| NATIONAL Assessment Cen | | The same of the sa | | Spine. | |
|--|--|--|--|--------------|-----------|
| Date In: 207/20-17-10 | Jeb description | Date & Time Com | pleted | Done | e by |
| Rel'No: HA HC22007766 24 | SAS e-filing | | | | |
| Veh No: 680 16904 | E-mail (within Shrs, Al | C 2hrs) | | | |
| D.O.A: 23/3/2-18:25 | i-Motor Claim For | m M1/098153-00 | 1 28 | PIN | 14: |
| OD (TP)! Reporting Only | i-Motor W/O (Withi | The second secon | | | 10000000 |
| OB (11) Reporting Only | i-Photo Uploaded | | | | |
| TP Insurer: | Assessment/Survey F | Report | | | 101 HERE |
| IF Insurer. | Ass't Report by Fax | / Hand to Owner/Wksp | | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: | Fax: | | |
| TP Particulars: Veh No: 86 | 1988362 | INC ()/Non-INC (|). | | |
| Owner / Driver: (| 7,0 | Tel: | 1 |) | |
| Policy No: () | Period: (|) Cover Type: (| |) | |
| Confirmed by : (| Date | e: Time: | |) | |
| Insured/Driver Liability: (%) | [Note-Est. Status (WO): | N: 0-20%; P: 21-79%. I | F: 80-100% |] | |
| Year of Registration: () | Warranty: YES ()/N | 10() | | - Vim Valle- | 7221 |
| Excess: (\$) Loading: \$1 | ,000 ()/\$2,000 () | | | | |
| General Remarks:- | | | A LANGE | 5, 10 | |
| () Walk-In Customer: Customer's in | formation strictly Confident | ial & Strictly NO refer of rep | pairer. | | 20 p. 500 |
| () Total Loss Case : to e-mail Insu | CONTRACTOR OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED ADDRESS OF THE PERSON NAMED AND | | | | |
| Drive-In ()/ Towed-In (); Invoi | ice: YES () / NO (|); Towing Co: (| 14 | 7 |) |
| | The state of the s | , | | | |
| Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection | | Date&Time Compt | erad * | Done | by |
| 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] | Courtesy Car () | | e od | Done | by |
| Apply for Transport Allowance ()/ QC Check / Post Repair Inspection | Courtesy Car () | | e ad | Done | by |
| 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: | Courtesy Car () | | e sd | Done | by |
| 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: | Courtesy Car () | | e ad | Done | Ъу |
| 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: | Courtesy Car () | | e sd | Done | by |
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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

| MANUFACTURE CONTRACTOR OF THE STREET | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 28/07/2020 13:50 |
| Date Of Accident | 27/07/2020 18:25 |
| Exact Location Of Accident | ALONG BKE |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | GBJ1690A |
| Insured/Policyholder | |
| Name Of Registered Owner | HC PLUMBING RENOVATION |
| Co Reg No | 5XXXX594A |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |
| Vehicle Particulars | |
| Manufacturer | ТОУОТА |
| Model | HIACE VAN TURBO 5DR MT |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| f No, Please state action to be taken | THIRD PARTY |
| /ehicle Category | COMMERCIAL VEHICLE |
| nsurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5115425481 |
| Cover Note Number | |
| Driver | |
| Name of Driver | CHING YEW KAM |
| Passport No/FIN | GXXXX990L |
| Date Of Birth | 05/12/1986 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 18/03/2020 |
| Priving Experience | 0 YEAR AND 4 MONTH |
| Sender | MALE |
| flobile Number | (LOCAL) +65-87832803 |
| ax Number | |

OFFICE-87832803

NOEMAIL

Address

BLK 209 TOA PAYOH NORTH

#03-1277

Postcode

310209

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

1

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident?

YES

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.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: KHOR KENG ZUAN

GENDER:

: MALE

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

SGA8876Z

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBJ2619B

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)

DETAILS OF INJURED PERSON 1

Name CHING YEW KAM

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBJ1690A

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name KHOR KENG ZUAN

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? **GBJ1690A**

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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:

NRIC/FIN No .:

Name:

Reporting Centre Personner's Signature

Refer to attached slatch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| on s | yated | date | and | fine, | was | frq ve | lling | abag | the sta- | fed |
|-------|--------|---------|-------|--------|-----------|---------|---------|---------|----------|------------|
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| fel- | 1 on | impact | i uf | my | ve hi cle | and | reulisa | ed thu | t vehic | le 13 |
| hing | onts n | ny vel | ni de | rear | portion | . A | th on | impge | 1, my | vehicle |
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DECLARATION g Polyton particulars are true in every respect.

Reg No: 53361594A

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 .:

18-25 PM GBT 1690A

光水 87832803

GBJ1690A SGA 88762 2619 13

ACCIDENT STATEMENT

| | ACCIDENT DATE: 27 7 20 100/ | MM/YYYY! TIME! |
|-----------------------|---|--|
| | LOCATION Along BICE | MM/YYYY), TIME:(8:25)(HH:MN |
| | 1. DETAILS OF VEHICLE a) VEHICLE NUMBER: 43169 b) INSURANCE COMPANY: NTO | |
| | C)POLICY NUMBER: | |
| | d)POLICY TYPE: (COMPREHENSIVE / THE MAKE & MODEL: | HIRD PARTY / THÌRD PARTY FIRE &THEFT) |
| | F)TYPE: (SALOON / COUPE / MPV /V AN B) VEHICLE CATEGORY: (PRIVATE / COM h) PURPOSE OF USING AT ACCIDENT TIM I) ARE YOU CLAIMING UNDER YOUR OW IF NO. PLEASE STATE (THIPD BARE) | MMERCIAL / MOTORCYCLE) |
| | IF NO. PLEASE STATE (THIRD PARTY CL) 2. INSURED / POLICY HOLDER AJNAME: | AIM / REPORTING ONLY |
| | b) NRIC/FIN/PASSPORT | (MALE / FEMALE) |
| | c)ADDRESS: | CONTACT: |
| (Including di | bjnric/fin/passport: | CONTACT: 87 832863 |
| | | |
| Zuan | BIOCCUPATION: (INDOOR / OUTDOOR | J(DD/MM/YYYY) |
| Cmale) | 1) FARS OF DRIVING EXPREPIENCE | |
| CIVM I | WAS DRIVER AN EMPLOYEE OF THE TA | 10.11 |
| | 4. WAS DRIVER AN EMPLOYEE OF THE IN IF NO, RELATIONSHIP OF THE DRIVER 5. CLUMENTHER CONSTRUCTOR | NSURED'S COMPANY? (YES / NO) |
| | 5. a) WEATHER CONDITION: (QLEAR / RAININ | WITH INSURED: |
| | 5. g) WEATHER CONDITION: (QLEAR / RAININ b) ROAD SURFACE: (DRY / WE) / OTHERS_ 6. WAS ANYBODY IN JURED (VE) (NO) | NSURED'S COMPANY? (FES / NO) R WITH INSURED: |
| | 5. a) WEATHER CONDITION: (QLEAR / RAININ b) ROAD SURFACE: (DRY / WET / OTHERS_ 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATE | NG / OTHERS |
| | 5. G) WEATHER CONDITION: (QLEAR / RAININ b) ROAD SURFACE: (DRY / WET / OTHERS_ 6. WAS ANYBODY INJURED (YES / NO) 7. G) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STA | NG / OTHERS |
| # He of putsma. | 5. a) WEATHER CONDITION: (QLEAR / RAININ b) ROAD SURFACE: (DRY / WET / OTHERS_ 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) 1F YES, PLEASE STATE WHICH POLICE STA 8. THIRD PARTY VEHICLE 10. VEHICLE NUMBER. SAA 28 7 (2) | TION: |
| 4 He of passing | 5. a) WEATHER CONDITION: (QLEAR / RAININ b) ROAD SURFACE: (DRY / WET / OTHERS_ 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) 1F YES, PLEASE STATE WHICH POLICE STA 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: SAA 88 762 b) DRIVER'S NAME: | TION:MODEL: |
| He of pursuing drive | 5. a) WEATHER CONDITION: (QLEAR / RAINING b) ROAD SURFACE: (DRY / WET / OTHERS_ 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) 1F YES, PLEASE STATE WHICH POLICE STA 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: SAA 88 762 b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: 9. THIRD PARTY VEHICLE | TION:MODEL:CONTACT: |
| 4 He of pussing drive | 5. a) WEATHER CONDITION: (QLEAR / RAINING b) ROAD SURFACE: (DRY / WET / OTHERS_ 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) 1F YES, PLEASE STATE WHICH POLICE STA 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: SAA 88 762 b) DRIVER'S NAME: | TION:MODEL:CONTACT: |

email =

fax =

VIDEO = X

| eBao Tech | | | | | | A de | | alle Lavi | | Gener | alClaim |
|-----------------------|----------|----------------|-----------------------|---------------------------|----------------------|---------|-------------------------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_8 | 00601 | | | | | | Change | e Language | . Chan | ge Password | · Log Ou |
| My Desktop | Polic | cy Query | | | | | | | | | 9 |
| Notice of Loss | Policy N | ю. | | | | Date o | of Accident | [2 | 7/07/2020 | 18:25 | |
| | Vehicle | No.(For Motor) | GBJ169 | 90A | | Certifi | cate Number | | | | |
| | | | | | E | Search | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5115425481 | | HC PLUMBING RENOVATION | 53361594A | GCV | Preferred Workshop Plan | GB11690A | G8J169DA | 23/01/2020 | 22/01/2021 |

| Sequence | e Date of Endorsement | E | ndorsemen | Туре | Endorsement | Status | Endorsement Content |
|-----------------------------------|----------------------------|-----------------------------------|-----------------|--------------------|----------------------|--------------|-----------------------------|
| ♥ Endorse | ements | | | | | | |
| 1nsure | Object: GBJ1690A | | | | | | |
| Jnit No. | 03-1277 | Related Numbe | | 5115425481 | | | |
| ddress 4 | SINGAPORE 310209 | Addres | Street Commence | Singapore address | - 1 | Post Code | 310209 |
| Address 1 | BLK 209 #03-1277 | Addres | s 2 | TOA PAYOH NORTH | | Address 3 | TOA PAYOH NORTH |
| ▽ Policyh | older Mailing Address | | | | | | |
| Certificate Info | | | | | | | |
| Open Policy Info | | | | | | | |
| Co- insurance Flag | No | | | | | | |
| Agent | ABWIN PTE LTD | Agent Tel. | 68423301 | | GST Flag | Y | |
| Outside Singapore OD Excess | | Outside Singapore TP Excess | | | | Young | /Inexperience Driver Excess |
| Additional Excess | | OS Premium | 0 | | | | |
| Third Party Excess | 0 | Own damage Excess | 600 | | Windscreen Excess | 100 | |
| Excess Type | Per Accident | All Claims Excess | | | | | |
| Policy Issue Date | 20/01/2020 | Effective Date | 23/01/202 | 0 00:00 | Expiry Date | 22/01/2021 2 | 3:59 |
| Product Name | COMMERCIAL VEHICLE INSURAI | Plan | | | Group Policy Flag | N | |
| Address | BLK 209 #03-1277 TOA PAYOH | NORTH TOA P | AYOH NORT | TH SINGAPORE 31020 | 9 | | |
| Certificate No. | | (varie | | | NKIC | | |
| Policy No. | 5115425481 | Policyholder Name | HC PLUMB | ING RENOVATION | Policyholder NRIC | 53361594A | |

| STANDAM TOTAL STANDAM | terident ut reasons to | | | | | |
|---|------------------------------|--|---------------------------------------|--|--|-------------------|
| Set Taperane No. Capara Set No. Capa | | Augusta and Committee of the Committee o | | 424000 40 V.S | | |
| Minigration | | 5115425481 | Vehicle No. | G81169GA | GST Registration No. | |
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| Control to Con | | | | | Policyholder NR3C | 53381594A |
| Section Sect | | | | Preferred Workshop Plan | Loading | 0 |
| | | 0 | | 0 | Contact No.(Home) | 0 |
| Companies Comp | | 80 | | | eCode | 11 V |
| Production | | | | | eCode Reason | |
| Marches Marc | | hig . | MCD-Entitlement(%) | 10 | Private Hire | No |
| Marcin 1900 | | 7810717370 | | | | |
| Section Control ACADE BIOL STATE | | | | Yes | Accident Type | Chain Colision |
| Control Cont | | 27/07/2020 | | 18:25 | Country of Academ | Singapore . |
| President Separation 100.00 179 | | | Orange Force | | ICM No. | |
| Marche M | | | | | | |
| 10 10 10 10 10 10 10 10 | | | | | | |
| 100 | cess Type | Per Accident | Windscreen Excess | 100.00 | | |
| ## 100 December 100 00 Dece | Standard Evener | 700.00 | 5122 days (100 mm) | | | |
| March 100 10 | | | | 0.00 | | |
| 100 December 100 | | 1000.00 | VIED TP Excess | | Driver is Covered? | |
| Patentia | | | | | | |
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| Top presence No | | atlan | | | | |
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| Petro Section Marie Section | | 28/07/2020 14:01:31 Sys | stem changed GST Status verified from | | Tes | |
| March Mar | | | | | | |
| March Marc | Policyholder Hailing Ac | fdress | | | | |
| March Street St | dress 1 | BLK 209 #03-1277 | Address 2 | TOA PAYON NORTH | Address 1 | TOA BAWRIN SIGNEY |
| 15 15 15 15 15 15 15 15 | dress 4 | SINGAPORE 310209 | | | | |
| ## OF STATES Unique Divisor Divisor Type Unique Divisor Divisor Divisor Divisor Type Unique Divisor Divisor Divisor Divisor Divisor Divisor Divisor Divisor Divisor Divisor Divisor Divisor Divisor Divisor Div | rt No. | | | | Contraction (second B) | 110104 |
| Direct Name Outling Year Ope Outling Year Name Outling Year Ope Outling Year Name Outling Year Ope Outling Year Name Outling Year Name Private Name Outling Year Name Outling Year Name Outling Year Name Outling Name Outling Year Name Outling Name | OI Driver Info | | | 100 100 00 00 00 00 00 00 00 00 00 00 00 | | |
| Section Sec | ver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| Designation | named driver Name | CHING YEW KAM | | | Dougs DOR | **** |
| ## Page | pater Date of Driver License | 18/03/2020 | Oriver Age | | | |
| BILL 209 Aligness 2 TOA PAYCH NORTH Address 3 TOA PAYCH NORTH | stact No.(Mobile) | 87832803 | | | | |
| SingAPORE 10029 Address Type Angress Agency One (Part Color) | tress 1 | BLK 209 | | | | |
| No. | Iress 4 | | | | | |
| are time a simpage of the simpage o | | | Address type | Singapore address | Post Code | 310209 |
| Survey vende No. Survey vende No. Survey vende No. Survey No. | es he own a Singapore | | | | | |
| ## Type * OD-HX | gistered car? | C 188 GE NE | Univer Venicle No. | | Driver Insurer Company | |
| Any Injury? | Saration | | | | | |
| Insured Name | athalyser or Blood Test | 0 mg | Ame instant | 8 k - 0 k - | | |
| Insured Name If ye * OD-MX | iding/ | | and adards | 9 NS C NO | | |
| Insured Name + CPLUMBING RENOVATION Insured NRIC \$3301594A First No.(Hodie) Contact No.(Home) NIL Contact No.(Office) GRABSPAZ Try tended Number GRB1690A TP Vehicle Number GRABSPAZ Try tendered Number GRB1690A TP Vehicle Number GRABSPAZ Try tended Number GRB1690A TP Vehicle Number GRABSPAZ Try tended Number GRB1690A TP Vehicle Number GRABSPAZ Try tended Number GRB1690A TP Vehicle Num | | | | | | |
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| Insured Name | Salm 001 New | | | | | |
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| The provided formation of the provided forma | | Please Select | Type of Benefit * | Please Select | | OSCHOOL STATE |
| The Description GR21650A / SGA8876Z ON 27 3cl 2020 Insured Liebity * Not at Fault Insured Liebity * Insure | | >> | Claimant NRIC • | | | |
| Insured Workshop Cortact Insured Liability * Not at Fault Insured Liabi | | | | | | |
| Insured Labelity * Not at Fault ▼ Preference Registered | | GB31690A / SGAB876Z ON 27 Jul 2020 | | | Name of Preferred Workshop | |
| Registered 28/07/2020 14/02 Claim Close Date Date Date Received 28/07/2020 00:00 Date Received 28/07/2020 Date Received 28/07/2020 Date Received 28/07/2020 | erred workshop Contact | | Insured Liebility • | Not at Fault | | |
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| llachment . | Upic | edded By/Date | Category | 9 | Urgency | | Description | Msg Sent? |
| C - 427 | NAC_PAYA_UBI_BOOGOI(NAC_PAYA_UBI_BOOGOI(NAC_PAYA_UBI_BOOGOI) | ATJONAL ASSESSMENT CENTRE SERVI 28 Jul 2020 14:04 | NRIC/ Driving License | Y | Normal | NRIC/ D | riving License 2020-7-28 | (co) |
| 1 | NAC_PAYA_UBI_E00501(N/ CES) on | ATIONAL ASSESSMENT CENTRE SERVE 28 Jul 2020 14:03 | SAS | | Normal | | SAS 2020-7-28 | |
| 2 | NAC_PAYA_UBI_800601(N CES) on | ATIONAL ASSESSMENT CENTRE SERVI 28 Jul 2020 14:03 | Photos | | Normal | , | Thetes 2020-7-28 | |
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