХ	Contact No. (62533161 (Home) OI Vehicle SLB6974Y	
Streathalyser or Blood Test Reading? Indiffication History Claim 001 OD-MX New Claim Type * Contact No.(Mobile)	1	Any injury?	ОО-МХ	Contact No. (Home) 62533161	
Streathalyser or Blood Test teading? Identification History Claim 001 OD-MX Claim Type * Contact No.(Mobile) Cmall Address	1	Any injury?	ОО-МХ	Contact No. (Home) OI Vehicle Number	
Sneathalyser or Blood Test Reading? Iddification History Claim 001 OD-MX NSW Claim Type * Contact No.(Mobile) Small Address Claim Description	1	Any injury?	OD-MX 94559922	Contact No. (Home) OI Vehicle Number	
Sreathalyser or Blood Test teading? Indification History Claim 001 OD-MX Nsw Claim Type * Contact No.(Mobile) Cmail Address Claim Description Preferred	Insured Liability		OD-MX 94559922	Contact No. (Home) OI Vehicle Number	
Sreathalyser or Blood Test beading? Identification History Claim 001 OD-MX New Claim Type * Contact No. (Mobile) Claim Description Preferred Norkshop Switter No. (Noc	Insured Liability Not at Fault Preferred Repair Preferred Workshop, Name	GIA B	OD-MX 94559922	Contact No. (Home) OI Vehicle Number P ON 26 Jun 2020	
Ineathalyser or Blood Test leading? Indification History Claim 001 OD-HX Claim Type = Contact No.(Mobile) Imail Address Claim Description Preferred Norkshop Seniors No. Inials solion Ves	Insured Liability Not at Fault	• 64	OD-MX 94559922 SLB6974Y / SLN7026	Contact No. (Home) OI Vehicle Number P ON 26 Jun 2020 Claim Close	
Ineathalyser or Blood Test leading? Indification History Claim 001 OD-HX Claim Type = Contact No.(Mobile) Imail Address Claim Description Preferred Norkshop Seniors No. Inials solion Ves	Insured Liability Not at Fault Preferred Repair Preferred Workshop, Name	GIA B	OD-MX 94559922 SLB6974Y / SLN7026	Contact No. (Home) OI Vehicle Number P ON 26 Jun 2020 Claim Close Date	
Ineathalyser or Blood Test Reading? Claim 001 OD-MX Claim Type * Contact No.(Mobile) Email Address Claim Description Perferred Workshop Sevent No. Pack Registered	Insured Liability Not at Fault Preferred Repair Preferred Workshop, Name	GIA B	OD-MX 94559922 SLB6974Y / SLN7026	Contact No. (Home) OI Vehicle Number P ON 26 Jun 2020 Claim Close	
Sneathalyser or Blood Test Reading? Claim 001 OD-MX Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Rewards No. Preferred Workshop Date Registered	Insured Liability Not at Fault Preferred Repair Preferred Workshop, Name	GIA B	OD-MX 94559922 SLB6974Y / SLN7026	Contact No. 62533161 (Home) OI Vehicle Number P ON 26 Jun 2020 Claim Close Date Workshop	
Claim 001 OD-HX NEW Claim 001 OD-HX NEW Claim Type = Contact No. (Mobile) Claim Description Preferred Norkshop Senset No. Ves Date Registered Report Taken By	Insured Liability Not at Fault Preferred Repair Preferred Workshop, Name	GIA B	OD-MX 94559922 SLB6974Y / SLN7026	Contact No. 62533161 (Home) OI Vehicle Number P ON 26 Jun 2020 Claim Close Date Workshop	
Claim 001 OD-HX NEW Claim 001 OD-HX NEW Claim Type = Contact No. (Mobile) Claim Description Preferred Norkshop Senset No. Ves Date Registered Report Taken By	Insured Liability Not at Fault Preferred Repair Preferred Workshop, Name	GIA B	OD-MX 94559922 SLB6974Y / SLN7026	Contact No. 62533161 (Home) OI Vehicle Number P ON 26 Jun 2020 Claim Close Date Workshop	
Sneathalyser or Blood Test Reading? Claim 001 OD-MX Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Rewards No. Preferred Workshop Date Registered	Insured Liability Not at Fault Preferred Repair Preferred Workshop, Name	GIA B	OD-MX 94559922 SLB6974Y / SLN7026 27/06/2020 12:02 ROSLINDA	Contact No. 62533161 (Home) OI Vehicle Number P ON 26 Jun 2020 Claim Close Date Workshop	
Breathalyser or Blood Test Reading? Rodification History Claim GO1 OD-MX Claim Type = Contact No. (Mobile) Email Address Claim Description Preferred Workshop Response No. Pres Preferred Report Taken By	Insured Liability Not at Fault Preferred Repair Preferred Workshop, Name	GIA B	OD-MX 94559922 SLB6974Y / SLN7026	Contact No. 62533161 (Home) OI Vehicle Number P ON 26 Jun 2020 Claim Close Date Workshop	
Sneathalyser or Blood Test Reading? Rodification History Claim GO1 OD-MX Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Somet No. Preferred Report Taken By Print AK letter	Insured Liability Not at Fault Preferred Repair Preferred Workshop, Name	GIA B	OD-MX 94559922 SLB6974Y / SLN7026 27/06/2020 12:02 ROSLINDA	Contact No. 62533161 (Home) OI Vehicle Number P ON 26 Jun 2020 Claim Close Date Workshop	
Ineathalyser or Blood Test Reading? Identification History Claim 001 OD-MX Claim Type = Contact No.(Mobile) Email Address Claim Description Preferred Workshop Sessiest No. Timaliset No. Date Registered Report Taken By	Insured Liability Not at Fault Preferred Repair Preferred Workshop, Name	GIA B	OD-MX 94559922 SLB6974Y / SLN7026 27/06/2020 12:02 ROSLINDA	Contact No. 62533161 (Home) OI Vehicle Number P ON 26 Jun 2020 Claim Close Date Workshop	
Claim 1001 OD-HX New Claim 1001 OD-HX New Claim 1001 OD-HX New Claim Type * Contact No. (Mobile) Claim Description Preferred Norkshop Seniet No. Tinalsetion Date Registered Report Taken By Print AK letter	Insured Liability Not at Fault Preferred Repair Preferred Workshop, Name	GIA B	OD-MX 94559922 SLB6974Y / SLN7026 27/06/2020 12:02 ROSLINDA	Contact No. 62533161 (Home) OI Vehicle Number P ON 26 Jun 2020 Claim Close Date Workshop	
Ineathalyser or Blood Test teaching? Claim GO1 OD-MX New Claim Type * Contact No. (Mobile) Imail Address Claim Description Perferred Averkshop Sequent No. Vas Claim Sequent No. Vas Print AK letter Attachment	Insured Liability Not at Fault Preferered Repair Option Preferred Workshop, Name	unknown GIA Received	OD-MX 94559922 SLB6974Y / SLN7026 27/06/2020 12:02 ROSLINDA Save Submit	Contact No. 62533161 (Home) OI Vehicle Number P ON 26 Jun 2020 Claim Close Date Workshop	
Claim Type * Contact No. (Mobile) Chaim Type * Contact No. (Mobile) Chaim Description Chaim Description	Insured Liability Not at Fault Preferred Workshop, Name Option MT/1095458	unknown GIA report Received	OD-MX 94559922 SLB6974Y / SLN7026 27/06/2020 12:02 ROSLINDA Save Submit	Contact No. 62533161 (Home) OI Vehicle Number P ON 26 Jun 2020 Claim Close Date Workshop	
reathalyser or Blood Test eading? Claim 001 OD-MX Daim Type * Tontact No.(Mobile) mail Address Ilaim Description referred Vyrkshop leaner No. Inalisation Vas Inalisation Page Registered Report Taken By Print AK letter Attachment	Insured Liability Not at Fault Preferered Repair Option Preferred Workshop, Name	unknown GIA Received	OD-MX 94559922 SLB6974Y / SLN7026 27/06/2020 12:02 ROSLINDA Save Submit	Contact No. 62533161 (Home) OI Vehicle Number P ON 26 Jun 2020 Claim Close Date Workshop	
reathalyser or Blood Test eading? Claim 001 OD-MX Daim Type * Tontact No.(Mobile) mail Address Ilaim Description referred Vorkshop Johnst No. Inalisation John Registered Report Taken By Print AK letter Attachment	Insured Liability Not at Fault Preferred Workshop, Name Option MT/1095458	unknown GIA report Received	OD-MX 94559922 SLB6974Y / SLN7026 27/06/2020 12:02 ROSLINDA Save Submit	Contact No. 62533161 (Home) OI Vehicle Number P ON 26 Jun 2020 Claim Close Date Workshop Repairer	



Uploaded By/Date

Folder Date

Jear	Please Select	*	NO	~	Normal	~
lear	Please Select	v	NO	٧	Normal	*
Jear	Please Select	~	NO	٧	Normal	~
lear	Please Select	٧	NO	v	Normal	~
lear	Please Select	v	NO	v	Normal	

9

Source

ttachment	Uploaded By/Date	Category	9	Urgency	Description
- 500 /T 100	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2020 12:02	NRIC/ Driving License	Y	Normal	NRIC/ Driving Ucense 2020-6-27
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2020 12:02	SAS		Normal	SAS 2020-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2020 12:02	Photos		Normal	Photos 2020-6-27
Sec.	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2020 12:02	Photos		Normal	Photos 2020-6-27
D	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2020 12:02	Photos		Normal	Photos 2020-6-27
23	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2020 12:01	Photos		Normal	Photos 2020-6-27
O	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2020 12:01	Photos		Normal	Photos 2020-6-27
0	NAC_PAYA_UBI_800801(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2020 12:01	Photos		Normal	Photos 2020-6-27
6	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2020 12:01	Photos		Normal	Photos 2020-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SÉRVICES) on 27 Jun 2020 12:01	Photos		Normal	Photos 2020-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2020 12:01	Photos		Normal	Photos 2020-6-27

File Name

Display in New Window | Scan and uploading |