5 . 1			Date & Time Complet	ed	Done	bv.
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Ref No: 19/14(201347)74	SAS e-filing			-		
Veh No: 50 1c7955M	E-mail (within	Shrs, AIC 2hrs)				4
D.O.A: 7/1/2-10:30	i-Motor Clai	m Form	M7/11/2592001	7/1	1/2 1	1:09
6	i-Motor W/C	(Within: OD 2hr	s, JP 4hrs)			
OD / TP / Reporting Only	i-Photo Uplo	aded				
	Assessment/Su	irvey Report				
TP Insurer:	Ass't Report b	y Fax / Hand	to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No:50		. INC ()/Non-INC(١.		
Owner / Driver: (137	·	Tel:)	
	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	Note-Est Status (V	VO): N: 0-2	0%; P: 21-79%. F:	30-100%	6]	
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Drive-In ()/ Towed-In (); Invo	oice: YES () / N	(0 (); 1	owing co. (,
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SN0920C7000C / National Assessment Centre Services [408933] ENTRY DATE & TIME: 07/12/2020 12:02 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (07/12/2020 12:02 (SGT))



SINGAPORE ACCIDENT STATEMENT

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 witholding of material facts may allow insurance companies to repudiate
- 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

Date of Submission 07/12/2020 12:02 (SGT) Date of Accident 05/12/2020 10:30 (SGT) Exact Location of Accident KPE, Singapore Additional Location Information TUNNEL Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJK2935M

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **TIONG CHIONG BING** NRIC No SXXXX589B Email Address kellychong1979@hotmail.com Mobile Phone No (Phone) +65-81464000 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Vios 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? Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5119252822 Cover Note Number

DRIVER

CHONG CHOOLLAN Name of Driver NRIC No SXXXX883G Date Of Birth 03/10/1979 Occupation Indoor

Y	
Date Of Driving Pass	31/07/2008
Driving experience	12 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97920264
Alt. Phone Number	-
Email Address	kellychong1979@hotmail.com
Address	
Address complement	BLK 114 PASIR RIS STREET 11
A-1 (A)	#09-587
Postcode	510114
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Incurance Company of Other Vahiole Owned by Driver	•
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry
	Diy
OTHER INFORMATION	
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	Na
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	4
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	No
	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
PASSENGER 1	
PASSENGER	
Name	TIONG SHIN YAU
Gender	Female
DASSEAUCED 2	
PASSENGER 2	
Name	TIONG YI XIN
Gender	Female
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 assident photos available for attachment?	V
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	R VEHICLE PROPERTY 1
Vehicle Registration Number	S 100522B
	SJQ9523R
Vehicle Manufacturer	•
Vehicle Model	•
Vehicle Variant	

Vehicle Colour	- 8
Vehicle Category	Private car
Name of Driver	-
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 2

Vehicle Registration Number	SJL2389J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	District Control Control
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	SLH2515J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

DY
(2935M
3

INJURED 2

Name of injured person TIONG SHIN YAU

-
_
-
BODY
SJK2935M
Yes
No
110
TIONG YI XIN
-
-
-
BODY
SJK2935M
Yes
No

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknow ledge, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature 7 Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

O.C.	.011 1 10	411							
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bescribe officialistatices of the Accident
I was travelling along 10PE tunnel. Front vehicle Hopped. I thepped
my vehicle as well suddenly I felt an import of my vehicle and realisted that
relicle a hit onto my vehicle rear portion. After an impact, my vehicle
moved forward and 141 only reliable a rear portion. There were y vehicles
invitual in this accident.

Declaration

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

Witnessed by Reporting Centre

Personnel

ACCIDENT STATEMENT

AC	IDENT DATE: (5/12/23.)(DI	D/MM/YYYY), TIME:(<u>12 : 33</u>)(HH:A	MM)
	ATION: TPE twee EPE.		
	I. DETAILS OF VEHICLE		
	a) VEHICLE NUMBER:	11(293500	
	b)INSURANCE COMPANY:		
88 *		N 100	
	c)POLICY NUMBER:	V.	
	war and the second of the seco	/ THIRD PARTY / THÏRD PARTY FIRE &THE	FT)
	e)MAKE & MODEL:	(1) (10)	
	TITPE: (SALOON / COUPE / MPV /V	AN LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / C h) PURPOSE OF USING AT ACCIDEN		
	i) ARE YOU CLAIMING UNDER YOUR		
	IF NO, PLEASE STATE (THIRD PARTY		
2	. INSURED / POLICY HOLDER		-
		(MALE / FEMALE)	
	b) NRIC/FIN/PASSPORT:	CONTACT: 81464000	
	c) ADDRESS:		
	* CONTINUE TO 3.d IF DRIVER ALSO	POLICY HOLDER	
His of personger	DRIVER	(14415 / 5514655)	
Including driver	b) NRIC/FIN/PASSPORT:	(MALE / FEMALE)	979202
(3.)	c)ADDRESS:	CONTACT	
Times class			
Tiong whin	*d)DATE OF BIRTH:)(DD/MM/YYYY)	
Jan E HWA!	e)OCCUPATION: (INDOOR / OUTDO		
	f) YEARS OF DRIVING EXPRERIENCE:_		<u></u>
. 710 ng 4; 4.		HE INSURED'S COMPANY? (YES / NO) .
sia		IVER WITH INSURED: JPOUSE	
Xin 5.	a)WEATHER CONDITION: (CLEAR / R)
	b)ROAD SURFACE: (DRY) / WET / OTH		
(Jema /1) 6.	WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO)		
•	IF YES, PLEASE STATE WHICH POLIC	E STATION:	
. 8.	THIRD PARTY VEHICLE		
of passenger	a) VEHICLE NUMBER: 376 950	R MODEL:	
idualing driver)	b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT:		
()	c) NRIC/FIN/PASSPORT:	CONTACT:	
9.	THIRD PARTY VEHICLE	7	
o of passenger	d) VEHICLE NUMBER:	MODEL:	 " ·
duding disher	e) DRIVER'S NAME:		
C S CIT IS CIT IS CA	f) NRIC/FIN/PASSPORT:	CONTACT:	 .
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eBao Tech										Genera	alClaim
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My Desktop	Polic	y Query									
Notice of Loss	Policy N	0.				Date o	of Accident	O	5/12/2020 1	10:30	
	Vehicle !	No.(For Motor)	SJK293	5м		Certific	cate Number				
					12	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5119252822		TIONG CHIONG BING	S7583589B	GPC	drivo CLASSIC	SJK2935M	SJK2935M	15/10/2020	14/10/2021
	-					Continue					

Insure	d Object: SJK2935M						
Jnit No.		Relate Numb	ed Policy er	5119252822			
Address 4			ss Type	Singapore address		Post Code	510114
Address 1	BLK 114 #09-587	Addre		PASIR RIS STREET		Address 3	SINGAPORE 510114
▼ Policyl	nolder Mailing Address						
info							
Policy Info							
Open							
Co- nsurance Flag	No						
Agent	ABWIN PTE LTD	Agent Tel.	68423301		GST Flag	Y	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0				/Inexperience Driver Excess
Excess	0	Premium	0				
Additional		Excess OS					
Third Party Excess	0	Own damage	600		Windscreen Excess	100	
Type	Per Accident	Excess					
ssue Date	13/10/2020	Date All Claims	15/10/202	20 00:00	Expiry Date	14/10/2021 23	1.33
Name Policy		Effective	15/10/202	20.00:00	Policy Flag	14/10/2021 23	•50
Product	PRIVATE CAR INSURANCE	Plan			Group	N	
ddress	BLK 114 #09-587 PASIR RIS	STREET 11 SING	SAPORE 510)114			
Certificate							
Policy No.	5119252822	Policyholder Name	TIONG CH	IONG BING	Policyholder NRIC	S7583589B	

	5119252822	Vehicle No.	SJK2935M	GST Registration No.		
	3117432022					
rtificate No.				Policyholder NRIC	S7583589B	
.14.0	TIONG CHIONG BING				0	
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading		
ontact No.(Mobile)	81464000	Contact No.(Office)		Contact No.(Home)	0	
mail Address		Special Remark		eCode	N∈ ♥	
FK	No ○ Yes	TCA	● No ○ Yes	eCode Reason		
CD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No	
Accident Details						
eport Date	07/12/2020 12:07	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision	
ate of Accident	05/12/2020	Time of Accident hh:mm	10:30	Country of Accident	Singapore	
eporting Centre		Orange Force		ICM No.		
A 5.5	KPE					
▼ Total Excess Applicable	N.C.					
		Western Francis	100.00			
xcess Type	Per Accident	Windscreen Excess	100.00			
D Standard Excess	600.00	TP Standard Excess	0.00			
	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered	
IED OD Excess		TIED IF EXCESS	0.00			
dditional Excess	0		The second secon			
otal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00			
→ Benefits						
GST Registered Information	tion					
ST Registered	No		GST Registration Date	W		
ST Registration No.			GST Status Verified	Yes		
lodification History						
Policyholder Mailing Add					Service of the Control of the Contro	
Address 1	BLK 114 #09-587	Address 2	PASIR RIS STREET 11	Address 3	SINGAPORE 510114	
Address 4		Address Type	Singapore address	Post Code	510114	
Jnit No.		Related Policy Number	5119252822			
OI Driver Info			The state of the s			
Oriver Name	CHONG CHOOI LAN	Driver Type	Named Driver			
Unnamed driver Name		Driver NRIC	S7972883G	Driver DOB	03/10/1979	
tegister Date of Driver License	31/07/2008	Driver Age	41	Driving Experience	12	
	97920264	Contact No.(Office)	0	Contact No.(Home)	0	
Contact No.(Mobile)			PASIR RIS STREET 11	Address 3 Post Code	SINGAPORE 510114 510114	
Address 1	BLK 114	Address 2				
Address 4		Address Type	Singapore address		310114	
Unit No.	09-587					
Does he own a Singapore Registered car?	○ Yes • No	Driver Vehicle No.		Driver Insurer Company		
Breathalyser or Blood Test	0 mg	Any injury?	● Yes ○ No			
Breathalyser or Blood Test	0 mg	Any injury?	Yes No			
Declaration Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No			
Breathalyser or Blood Test Reading?	0 mg	Any injury?				
Breathalyser or Blood Test Reading?	0 mg	Any injury?				
Breathalyser or Blood Test Reading? Iodification History	0 mg	Any injury?				
sreathalyser or Blood Test keading? fodification History				Insured NPIC	\$7581589R	
Greathalyser or Blood Test Reading? Modification History	0 mg	Insured Name	TIONG CHIONG BING	Insured NRIC	S7583589B	
Greathalyser or Blood Test Reading? Indification History Claim 001 New				Contact No.(Office)		
claim Type • Contact No.(Mobile)	OD-MX 🔻	Insured Name	TIONG CHIONG BING		\$7583589B \$3Q9523R	
claim Type * Contact No.(Mobile) Email Address	OD-MX 🔻	Insured Name Contact No.(Home)	TIONG CHIONG BING 65812073	Contact No.(Office)		
claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type *	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number	TIONG CHIONG BING 65812073 SJK2935M	Contact No.(Office)		
claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Type Claimant Type *	OD-MX V 81464000 Please Select V	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *	TIONG CHIONG BING 65812073 SJK2935M	Contact No.(Office)		
Sreathalyser or Blood Test leading? dodification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address	OD-MX V 81464000 Please Select V	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *	TIONG CHIONG BING 65812073 SJK2935M	Contact No.(Office)	SJQ9523R	
Sreathalyser or Blood Test leading? Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claimant Description	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	TIONG CHIONG BING 65812073 SIK2935M Please Select	Contact No.(Office) TP Vehicle Number	SJQ9523R	
Sreathalyser or Blood Test leading? Indification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	TIONG CHIONG BING 65812073 SJK2935M Please Select	Contact No.(Office) TP Vehicle Number	\$3Q9523R	
Sreathalyser or Blood Test leading? Identification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claimant Address Claimant Address Claimant Operation Perferred Workshop Contact Vo. Require Finalisation	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	TIONG CHIONG BING 65812073 SIK2935M Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	SJQ9523R Received	
Breathalyser or Blood Test Reading? 4odification History	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	TIONG CHIONG BING 65812073 SJK2935M Please Select	Contact No.(Office) TP Vehicle Number	\$3Q9523R	
Sreathalyser or Blood Test leading? Identification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Figure Workshop Contact No. Require Finalisation Date Registered	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	TIONG CHIONG BING 65812073 SJK2935M Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	SJQ9523R Received	
creathalyser or Blood Test leading? Iddification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Type *	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	TIONG CHIONG BING 65812073 SJK2935M Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	SJQ9523R Received	
ceathalyser or Blood Test ceading? Claim 001 New Claim Type * Contact No. (Mobile) cmail Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claimant Contact No. (Mobile) Claimant Registered Contact No. (Mobile) Claimant Type Claimant Type * Claimant Type Claimant Type * Claimant Name * Claimant Name * Claimant Pascription Claimant Address Claimant Address Claimant Address Claimant Address Claimant Registered Claimant Type Type * Claimant Type * Claima	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	TIONG CHIONG BING 65812073 SJK2935M Please Select V Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	SJQ9523R Received	
creathalyser or Blood Test leading? Indification History Claim 001 New Claim Type * Contact No. (Mobile) Claimant Type Claimant Type * Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claimant Address Claimant Address Claimant Address Claimant Figure Workshop Contact Vio. Require Finalisation Date Registered Report Taken By	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	TIONG CHIONG BING 65812073 SJK2935M Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	SJQ9523R Received	
Sreathalyser or Blood Test leading? Identification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Type * Claimant Typ	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	TIONG CHIONG BING 65812073 SJK2935M Please Select V Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	SJQ9523R Received	
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Greathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	TIONG CHIONG BING 65812073 SIX2935M Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	SJQ9523R Received	
Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claimant Address Claimant Address Claimant Finalisation Date Registered Report Taken By Print AK letter	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	TIONG CHIONG BING 65812073 SJK2935M Please Select V Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	SJQ9523R Received	
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Attachment	Uploade	d By/Date	Category	?	Urgency	Description	Msg Sent (CO)	?
ELTI		NAL ASSESSMENT CENTRE SERVI ec 2020 12:13	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-	12-7	
10		NAL ASSESSMENT CENTRE SERVI ec 2020 12:13	SAS		Normal	SAS 2020-12-7		
X	NAC_PAYA_UBI_800601(NATIO CES) on 07 D	NAL ASSESSMENT CENTRE SERVI ec 2020 12:11	Photos		Normal	Photos 2020-12-7		
190	NAC_PAYA_UBI_800601(NATIO CES) on 07 D	NAL ASSESSMENT CENTRE SERVI ec 2020 12:10	Photos		Normal	Photos 2020-12-7		
		NAL ASSESSMENT CENTRE SERVI ec 2020 12:10	Photos		Normal	Photos 2020-12-7		
	NAC_PAYA_UBI_800601(NATIO CES) on 07 D	NAL ASSESSMENT CENTRE SERVI Dec 2020 12:10	Photos		Normal	Photos 2020-12-7		
8		NAL ASSESSMENT CENTRE SERVI Dec 2020 12:10	Photos		Normal	Photos 2020-12-7		
Y		NAL ASSESSMENT CENTRE SERVI Dec 2020 12:10	Photos		Normal	Photos 2020-12-7		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Dec 2020 12:10		Photos	Normal		Photos 2020-12-7		
Video List	Uploaded By/Date	Folder Date		File Name		P s	ource	A