NATIONAL Assessment Centi	re Services	wel 1 Jan'05 M	The state of the s			
Date In: 11/1/22 - 15:44	Jeb description		Date &Time Completed	<u> </u>	Done	p.v.
Res No: NA/INCNDSENGETRY	SAS e-filing		i			,
Veh No: St2907M	E-mail (within	Shrs, AIC 2hrs)				
D.O.A: 3/1/2- 27:57	i-Motor Clair	m Form	m11099452-001	li k	No 15	7
	I-Motor W/O	(Within: OD 2hr	s, TP 4hrs)			
OD / TP / Reporting Only	i-Photo Uplo	aded	-	-		
TP Insurer:	Assessment/Su	rvey Report	j			
ir ilisurei.	Ass't Report b	y Fax / Hand	to Owner/Wksp	1		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: 140	77764	INC ()/Non-INC()			
Owner / Driver: (Tel:)	
Policy No: () P	eriod: ()	Cover Type: (
Confirmed by: (Date:	Time:		,)	
Insured/Driver Liability: (%)	[Note-Est. Status (V		0%; P: 21-79%. F: 80	-100%	·]	and a stand
Year of Registration: ()	Warranty: YES ()	-	75 E E E E E E	y-1,000
Excess: (\$) Loading: \$1,	000()/\$2,000	The state of the s		7573		
General Remarks;-				ومورون	St.	
() Walk-In Customer : Customer's info	ormation strictly Cor	nfidential & St	trictly NO refer of repairer	f		
() Total Loss Case : to e-mail Insur						
	e: YES()/N	NO();T	Towing Co: ()
			Date&Time Completed	1.73%	Done	hv
Remarks: (INC hotline: 6788 6616)		· Control of the cont	Datescrame Compressor	45.34	V. SESIGIACO	
	Courtesy Car ()		+		
2) QC Check / Post Repair Inspection	()			+		
3) Upload Resurvey Photo [Repair Cost > \$	3000] ()				
Injury:	1					
Date/Time Actions	N. Carlotte	, 113		SE ALL	Solve	
						,
					-	
	-1			-		
		10000000000000000000000000000000000000		94X77	Anit (\$)	Amt (3)
MAZZOYING .	1/2	Invoice Pro	eparation Checklist	4	fu Bill	Add Bill
laimant's Particulars :-		1) AR : Acciden		(\$80)		
		2) DA : Damage 3) TF : Towing		\$40/\$45		
river/Owner:		4) FT : Follow-	Through Survey Through Survey (Resurvey)	\$120		
ontact No:	9 ,	For claiming	against INC Only (wef 10 Jan 20	(205)		
amaged Portion:		6) TR : Re-insp	ection + SMRT Survey	\$160		-
	1	8) NTUC Addit				N=18 III
C Checked by (Engr-In-Charge):	1 8	OD* *N5: Courtes	sy Car / Tpt Allowance	\$5		
, , , , , , , , , , , , , , , , , , , ,	3	• N6: Repair	Co-ordination	\$10		
uditors' Comments :-			pair Inspection ollect Excess Coordination	\$25		
t. 1;	MARS MASS. R. S.	TP(NII):T	P (Non INC) against INC	\$20		
4		9) N12: Idea M	obile Pee Charge	30 eo		
at. 2/3;		Invoice dated	Fee Charg		場合け	

Fryat of Car

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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.

aforesaid.	
MATERIAL CONTRACTOR STREET	ACCIDENT STATEMENT
Date Of Report	11/08/2020 15:44
Date Of Accident	07/08/2020 23:00
Exact Location Of Accident	JUNC HOUGANG AVE 8 & HOUGANG AVE 2
Country/State of Loss	SINGAPORE
A CONTRACTOR OF THE SECOND SEC	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ9073M
Insured/Policyholder	
Name Of Registered Owner	LIM YOONG HUA DARRYL
NRIC No	SXXXX343J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98753384
Alternative Phone No	OFFICE-98753384
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARRIER PREMIUM 2.0 A
Exact Purpose for which vehicle was being used a 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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099258513-02
Cover Note Number	
Driver	
Name of Driver	LIM YOONG HUA DARRYL
NRIC No	SXXXX343J
Date Of Birth	04/07/1969
Occupation	INDOOR
Date Of Driving Pass	03/12/2003
Driving Experience	16 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98753384
Fax Number	STORE CHARGE TO SECURE OF THE
Contact Number	OFFICE-98753384
EMail Address	NOEMAIL

BLK 142 LORONG 2 TOA PAYOH Address #07-174 310142 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 General Information of the Accident SIDE SWIPE Type Of Accident Weather Conditions CLEAR DRY Road Surface Other Information Was any foreign vehicle involved in this accident? NO 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 ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 1 **Details of Police Action** YES Was the accident reported to the police? If Yes, Please state which Police Station TOA PAYOH NEIGHBOURHOOD POLICE CENTRE Police Station Name ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING. Police Station Address POSTCODE: 319194, COUNTRY: SINGAPORE Police Station Contact TEL NO: 1800-2519999 - FAX NO: 63548749 NO Was notice of intended Prosecution given? If Yes, against whom? Circumstances of Accident REFER TO POLICE REPORT - T/20200808/2002. Attachment(s) YES Are accident photos available for attachment? YES Was there any video captured by Car Camera? VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons: NO Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** SGC7776A Vehicle Registration Number Vehicle Make/Model/Colour **Details Of Properties** PRIVATE CAR Vehicle Category 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 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.
- 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 companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the 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:
 - 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.
- (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, 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 & Jime: Driver's Signature (If driver is not the policyholder) Date & Time:

NRIC/FIN No .:

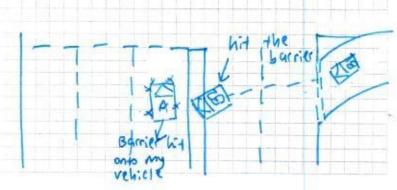
Name:

Reporting Centre Personnel's senature

q

Junction Houging Ave & L

A: 1162 9073M B: 46 C777 64



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

neter to	plia reprit -	7)2220808/202.

DECLARATION

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

Policyholder & 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

ACCI	DENT DATE: 7 /8	_/ <u>la_</u>)(DD	/MM/YYYY),	TIME:(25 00) (HH:MM)
LOCA	TION: MC	Hougeng A	ve 8 c	, largong	Ave v.
1	DETAILS OF VEHIC	I.E			(10)
1.0	a) VEHICLE NUMB	JKZ 907	m		
	b)INSURANCE CO		TUC	- A	
8		WII THEFT.			
	C)POLICY NUMBER	ζ:			TIDE STUEET
	d)POLICY TYPE: (C		THIRD PARTY	//THIRD PARTY	IRE &I HEFT)
	e)MAKE & MODEL				30
	f)TYPE:(SALOON /				
	g) VEHICLE CATEG				E) -
	h) PURPOSE OF USI				
	i) ARE YOU CLAIMII	NG UNDER YOUR	OWN INSUR	ANCE (YES/NO)	
	IF NO, PLEASE STA	ATE (THIRD PARTY)	CLAIM / REP	ORTING ONLY)	
2.	INSURED / POLICY	HOLDER	The second second	17	
	A)NAME: LiM	Young Hug	Darryl	(MALE/	FEMALE)
	b)NRIC/FIN/PASSP	ORT:	0	_CONTACT:	48+2721
	c)ADDRESS:			Acceleration of the second	
80 90 5					
	* CONTINUE TO 3.0	IF DRIVER ALSO	POLICY HOLE	DER	6
SUD OF DORGO . 3					
Ho of passenga, (Including driver)	ONAME.	5/		(MALE /	FEMALE)
(Including driver)	b) NRIC/FIN/PASSP				
(1.)	c) ADDRESS:	01817			
	C/NOONLOO.	Company of Service			
	*d) DATE OF BIRTH:	1.3/ /)(DD/M/	M/YYYY)	61
6 14	eJOCCUPATION: (A 39
	f)YEARS OF DRIVIN				
4	WAS DRIVER AN	EMPLOYEE OF T	HE INSURED	'S COMPANY?	YES (NO)
4.	IF NO, RELATION	SHIP OF THE DE	RIVER WITH	INSURED: 06	ner
5	a) WEATHER COND				
J.	b)ROAD SURFACE:				
	WAS ANYBODY INJ			-	
1.	a)REPORTED TO PO	ATE WHICH POLICE	SE STATION!	19	
			SE STATION:_		
8. the of passonger	THIRD PARTY VEHIC	St. C222	ha	MODEL:	
			V-T	_MODEL	
Inducting driver)	D) DRIVER 2 NAM	NE:		CONTACT:	
() .	c) NRIC/FIN/PASS			_CONTACT	
(_) 9.	THIRD PARTY VEHIC	CLE .		CONDUCTOR CONTROL CONT	
the of passenger	d) VEHICLE NUME			_MODEL:	
	e) DRIVER'S NAM	\E:			1
Induding driver) f) NRIC/FIN/PASS	SPORT:		_CONTACT:	
	*				14.
37	24				a
					12
		email =			
		Other (1 =			
		-0			a
	3	fax =	201		
(i) 22			/		
		VIDEO = V			
	4	FF 12			





1 of 3

Report No. T/20200808/2002

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194

Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT		
Date/Time Report Made:	Vide Report No.:	Station Diary No.:
08/08/2020 00:38	F/20200807/0234	8

Informa	nt's Partic	ulars	and the second s		
Name of Informant: LIM YOONG HUA DARRYL			Address: APT BLK 142 LORONG 2 TOA PAYOH #07-174 SINGAPORE 310142		
ID Type / ID No.: NRIC NO / S6923343J		43J	Contact No.: Home/Office:	Mobile: 98753384	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 51	Date of Birth: 04/07/1969	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Project Director			Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Non-Injury Government Proper	ty Drink Drive: No	Date/Time of Accident: 07/08/2020 23:00	Type of Location T-Junction
HOUGANG A	100 C C C C C C C C C C C C C C C C C C	ougang Avenue 2		
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Light
Type of Collis Moving Vehic	ion: le Against - Road Divider	/Kerb/Railings		Anyone conveyed by ambulance:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGC7776A	Car	TOYOTA	CAMRY 2.0 AUTO	Black		0
SKZ9073M	Car	TOYOTA	HARRIER PREMIUM 2.0 A	White	Slightly Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





2 of 3

Report No. T/20200808/2002

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

CONTINUATION OF REPORT

Details of V	ehicle Insurance		14.15	July elsty E
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKZ9073M	NTUC Income Insurance Co-Operative Limited	5099258513-02	15/02/2020	14/02/2021

Details of Perso	n Involved		escal egyptes es			
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Peo	lestriar	Cross	sing: NA
Driver		a agreement of				
Name	LIM YOONG HUA	DARRYL		ID No		S6923343J
Related Vehicle	SKZ9073M (Car)			Conta	ct No.	98753384
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of			

Brief Details.

On 07/08/2020 at about 2300hrs, I was driving my vehicle SKZ9073M along Hougang Avenue 8, towards the T-junction of Hougang Avenue 8 and Avenue 2. My mother and brother were inside the vehicle with me at that time. I was reaching the junction and was about to make a right turn towards Hougang Avenue 2 when all of a sudden, I saw a green road barrier coming towards my direction. The road barrier then hit the right front side of my vehicle, causing some cracks to my front bumper and front car plate. My family members and I are not injured.

I believed another vehicle (SGC7776A) have collided onto the green barrier, causing the green barrier to be knocked towards my direction. I wished to state that I did not witness the accident between the other vehicle and the barrier.

Ambulance and traffic police came to scene. I was given a case card by traffic police (F/20200807/0234) and was informed to lodge a traffic report regarding the said accident.





3 of 3

Report No. T/20200808/2002

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to	provide sketch plar	٦
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IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: E / Sgt 3 JASMINE LEAU WEI LIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/08/2020 00:38
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP168	JRE .

eBaoTech			GeneralClaim								
Hello, NAC_PAYA_UBI_80	0601					· Chang	e Languag	e Chan	ge Password	+ Log Out	
My Desktop	Policy Query										
Natice of Loss	Policy No.				Date of Accident			07/08/2020 23:00			
	Vehicle No. (For Motor)	SK290	SK29073M		Certificate Number						
					Search						
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	O 5099258513- 02		LIM YOUNG HUA DARRYL	S6923343)	GPC	drivo CLASSIC	SKZ9073M	SKZ9073M	15/02/2020	14/02/2021	
				1	Continue	1					

Police	y Information						
Policy No.	5099258513-02	Policyholder Name	LIM YOONG	HUA DARRYL	Policyholder NRIC	56923343)	
Certificate No.							
Address	BLK 142 #07-174 LORONG 2	TOA PAYOH TOA	PAYOH HEIG	HTS SINGAPORE 3	10142		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	12/02/2020	Effective Date	15/02/2020	00:00	Expiry Date	14/02/2021 2	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			Young	g/Inexperience Driver Excess
Agent	JG MOTOR AGENCY	Agent Tel.	63440727		GST Flag	Υ	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 142 #07-174	Addre	ss 2	LORONG 2 TOA PA	YOH	Address 3	TOA PAYOH HEIGHTS
Address 4	SINGAPORE 310142	Addre	ss Type	Singapore address		Post Code	310142
Unit No.	07-174	Relate Numb	d Policy er	5099258513-02			
	d Object: SKZ9073M						
♥ Endors	ements						
Sequen	nce Date of Endorsement		Endorsement	Туре	Endorsement	Status	Endorsement Content

laim Handling					
cident MT/1099452					
icy No.	5099258513-02	Vehicle No.	SKZ9073M	GST Registration No.	
tificate No.					
icyholder Name	LIM YOONG HUA DARRYL			Policyholder NRIC	569233A3J
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ntact No.(Mobile)	98753384	Contact No.(Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	0.90
× .	® No ○Yes	TCA	® No ○ Yes	eCode Reason	
D-Procection	No	NCD Entitlement(%)	20	Provabe Hire	No
Accident Details					
port Date	11/08/2020 15:46	Accident Report Within 24 hrs.	Ves	Accident Type	Side Swipe
		Time of Acodem hh:mm	23:00		
te of Accident	07/08/2020		23:00	Country of Accident	Singapore.
porting Centre		Orange Force		SCM No.	
oldent Location	JUNE HOUGANG AVE 8 & HOUGANG AVE 2				
Total Excess Applicable	•				
cess Type	Per Accident	Windscreen Excess	100.00		
		SER VINCE	552025		
Standard Excess	500.00	TP Standard Excess	0.00	Secretary and the second	140003251
ED OD Excess	0.00	YIED TP Excess	0.00	Oriver is Covered?	Covered
ditional Excess	0				
rai 00 Excess Applicable	600.00	Total YP Excess Applicable	0.00		
Benefits					
GST Registered Informa	ation				
T Registered	No.		GST Registration Date		
T Registration No.			GST Status Venfied	Yes	
dification History					
Policyholder Mailing Ad	idress				
iaress 1	BUK 142 #07-174	Address Z	LORONG 2 TOA PAYON	Address 3	TOA PAYON HEIGHTS
dress 4	SINGAPORE 310142	Address Type	Singapore address	Post Code	310142
ic No	07-174	Related Policy Number	5099258513-02		
OI Oriver Info					
iver Name	LIM YOUNG HUA DARRYL	Driver Type	Main Driver		
named driver Name		Driver NRIC	969233433	Driver DDB	04/07/1969
gister Date of Driver License	03/12/2003	Driver Age	51	Driving Expenence	18
meact No.(Mobile)	98753384	Contact No.(Office)	0:	Contact No.(Home)	·0
dress 1	Bu5 142	Andress 2	LORDING 2 TOA PAYOH	Address 3	TOA PAYOH HEIGHTS
		Appress Type	Singapore address	Post Code	310142
dress 4	SINGAPORE 310142	Address type angapore address		Past Code	310142
nd No.	07-174				
des ne dwin a Singapore agistered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
ideration					
reachalyser or Blood Test sading?	Omg	Any injury?	○ Yes No		
Name of the Control o					
odification History					
Claim 001 New					
STREET, STREET					
	9 2000000				722000000
aim Tyge •	DD-MX	Insured Name	LIM YOUNG HUA DARRYL	Insured NRIC	569233431
ntact No.(Mobile)		Contact No.(Home)		Contact No. (Office)	63447432
nell Address		OI Vehicle Number	SKZ9073M	TP Vehicle Number	SGC7776A
armant Type Claimant Type *	Please Select	Type of Servets *	Please Select		
aimant Name *	22	Claimant NRIC *			
emant Address					
am Description	SK29073M / SGC7776A ON 7 Aug 2020			Name of Preferred Workshop	
eferred Workshop Contact	The state of the s	terment (see a c	Not in Earth 1997		
Commonweal of the Common of th		Insured Liability *	Not at Fault	0.01-201.0-0.0000-0.00	
quire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Receives
Ke Registered	11/08/2020 15:55	Claim Close Date		Date Received	11/08/2020 00:00
port Taken By	Jackson				
Print AK letter					
			CACALOGA LUNGALUSTRA		
			Seve Submit		
Attachment					
9					
cident No.	MT/1099452	Claim No.	001		
st Doc. Received	® Yes ○ No	Upload Date	11/08/2020 16:10		
	Path *		Category *	Confidential Urge	ncy 4 Descri
		Browse	A security of property and prop	V Normal	¥
		2000000	A CONTRACT PROPERTY AND ADDRESS OF THE PARTY A		V
		Browse			
		Browse	Clear Please Select	V Normal	V
	Control of the Contro	Browse	Clear Please Select	▼ Normal	9
		Browse	Clear Rease Select	V Normal	V
		Browse		V Normal	-

100000000000000000000000000000000000000								Send Message
Attachment		red By/Date	Category	?	urgency		Description	Heg Sent? (CO)
0.0	NAC_PAYA_UBI_B00601(NAT: CES) on 11	ONAL ASSESSMENT CENTRE SERVI Aug 2020 16:10	NR3C/ Driving License	Y	Normal	NRIC/ Dr	iving License 2020-8-11	1554
963	NAC_PAYA_UB1_800603(NAT CES) on 11	ONAL ASSESSMENT CENTRE SERVI Aug 2020 16:10	SAS		Normal	- 1	SAS 2020-8-11	
I	NAC_PAYA_UB1_800601(NAT CES) on 11	ONAL ASSESSMENT CENTRE SERVI Aug 2020 16:09	Photos		Normal	H	notes 2020-8-11	
J1995	NAC_PAYA_UBI_800801(NAT CES) on 11	IONAL ASSESSMENT CENTRE SERVI Aug 2020 16:09	Photos		Normal	P	notos 2020-8-11	
A	NAC PAYA_UBI_800801(NAT CES) on 11	ONAL ASSESSMENT CENTRE SERVI Aug 2020 16:09	Photos		Normal	pi	notes 2020-8-11	
9	NAC_PAYA_UB1_800603(_NAT CES) on 11	ONAL ASSESSMENT CENTRE SERVI Aug 2020 16:09	Photos		Normal	P	notos 3020-8-11	
	NAC PAYA UBI_800601(NAT CES) on 11	IONAL ASSESSMENT CENTRE SERVI Aug 2020 16:09	Photos		Normal	p	hotos 2020-8-11	
	NAC_PAYA_UBI_800501(NAT CES) on 11	IONAL ASSESSMENT CENTRE SERVI Aug 2020 16:09	Protos		Normal	P	notos 2020-8-11	
	NAC_PAYA_UBI_800601(NAT CES) on 11	IONAL ASSESSMENT CENTRE SERVI Aug 2020 16:09	Photos		Normal	P	notos 2020-8-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Aug 2020 16:09		Priotos		Normal	P	Photos 2020-8-11	
	NAC_PAYA_UBI_B00501(NAT CES) on 11	IQNAL ASSESSMENT CENTRE SERVI Aug 2020 16:09	Photos		Normal	P	notes 2020-8-11	
5	NAC PAYA_UBI_800601(NAT CES) on 11	IONAL ASSESSMENT CENTRE SERVI Aug 2020 16:09	Photos		Normal	pr	notes 2020-8-11	
	NAC_PAYA_UBI_800601(NAT CES) on 11	ONAL ASSESSMENT CENTRE SERVI Aug 2020 16:09	Photos		Normal	P	hotox 2020-8-11	
-	NAC_PAYA_UBI_800601(NAT CEB) on 11	IONAL ASSESSMENT CENTRE SERVE Aug 2020 15:55	Photos		Normal	p	hetos 2020-8-11	
9	NAC_PAYA_UBI_BOOKO1[NAT CES) on 11	ONAL ASSESSMENT CENTRE SERVI Aug 2020 15:55	Photos		Normal	p	notas 2020-8-11	
6	NAC_PAYA_UBI_800601(NAT CES) on 11	IONAL ASSESSMENT CENTRE SERVE Aug 2020 15:55	Photos		Normal	p	hotos 2020-8-11	
	NAC_PAYA_UBI_800601[NAT CES) on 11	IONAL ASSESSMENT CENTRE SERVS Aug 2020 15:55	Photos		Normal	p	hotos 2020-8-11	
3	NAC_PAYA_UBL_800601(NAT CES) on 11	IONAL ASSESSMENT CENTRE SERVI Aug 2020 15:55	Photos		Normal	р	hatas 2020-8-11	
Video List	NAC_PAYA_UBI_BD0601(NAT CES) on 13	IONAL ASSESSMENT CENTRE SERVI Aug 2020 15:55	Priorios		Normal	p	hotos 2020-8-11	
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