76-001 1)12 12:18  Sp  Fax: )
SP
SP
SP
Fax:
NC( )
e: ( ) 'ime: )
79%. F: 80-100%]
er of renairer
er of repairer.
)
*
Bone by
* .
Anit (5) Amit (\$)
hecklist fit Bill Add Bill
\$30); \$100); INC (\$80)
340/343
(Resurvey) \$30
ly (wef 10 Jan 2005) \$75
sy . \$160
S10
\$10 \$25
\$10 \$25 oordination \$5
\$10 \$25 oordination \$5

Total Control

SN0920C1000E / National Assessment Centre Services [408933] ENTRY DATE & TIME: 01/12/2020 15:13 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (01/12/2020 15:13 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

This Form must be completed by the Policyholder and/or the Authorised Driver

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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 aforesaid.

#### **ACCIDENT STATEMENT**

01/12/2020 15:13 (SGT) Date of Submission 28/11/2020 10:45 (SGT) Date of Accident CTE, Singapore Exact Location of Accident CTE TWDS AYE AFTER BRADDELL EXIT Additional Location Information Singapore Country/State of Loss

#### **DETAILS OF OWN VEHICLE**

Toyota

Wish

SLZ6278Y Vehicle Registration Number

#### INSURED/POLICYHOLDER

Is company? MOHAMMED YAZAR ARAFAT ABBAS MANTHIRI Name Of Registered Owner SXXXX303E NRIC No Email Address mohammedyazararafat@gmail.com Mobile Phone No (Phone) +65-81606522 +65-88922033 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Model

Variant ..... Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private hire Vehicle Category

#### INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive ...... Fleet Policy Policy Number 5110698813-01 Cover Note Number

#### DRIVER

MOHAMMED YAZAR ARAFAT ABBAS MANTHIRI Name of Driver SXXXX303E NRIC No. 02/04/1985 Date Of Birth Occupation Outdoor

245 :	14/02/2012
Date Of Driving Pass	14/02/2012 8 YEARS AND 9 MONTHS
Driving experience	Male
Aobile Number	(Phone) +65-81606522
	+65-88922033
Alt. Phone Number Email Address	mohammedyazararafat@gmail.com
Email Address Address	BLK 653 YISHUN AVENUE 4
	#11-465
Address complement	760653
s the driver the policyholder?	Yes
f No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	110
venicle registration rumber of other venicle of the of the other of the other of the other of the other othe	•
nsurance Company of Other Vehicle Owned by Driver	•
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	WONG CHUN HAW
Gender	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
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 OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	SKW3604L
Vehicle Manufacturer	Toyota
Vehicle Model	#
Vehicle Variant	
Vehicle Colour	Private and
Vehicle Category	Private car
Name of Driver	
Contact Number	55 Table 1 Tab

Address	8-
Address complement	
Postcode	
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	=
No. Of Passenger (Including Driver)	_

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SLW5061C
Vehicle Manufacturer	Hyundai
Vehicle Model	<b>●</b> 2.
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	-0
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

### **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SLQ9493U
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	
Contact Number	
Address	2.
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

### **INJURED PERSONS DETAILS**

BODY

### INJURED 1

THE STATE OF THE S	
Name of injured person	MOHAMMED YAZAR ARAFAT ABBAS MANTHIRI
Address	. •
Address Complement	-
Post Code	-
Approximate Age Years Old	<b>■</b>
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SLZ6278Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	WONG CHUN HAW
Address	<b>¥</b>
Address Complement	-

Approximate Age Years Old

Injuries Sustained .....

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

No

#### 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.
- 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.
- 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:
  - (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.
- (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 & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.

SKET	CH PLAN	the real harman dense of the	·		
	1 1 1 1 1 1			11:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1	11445
ļ <del></del> -					+: <u> - - - -</u>
				G S	
-1.4	TE toward	+47.611		TOH SKY	3694
	For Bladell			8 3 1	
Cit	101 131 day		1111111	I GH ST K	Spelle
1 1		1-1-1-1-1-1-1-1-1-1		6/3	
	#1: #####			1011-81-6	1934T
DESCR	IBE CIRCUMSTANCE	S OF THE ACCIDENT	•	<u> </u>	
	was fr	avelling at	CTE	falled 1	ATE afte
Si	adell Ex	it . A head	of m	1 1	Suddenly
p bre	the due	to heav	. 0.75	50	1 follow
g/ox 72	slow do	wn and c-	Hoip. Du-		ndden 1.
tee		early impur	d on	my rew	potion
Wh	en 1 co	ume out		e Vehide	I realise
12	94	car colli	sion.		
ļ				Keitat	
· · · · ·				Makar.	
-					<del></del>
-		·			
17		***		<del></del>	
		· · · ·			
				<del> </del>	.,
			<del></del>		<del>, , , , , , , , , , , , , , , , , , , </del>
-				<del></del>	
********	<del></del>	<del></del>			
DECLARA	TION		<del></del>		<del></del>
2.24		ilars are true in every respe	ct.		
M	afat	Availat			
Policyholde	r's Signature	Oriver's Signature		Reporting Centre Per	sonnel's Signature
Date & Tim	The state of the s	(if driver is not the pol			

#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
  Information provided must be as fruitful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

#### **Accident details**

Date and time of accident	Date: 28	1 2	020 (0	D/MM/YY) T	ime: 10 4	QM (HH:MM)
Exact location of accident	CTE tow	ard	ATE	after	Bradell	FxIt

#### **Details of vehicle**

Vehicle registration number	SLZ6278Y
Vehicle make and model	Toyota Wish
Type of vehicle	Saloon D MPV CRV D Van D Lorry D Bus D Motorcycle D Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	hvale
Are you claiming under your own insurance company?	Yes \( \text{No} \( \text{No} \) if no, please select:  Third part claim \( \text{Proposition} \) Reporting only \( \text{D} \)

#### **Insurance information**

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

### Insured / Policy holder

				!	5695	Manthir
Name	Mohammed	Yazar	arafat	A	Male	/ Female 🗆
NRIC / Fin / Passport number	5858	2303€				
Contact	816062	22 /	889221	227	`	
Address	B1K653 Y	lishun Au	e4 #11-4	65		

#### **Driver**

#### Same as insured above □ (skip to D.O.B)

Name	93	-	above			Male 🗆	Female
NRIC / Fin / Passport number							
Contact							
Address		1					
Email address	moha	mm	edyazararafa	Hagmail. Con	7)		
Date of birth	07-	04	1985	0			
Occupation	Indoor		Outdoor D				V .
Driving date pass	14-	02	-2012				

## General information of the accident

Was driver an employee of the insured's company?	Yes 🗆 If no, rela	No a ationship of the	driver and insured:	Self
Accident captured by camera?	Yes 🗆	No Ø		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry 🗆	Wet,2		
No of passenger	2			(Inclusive of driver

#### Passenger 1

Name	Nont Chyn Haw 81335173
Gender	Male Female

### Passenger 2

Name			
Gender	Male □	Female ti	

### Passenger 3

Name				
Gender	Male 🗆	Female 🗆	/	

## Passenger 4

Name			
Gender	Male 🗆	Female 1	

### Passenger 5

Name		
Gender	Male 🗆	Female g

### Passenger 6

Name			
Gender	Male 🗆	Female	

## Other information

Was anybody injured?	Yes	No 🗆	
Was other vehicle damaged?	Yes	No 🗆	

## **Details of police action**

Reported to police?	Yes 🗆	No 🗆	If yes, please state which police station.
Police station name	3	/	

## Third party vehicle 1

R	フ
1	

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	Toyota
Vehicle make model	SKW3604L

## Third party vehicle 2

		ì
1		
	_	

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	3LW 5001C	
Vehicle make model	Hyundai	

## Third party vehicle 3



Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	3LQ9493U
Vehicle make model	BMW

### Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	1

### Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Witness 1

Name	
Witness 2	
Name	

## Injured person 1

Name	Mohammed Yazar aratat Abbas Manthini
Injuries sustained	Heck and Back
Which vehicle person in?	driver \$17.62784
Were seat belts worn?	Yes Z No 🗆
Was injured conveyed to hospital by ambulance?	Yes D No D

## Injured person 2

Name	Das senger	Would Chun Haw
Injuries sustained	books )	ď
Which vehicle person in?	11767184 118769784	HP/81335173
Were seat belts worn?	Yes No 🗆	
Was injured conveyed to hospital by ambulance?	Yes D No D	

### Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes - No -
hospital by ambulance?	

## Injured person 4

Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	770-000	

<b>eBao</b> Tech	GeneralC								licialini		
Hello, NAC_PAYA_UBI_8	00601						• Change	Language	• Chan	ge Password	· Log Out
My Desktop	Polic	y Query							*****		•
Notice of Loss	Policy N	0.				Date o	f Accident	2	8/11/2020 1	0:45	
	Vehicle	No.(For Motor)	SLZ627	8Y		Certific	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5110698813- 01		MOHAMMED YAZAR ARAFAT ABBAS MANTHIRI	S8582303E	GPC	drivo CLASSIC	SLZ6278Y	SLZ6278Y	26/06/2020	25/06/2021

olicy No.	5110698813-01	Policyholde Name	<sup>r</sup> монамме	D YAZAR ARAFAT ABI	Policyholder NRIC	S8582303E	
Certificate lo.							
ddress	BLK 653 #11-465 YISHUN AVEN	NUE 4 SINGA	PORE 760653	3			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	10/06/2020	Effective Date	26/06/202	0 00:00	Expiry Date	25/06/2021 23	59
Excess	Per Accident	All Claims Excess					
hird Party excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/	Inexperience Driver Excess
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020	null	GST Flag	Y	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 653 #11-465	Add	ress 2	YISHUN AVENUE 4		Address 3	SINGAPORE 760653
Address 4		Add	ress Type	Singapore address		Post Code	760653
Unit No.			ited Policy	5110698813-01			
<b>▶</b> Insure	d Object: SLZ6278Y						
<b>▽</b> Endors	ements						
Sequer	nce Date of Endorseme	nt	Endorseme	nt Type	Endorsemen	t Status	<b>Endorsement Content</b>

CD Protection No NCD Entitlement(%) 20	GST Registration No. Policyholder NRIC	
MOHAMMED YAZAR ARAFAT ABBAS MANTHIRI	Policyholder NRIC	
oduct Code         PRIVATE CAR INSURANCE         Cover Type         drivo CLASSIC           ontact No.(Mobile)         88922033         Contact No.(Office)         0           nail Address         Special Remark           ck	Policyholder NRIC	
### ### #############################	AUSTRALIA CONTRACTOR	S8582303E
ontact No.(Mobile) 88922033 Contact No.(Office) 0 mail Address FK ● No ○ Yes TCA ● No ○ Yes  CD Protection No NCD Entitlement(%) 20	Loading	0
mail Address FK   No ○Yes  TCA  No ○Yes  NCD Protection  No NCD Entitlement(%)  20	Contact No.(Home)	0
FK	eCode	No. V
CD Protection No NCD Entitlement(%) 20		
CD Flotection	eCode Reason	
U (20) 0 ± (2 )	Private Hire	Yes
Accident Details		
	Accident Type	Chain Collision
eport Date 01/12/2020 15:16 Accident Report Within 24 hrs Yes		
ate of Accident 28/11/2020 Time of Accident hh:mm 10:45	Country of Accident	Singapore
eporting Centre Orange Force	ICM No.	
Total Excess Applicable		
xcess Type Per Accident Windscreen Excess 100.00		
DD Standard Excess 2,000.00 TP Standard Excess 1,500.00		
TED OD Excess 0.00 YIED TP Excess 0.00	Driver is Covered?	Covered
additional Excess 0		
1 500 00		
otal of excess Applicable		
▼ Benefits		
GST Registered Information		
ST Registered No GST Registration Date		
SST Registration No.	Yes	
Modification History		
Polluphelder Malling Addrage		
Policyholder Mailing Address	Address 3	SINGAPORE 760653
Address 1 BLK 653 #11-465 Address 2 YISHUN AVENUE 4	Address 3	
Address 4 Address Type Singapore address	Post Code	760653
Unit No. Related Policy Number 5110698813-01		
♥ OI Driver Info		
Maio Delugr		
Tiver Name	Driver DOB	02/04/1985
and the room	Driving Experience	8
Register Date of Driver License 14/02/2012 Driver Age 35		
Contact No.(Mobile) 88922033 Contact No.(Office) 0	Contact No.(Home)	0
Address 1 BLK 653 Address 2 YISHUN AVENUE 4	Address 3	SINGAPORE 760653
Address Time Singapore address	Post Code	760653
Address 4 Address Type Singapore address		
Unit No. 11-465		
Does he own a Singapore	Driver Insurer Company	
Registered car?		
Peclaration  Breathalyser or Blood Test 0 mg Any injury?		
Breathalyser or Blood Test 0 mg Any injury?		
Modification History		
Claim 001 New		
Claim 001 New		
Claim Type * OD-MX Insured Name MOHAMMED YAZAR ARAFAT ABI	Insured NRIC	S8582303E
Claim Type -		
Contact No.(Mobile) 81606522 Contact No.(Home) 65236753	Contact No.(Office)	ENW36C41
	TP Vehicle Number	SKW3604L
The state of the s		
Claimant Type Claimant Type * Please Select		
Claimant Type Claimant Type • Please Select		
Claimant Type Claimant Type * Please Select	Name of Breferred Workshop	
Claimant Type Claimant Type * Please Select	Name of Preferred Workshop	
Claimant Type Claimant Type * Please Select	Name of Preferred Workshop	
Claimant Type Claimant Type * Please Select	_	Received
Claimant Type Claimant Type * Please Select	GIA report	
Claimant Type Claimant Type * Please Select	_	Received 01/12/2020 00:00
Claimant Type Claimant Type * Please Select	GIA report	
Claimant Type Claimant Type * Please Select	GIA report	
Claimant Type Claimant Type * Please Select	GIA report	
Claimant Type Claimant Type * Please Select	GIA report	
Claimant Type Claimant Type * Please Select	GIA report	
Claimant Type Claimant Type * Please Select	GIA report	
Claimant Type Claimant Type * Please Select	GIA report	
Claimant Type Claimant Type * Please Select	GIA report	
Claimant Type Claimant Type * Please Select	GIA report	
Claimant Type Claimant Type * Please Select	GIA report	
Claimant Type Claimant Type Please Select  Type of Benefit Please Select  Type of Benefit Please Select  Claimant NRIC Claim Description  Screening Select  Insured Liability Not at Fault  Preferred Workshop Contact No.  Require Finalisation  Preferred Repair Option  Preferred Workshop, Name unknown  Claim Close Date  Attachment  Attachment  Accident No.  MT/1111876  Claim No.  O01  Last Doc. Received  Prescription  Claim No.  O01  Upload Date  O1/12/2020 15:24	GIA report Date Received	01/12/2020 00:00
Claimant Type Claimant Type * Please Select	GIA report  Date Received  Confidential Urgi	01/12/2020 00:00
Claimant Type Claimant Type Please Select  Type of Benefit * Please Select  Type of Benefit * Please Select  Claimant NRIC *  Insured Liability * Not at Fault  Preferred Workshop Contact No.  Require Finalisation  Preferred Repair Option  Date Registered  O1/12/2020 15:18  Claim Close Date  Attachment  Attachment  Accident No.  MT/1111876  Claim No.  O01  Last Doc. Received  Path *  Category *  Prowse  Clear Please Select  Insured Liability *  Not at Fault  Claim No. oo on on on one of the contact of the contact on one of	GIA report  Date Received  Confidential Urg	01/12/2020 00:00
Claimant Type Claimant Type Please Select  Type of Benefit * Please Select  Type of Benefit * Please Select  Claimant NRIC *  Insured Liability * Not at Fault  Preferred Workshop Contact No.  Require Finalisation Preferred Repair Option  Date Registered  O1/12/2020 15:18  Claim Close Date  Attachment  Attachment  Accident No.  MT/1111876  Claim No.  O01  Case One  Path *  Category *  Category *	GIA report  Date Received  Confidential Urgi	01/12/2020 00:00
Claimant Type Claimant Type * Please Select	GIA report  Date Received  Confidential Urg	01/12/2020 00:00
Claimant Type Claimant Type Please Select  Type of Benefit * Please Select  Type of Benefit * Please Select  Claimant NRIC *  Insured Liability * Not at Fault  Preferred Workshop Contact  No.  Preferred Repair Option  Preferred Workshop, Name unknown  Date Registered  O1/12/2020 15:18  Claim Close Date  Attachment  Attachment  Accident No.  MT/1111876  Claim No.  O01  Category *  Browse  Clear Please Select  Please Select  Flease Select	Confidential Urgg	01/12/2020 00:00
Claimant Type Claimant Type * Please Select	Confidential Urg	01/12/2020 00:00
Claimant Type Claimant Type * Please Select	Confidential Urgg	01/12/2020 00:00

	CES) on 01 Dec 2020 15:19  NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI					
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Dec 2020 15:19	Photos		Normal	Photos 2020-12-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Dec 2020 15:19	Photos		Normal	Photos 2020-12-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Dec 2020 15:19	Photos		Normal	Photos 2020-12-1	
U	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Dec 2020 15:19	Photos		Normal	Photos 2020-12-1	
3	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Dec 2020 15:18	Photos		Normal	Photos 2020-12-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Dec 2020 15:18	Photos		Normal	Photos 2020-12-1	
<b>35</b>	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Dec 2020 15:18	Photos		Normal	Photos 2020-12-1	
1	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Dec 2020 15:18	Photos		Normal	Photos 2020-12-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Dec 2020 15:18	Photos		Normal	Photos 2020-12-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Dec 2020 15:18	Photos		Normal	Photos 2020-12-1	
Video List	Uploaded By/Date Folder Date		File Name		Source	Act