NATIONAL Assessment Centre	Services per sorosi	3, 4		'	
Date In: 08/12/20	Job description	Dute &	Time Completed	· Done	py.
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BOA: 07/12/20 1255	i-Motor Claim Form	108/2	MT/11/2869	-001	5-3/25-
OD : TP Reporting Only	I-Motor W/O (Within: OD 2hrs	TP 4hrs)			
OD . (IP) Reporting Only	i-Photo Uploaded				
TD Kennyawa	Assessment/Survey Report	i			
TP Insurer:	Ass't Report by Fax / Hand t	o Owner	Wksp.		
Preferred Wksp / INC Assign Wksp / QW: (Tel:		'ex;	
<u> </u>	DQ8228X , INC(n-INC()		
Owner / Driver: (Tel:			
Policy No: (Perio		Cover	Type: (
Confirmed by : (Date: ** Date: ** Dite-Est. Status (WO): N: 0-2	00/. St	Times	100%]	
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2) QC Check / Post Repair Inspection	()				
B) Upload Resurvey Photo [Repair Cost > \$30	00] ()				
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ontact No:	6) TR 1 Re-lum	estion		313	 -
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 aforesaid.

ACCIDENT STATEMENT

Date of Submission 08/12/2020 12:46 (SGT) Date of Accident 07/12/2020 12:55 (SGT) Exact Location of Accident SLE, Singapore Additional Location Information SLE TWDS BKE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GRR4665X

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner CRAFT-FORM TRADING Company Reg No 5XXXX141A Email Address lohahtee61@gmail.com Mobile Phone No (Phone) +65-96833062 Alternative Phone No +65-96833062

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna Variant Exact purpose for which vehicle was being used at time of accident Employment Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage ThirdParty Fleet Policy Policy Number 5108345790-01 Cover Note Number

DRIVER

Name of Driver LOH AH TEE NRIC No SXXXX862A Date Of Birth 29/07/1960 Occupation Outdoor

Date Of Driving Pass 08/09/1984 Driving experience 36 YEARS AND 3 MONTHS Gender Male Mobile Number (Phone) +65-96833062 Alt. Phone Number Email Address lohahtee61@gmail.com Address BLK 715 JURONG WEST ST 71 Address complement #05-47 Postcode 640715 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Other Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Chain Collision Weather Conditions Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No 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 PLS REFER TO THE ATTACHED 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 SDQ8228X Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number

Address

Address complement

Insurance Company Name

Nature Of Damage	33
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLL9558T
Vehicle Manufacturer	-
Vehicle Model	3 . 83
Vehicle Variant	
Vehicle Colour	(50)
Vehicle Category	Private car
Name of Driver	
Contact Number	-
Address	(#/
Address complement	
Postcode	0.00
Insurance Company Name	7.
Nature Of Damage	<u>-</u>
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	YQ2595B
Vehicle Manufacturer	
Vehicle Model	32
Vehicle Variant	3 4 /
Vehicle Colour) -
Vehicle Category	Commercial vehicle
Name of Driver	15
Contact Number	<u> </u>
Address	54
Address complement	194
Postcode	
Insurance Company Name	
Nature Of Damage	2
Details of property damaged in accident	
No. Of Passenger (Including Driver)	8

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOH AH TEE
Address	
Address Complement	2
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBB4665X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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.
- 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.
- 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:
 - 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

ym 08/12/20

Name:

NRIC/FIN No .:

(A) GBB 4665 X.		
(B) SOQ 8228 X		
(c) SLL 95587.		
(0) YO 2595B.		
	Road Work	
05		
 000	Ø Ø	
 10 D 00 D	_ RODGE	
 BE SLE towards	BKE helne B	VE ext

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07/12/2020 at C 1255 hrs, I was travelling
in my vehicle (GBB 4665 X) along SLE towards BKE before
BKE exit on the and lane from the right. There was
a road work on the left line. I slow down and stopped
due to the vehicle (YA 2595 B) sufront of me stopped.
Suddenly, I felt a great empach from the rearl The
impact was so strong that pushed my vehicle forward
and caused my relacte to college onto the lorry
ahead. I got down from my refecte and found Ist
was a chain collision insplying 4 relicles.
the state of the s

DECLARATION

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

20

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.:

VEHICLE NO: GBB 4665X	MAKE & MODEL: Toyota Dyna - AUTO (MANUAL)
DATE OF ACCIDENT:	07/12/2020 · CC:
TIME OF ACCIDENT:	1255 HRS
LOCATION OF ACCIDENT:	SLE towards BKE before BKE exit.
EXACT PURPOSE USED AT TIME OF ACCIDENT:	
NAME OF OWNER:	Craft-form Tradeug.
TEL NO:	H/P: 9683 3062 OFFICE: HOME:
NRIC:	52922141 A
ADDRESS:	865 765 Jurong West 3171 #05-47 (\$>640765.
EMAIL:	lohabtee 61@gmacl.com
CLAIM TYPE:	OD / THIRD PARTY PREPORTING ONLY
FLEET POLICY:	YES (NO?)
INSURANCE COMPANY:	NINC.
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO:	5-108345790-01
NAME OF DRIVER:	AS ABOVE / IF NO: LOH AH TEC.
NRIC:	8 2501862 A. ANY PASSENGER: N-A.
DATE OF BIRTH:	291 07 1 1960 - LICENCE PASSED DATE: 081 091 1984.
OCCUPATION:	OUTDOOR / INDOOR
GENDER:	MALE / FEMALE
CONTACT NO:	H/P: 9683 3062 OFFICE: HOME:
ADDRESS:	365 715 Juny West 8471 405-47 (8) 640743
EMAIL:	
DOES DRIVER OWNED ANY VEHICLE:	NO/ IF YES, REG NO:
RELATIONSI SHIP:	INSURER POTHER :
WEATHER CONDITION N:	CLEAR / RAINING / OTHERS:
ROAD SURFACE:	DRY / WET / OTHER:
ANY INJURIES:	NO ETFYES, WHO? LOY A4 788 (4/P. 9683 3062)
NAME & CONTACT:	Lot A4 788 (4/P. 9683 3062)
NAME & CONTACT:	
POLICE REPORT:	NO / JF YES, WHERE?
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IP YES, WHO?
VEHICLE B REG NO:	SDG 8228 X. ANY PASSENGERS:
NAME OF DRIVER:	CONTACT NO:
VEHICLE C REG NO:	344 9558 7. ANY PASSENGERS:
VEHICLE D REG NO:	YQ 2595B. ANY PASSENGERS:
VEHICLE E REG NO:	ANY PASSENGERS:
VEHICLE F REG NO:	ANY PASSENGERS:
VEHICLE G REG NO:	ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE?	YES / NO
WAS THERE ANY AUDIO RECORDED? ACCIDENT SCENE PHOTOS TAKEN?	YES / NO
ACCIDENT PORTION:	Front and Rear Portion
WORKSHOP PARTICULAR:	
CONTACT NO:	Tioliniai 68420051 / 67440510
CONTACT PERSON:	JOSEPH JON.
FAX NO:	67410510
WORKSHOP EMAIL:	sales@n51.com.sg



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5108345790-01

Cover : Third Party

1. Index mark and Registration Number of Vehicle

GBB4665X

Chassis Number

JTFAT35Y20K200465

2. Name of Policyholder

CRAFT-FORM TRADING

3. Effective Date of Insurance

21 Apr 2020

4. Expiry Date of Insurance

20 Apr 2021

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

N/A EXCESS (SECTION 1) N/A EXCESS (SECTION 2) N/A INSURE WITH COE N/A HIRE PURCHASE COMPANY N/A SUM INSURED

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

NET LINK COMMERCIAL PTE. LTD. (00000615136)

Date of Issue

; 06 Apr 2020 11:03 hrs

Reprint

: 06 Apr 2020 11:04 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Claim Handling

10 December Comment	Accident MT/1112869		E					
Configuration Configuratio Configuration Configuration Configuration Configuration	Policy No.	5108345790-01	Vehicle No.	CRRAFEEV		COTA	oriente de la companya della companya della companya de la companya de la companya della company	
Product Code	Certificate No.	27717-2137-77	Terrete real	U004003X		GST R	egistration No.	
Product Code	Policyholder Name	CRAFT-FORM TRADING				120000	85 6 7 WAZES	
Charles Mush Albert Charles			For the Town					52922141A
Separation Sep	2014 0 200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							0
March Marc				U.			t No.(Home)	0
March Marc		■ No ∵ Yes						No V
March Control Cont	No.					eCode	Reason	
Majoria Majo		NO	NCD Entitlement(%)	20		Private	Hire	No
Control Cont		00/19/2009 10 07						
Management 1				Yes		Acciden	nt Type	Chain Collision
According 1975 1976 19		97/12/2020	Time of Accident hhamm	12:55		Countr	y of Accident	Singapore
March Marc	2		Orange Force			ICM No	g.	
Depart Speed								
10	▼ Total Excess Applicable							
17 Sundand Excess	Excess Type	Per Accident	Windscreen Excess		0.00			
1985 Closes								
Mary		0.00	TP Standard Excess		0.00			
The control of the	YIED OD Excess	0.00	YIED TP Excess		0.00	Driver i	s Covered?	Covered
Mary September Sep	Additional Excess							
## Agreement Information	Total OD Excess Applicable	0.00	Total TP Excess Applicable		0.00			
State No.	♥ Benefits							
Description No.		rtion						
ST Seales No.	GST Registered	No		GST Reg	istration Date			
Part	GST Registration No.						Yes	
Address 7 RLX 715 #85-47 Address 7 Singapore address 7 Plat Code Address 7 Add	Modification History	08/12/2020 18:06:41 Sy	ystem changed GST Status Verified from No	to Yes				
Address 7 RLX 715 #85-47 Address 7 Singapore address 7 Plat Code Address 7 Add								
Address 1 Address 1 ppe	Policyholder Mailing Add	frees						
Address 7pe Singapore address Patt Clode 440715 1000000 10000000 100000000 100000000	Address 1	BLK 715 #05-47	Address 2	JURONG WEST S	TREET 71	Address	3	SINCAPODE 640
Description	Address 4		Address Type					
Divide Name Unioned Divide Divide Type	Unit No.					1 000 000		640715
Uncamend driver Name Lori An YEE Diver NMLC \$2520585/2A Diver DDB \$29/07/1960 Diver DDB \$29/07/	▼ OI Driver Info							
	Driver Name	Unnamed Driver	Driver Type	Unnamed Driver				
Address 1 Driver License 08/09/1994 Driver Age 60 Driving Experience 36 Driving Experience 3	Unnamed driver Name	LOH AH TEE				Driver D	108	70.0711.000
Contact No. (Mobile) 96833062 RLX 715 Address 12 Address 1798 Post Order Address 1798 Post Order Address 1798 Post Order Address 1798 Post Order Post Order Address 1798 Post Order Post Order Address 1798 Post Order Post Order Post Order Post Order Address 1798 Post Order Post Order Post Order Post Order Address 1798 Post Order Post Order Post Order Address 1798 Post Order Post Order Address 1798 Post Order Address 1798 Post Order Post Order Address 1798 Post Order Add	Register Date of Driver License	08/09/1984	Driver Age					
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Address Type Snoppore address 3 SINCANDE 644 Address Type Snoppore address 3 Post Code 6477.5 Address Type Type Type Type Type Type Type Type	Address 1							
Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insurer Company Any Injury? Wes No Driver Insurer Company Driver Insurer Compan	Address 4							SINGAPORE 640
Description Teachings or Blood Test O mg Any injury? Any injury? Teachings or Blood Test O mg Any injury? Teachings or Blood Test O mg Any injury? Teachings or Blood Test OD-MX Name CRATT-FORM TRADING Name CRATT-FORM TRADING NAME CONTACT No (Mobile) Total No (Mobile) Tota	335.4	+05-47	Address Type	Singapore address	N.	Post Cod	le.	640715
Attachment Activation Any injury? Any inj	Does he own a Singapore							
Attachment Any injury? Any in	Registered car?	ics ag No	Uriver Vehicle No.			Driver In	nsurer Company	
Attachment Any injury? Any in	Santanatan							
Attachment Attach		335°00'-						
Claim 001 OD-MX New Color New Color Name Color Color Name Color Colo	Reading?	0 mg	Any injury?	Yes ○ No				
Claim 001 OD-MX New Color New Color Name Color Color Name Color Colo								
Claim 001 OD-MX New Color New Color Name Color Color Name Color Colo	Andification Without							
Command Comm	rodinication History							
Command Comm	Claim 001 OD-MX New	1						
Contact No. (Mobile) No.	10.00	A.						
Contact No. (Mobile) No.								
Contact No. (Mobile) No.	Claim Type *				ор-мх	Insured	CRAFT, FORM TRAFIL	Insured
mail Address No. (Home) (Office) Vehicle Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Numb					OD TIK		CRAFT-FORM TRADE	NRIC
Oil Type GBB4665X Vehicle Number Numbe	Contact No.(Mobile)					No.		No.
Vehicle Number Name of Number Name	1982 (2004)						2	
Save Submit Save	Email Address					Vehicle	G8B4665X	Vehicle
Insured Liability Not at Fault Volume Volum						Number		
Insured Liability Not at Pault Workshop Preferred Workshop, Name unknown V GIA Received Preferred Workshop, Name unknown V GIA Received OB/12/2020 18:13 Close Date OB/12/2020 18:13 Close Date Received Print AK letter Attachment Save Submit	Claim Description				GBB4665X / SDQ8228X ON 7 I	Dec 2020		Preferred
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Table Registered Option Teport OB/12/2020 18:13 Obte OB/12/2020 18:13 Obte Ob	SORRUPE No. Van	Preference President						
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Attachment	Print AK letter							
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	100			SUTC SCOTTIL				
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	ccident No.	MT/1112869	Claim No.		001			

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Uploaded By/Date

Claim Handling(accident reporting Claim Task 001 OD-MX)

08/12/2020 00:00 Confidential Urgency * Clear ▼ NO ✓ Normal Please Select Clear Please Select w No ∨ Normal ٧ Clear Please Select ¥ NO ∨ Normal ٧ Clear Please Select ¥ NO ♥ Normal v Clear Please Select w NO ✓ Normal ٧

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en en	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on O8 Dec 2020 18:09	NRIC/ Driving License	Y	Normal		NRJC/ Driv	ving Lice	nse 2020-1	2-8
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43	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Dec 2020 18:07	Photos		Normal		Pho	tos 2020	0-12-8	
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5	NAC_PAYA_UB3_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Dec 2020 18:07	Photos		Normal		Phot	tos 2020)-12-8	

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