NATIONAL Assessment Centre S	services. Im	[1 Jan'05/JND	9269007		
	Jeb description		Date & Time Completed	Done by	<u>Y</u>
Ref No: 19/14(20)3685/74	SAS e-filing			1	
Veh No: Jk235707	E-mail (within 8hr	s, AIC 2hrs)			
D.O.A: 0170-07:15	i-Motor Claim	Form	M7/11/3/26-001	15 challe	30
	i-Motor W/O (V	Vithin: OD 2hrs,	7°P 4hrs)		
OD / TP / Reporting Only	i-Photo Upload	ed			
	Assessment/Surv	ey Report	<u> </u>		
TP Insurer:	Ass't Report by]	Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (-		Tel:	Fax:)
TP Particulars: Veh No: GDC2	364	. INC()/Non-INC().		
Owner / Driver: (Tel:		
Policy No: () Period)	Cover Type: (
Confirmed by : (Date:	Time:	-100%]	
			%; P: 21-79%. P: 80	-10070	
Tour of respirate on the	rranty: YES ()\NO()		-
Excess: (\$) Loading: \$1,000	()/\$2,000()	NO. 00 (0.00		
General Remarks:	· · · · · · · · · · · · · · · · · · ·	dential & Str	idly NO refer of repaire	Γ.	
() Walk-In Customer: Customer's information		· · · ·	icuy NO 1510. C. 15pan		
() Total Loss Case : to e-mail Insurer l) () ; To	owing Co: ()
	IES () / Inc	7,7		Done	hv
Remarks:- (INC hotline: 6788 6616)			Date&Time Completed	Building	. J
1) 1. Lippi J. Lot. 1. Lippi J. L. C.	irtesy Car ()	1	*	 	
2) QC Check / Post Repair Inspection	()		-	 	
3) Upload Resurvey Photo [Repair Cost > \$300	00] ()				
Injury:		i i		AND THE RESERVE TO THE PARTY OF	- , - , , , , , , , , , , , , , , , , ,
Date/Time Actions					<u> </u>
	1			181	
Na.		Invoice Pre	paration Checklist	Ant (\$)	Amt (\$) Add Bill
HAN00060 :	13	1) AR : Accident	00000000000000000000000000000000000000	fit Bill	· Action
Claimant's Particulars:		2) DA : Damage	Assessment (\$100); INC	\$40/\$45	
Driver/Owner:		3) TF : Towing I 4) FT : Follow-T	hrough Survey	\$120	
Contact No:		S. WT . Follow-T	hrough Survey (Resurvey) against INC Only (wef 10 Jan 2	\$30	
		6) TR : Re-inspe	ction	\$75 \$160	
Damaged Portion:		7) N1 : Idac DA 8) NTUC Additi	+ SIVIKI BUIVEY	9100	
OC Charles I bas (Charles)		OD.	y Car / Tpt Allowance	\$5	
QC Checked by (Engr-In-Charge):		*N6: Repair C	Co-ordination	510	
A Allie Comments	•	*N7: Fost Re	pair Inspection Ollect Excess Coordination	\$25 \$5	
Auditors' Comments::	1 13 (144) 44 (145) 50	TP (N11): T	P (Non INC) against INC	\$20	·
<u> </u>		9) N12: Idac Mo Invoice dated	obile Fee Char	vea	arking for
Zat. 2/3;		Invoice dated	Fee Char	ged The	l

i , j. i , i

SN0920CA000I / National Assessment Centre Services [408933]

ENTRY DATE & TIME: 10/12/2020 15:27 (SGT)

SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (10/12/2020 15:27 (SGT))



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	10/12/2020 15:27 (SGT)
Date of Accident	10/12/2020 07:15 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	slip rd to yio chu kang rd
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ3570J
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner	No LEE EE LING

SXXXX855D NRIC No yiling_1983@yahoo.com.sg Email Address (Phone) +65-90939033 Mobile Phone No

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Fit Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Private use

No - Claiming third party

Private car

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy 5115202693 Policy Number Cover Note Number

DRIVER

Name of Driver LEE EE LING SXXXX855D NRIC No. Date Of Birth 17/10/1983 Occupation Indoor

Date Of Driving Pass	21/11/2008
Driving experience	12 YEARS AND 1 MONTH
Gender	Female (Plane) ACE 00020022
Mobile Number	(Phone) +65-90939033
Alt. Phone Number	+
Email Address Address	yiling_1983@yahoo.com.sg BLK 430B FERNVALE LINK
Address complement	#23-213
Postcode	792430
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	
	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	1
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
10/22 the assistant reported to the police?	No
Was the accident reported to the police? Was notice of intended Prosecution given?	No No
If yes, against whom?	-
il 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?	Yes
Was there any audio recorded?	No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	GBK7736H
Vehicle Manufacturer	•
Vehicle Model	
Vehicle Variant	
Vehicle Colour Vehicle Category	- Commercial vehicle
Name of Driver	MUHAMMAD SYAMSUL ARIFFIN BIN BRAHIM
Contact Number	(Phone) +65-87796993
Address	
Address complement	e .
Postcode	
Insurance Company Name	
OF 000 000 000 000 000 000 000 000 000 0	

Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) 1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE EE LING
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	_
Injuries Sustained	BODY
Injured person in which vehicle?	SKZ3570J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
to the state of th	

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.
- 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.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 Interested parties.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (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 .:

Chu tang Rd		
	470 (Chu Cang Rol
	75	
		Veh A: SCZ3570J Veh B: GBK7736H
	XXX G	ven & abertion
	(SEE)	
	E 2 6 6	
ESCRIBE CIRCUMSTANCE	0	
On abya Ato	I toma Timas dance	my vehicle ACSRZ3570J) traveling
on mare and	& Hark T have chicked	The voltage received in the service of the service
along (TE SIE)	step mand to the Chy Von	y wood on second lane of a 3-lanes
actor che (see)	sup love to the con the	Selbra bire of a swes
road. My vehicle	was stationers while i	waiting the traffic light to turn
indi.	703 31 1.01 2.5	are the tight to are
green. Out of so	udden Vehirle B (GBK	(7736H) came from near and colli
Great Control of the		The second secon
outs the new	portion of my whide	
onto the reav	partion of my whide	
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onto the rear	partion of my valide	
	partion of my valide	
DECLARATION	portion of my valide	
DECLARATION /We declare the foregoing par		
DECLARATION		Reporting Centre Personnel's signature

/EHICLE NO: SKZ3570J	MAKE & MODEL: Handa Fit AUTO / MANUAL
DATE OF ACCIDENT:	(V/12/2020 CC: 1.3
	OFIS HRS
TIME OF ACCIDENT:	Along CTE (SLE) slip road to 400 Chu kang Rd
OCATION OF ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
EXACT PURPOSE USED AT TIME OF ACCIDENT:	Lee Ee Ling
NAME OF OWNER:	H/P: 90939033 OFFICE: HOME:
FEL NO:	\$8331855D
NRIC:	BLK 430B Ferniale Link #23-213 S(792430)
ADDRESS:	
EMAIL:	yiling_1983@yahou.com.sg
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY
FLEET POLICY:	YES / NO?
NSURANCE COMPANY:	NTUC
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO:	5115202693
NAME OF DRIVER:	AS ABOVE / IF NO:
NRIC:	ANY PASSENGER:
DATE OF BIRTH:	(7/10/1983 License pass dute: 21/11/2008
OCCUPATION:	OUTDOOR / INDOOR
GENDER:	MALE / FEMALE
CONTACT NO:	H/P: OFFICE: HOME:
ADDRESS:	
EMAIL:	
DOES DRIVER OWNED ANY VEHICLE:	NO/IF YES, REG NO: INSURER:
RELATIONSI SHIP:	Owner
WEATHER CONDITION N:	CLEAR / RAINING / OTHERS:
ROAD SURFACE:	DRY / WET / OTHER:
	NO / (F YES, WHO?
ANY INJURIES:	Lee Ee Livey 909 39033
NAME & CONTACT:	10 () (0) /
NAME & CONTACT:	NO / IF YES, WHERE?
POLICE REPORT: NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?
	GBK 77 36H ANY PASSENGERS:
VEHICLE B REG NO:	MULLIAMORA SUMMEN CONTACT NO: 8779 6993
NAME OF DRIVER:	ANTAIN BIN BINNIM ANY PASSENGERS:
VEHICLE C REG NO:	ANY PASSENGERS:
VEHICLE D REG NO:	
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?	YES / NO
ACCIDENT SCENE PHOTOS TAKEN?	Rear portron
ACCIDENT PORTION:	Twincar Automotive Pte Ltd
WORKSHOP PARTICULAR:	68420051 / 67440510
CONTACT REPSON:	Brandon
CONTACT PERSON: 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: 5115202693 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

Chassis Number : GE61155173

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

: SKZ3570J

: LEE EE LING

: 29 Dec 2019

: 28 Dec 2020

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

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.

EXCESS (SECTION 1) : S\$600 EXCESS (SECTION 2) : N/A

WINDSCREEN EXCESS : S\$100
ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES
NCD PROTECTION : NO
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : LEE EE LING

NAMED DRIVER (1) : N/A
NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : VISIOR CREDIT PTE. LTD.

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

: ALL INS AGENCY PTE. LTD. (00000571908)

Date of Issue

: 27 Dec 2019 16:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Query				Date of	• Change	Language	Change	ge Password	Log Out
				Date of	Accident	10	0/12/2020 0	07:15	
	[Date of	Accident	10	0/12/2020 0	7:15	
o.(For Motor)	lauras =					house			
	SKZ357	03		Certific	ate Number				
				Search					
Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
115202693		LEE EE LING	S8331855D	GPC	drivo CLASSIC	SKZ3570J	SKZ3570J	29/12/2019	28/12/2020
		Policy No. Number	Policy No. Number Name	Policy No. Certificate Number Name Policyholder NRIC 115202693 LEE EE LING S8331855D	Policy No. Number Name NRIC	Policy No. Certificate Number Name Policyholder NRIC Product Cover Type NRIC drivo CLASSIC	Policy No. Certificate Name Policyholder NRIC Product Cover Type Vehicle No. 115202693 LEE EE LING S8331855D GPC drivo CLASSIC SKZ3570J	Policy No. Certificate Number Name Policyholder NRIC Product Cover Type No. Object 115202693 LEE EE LING S8331855D GPC drivo CLASSIC SKZ3570J SKZ3570J	Policy No. Certificate Number Name Policyholder NRIC Product Cover Type Vehicle Insured Commence No. Object Date 115202693 LEE EE LING S8331855D GPC drivo CLASSIC SKZ3570J SKZ3570J 29/12/2019

Sequer	nce Date of Endorsemen	nt	Endorseme	nt Type	Endorsement	t Status	Endorsement Content
▽ Endors	ements						
▶ Insure	d Object: SKZ3570J						
Unit No.		Relat Numl	ed Policy per	5115202693			
Address 4			ess Type	Singapore address		Post Code	730539
Address 1	BLK 539 #07-113	Addre	ess 2	WOODLANDS DRIV	/E 16	Address 3	SINGAPORE 730539
	nolder Mailing Address			and the state of t			
Certificate Info							
Open Policy Info							
Co- insurance Flag	No						
Agent	ALL INS AGENCY PTE. LTD.	Agent Tel.	FAX 6451	4549	GST Flag	Υ	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
hird Party excess	0	Own damage Excess	600		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	27/12/2019	Effective Date	29/12/201	9 00:00	Expiry Date	28/12/2020 23	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
ddress	BLK 539 #07-113 WOODLANDS	DRIVE 16 SI	NGAPORE 73	30539			
Certificate lo.							
olicy No.	5115202693	Policyholder Name	LEE EE LIN	IG	Policyholder NRIC	S8331855D	

laim Handling					
	5115202693	Vehicle No.	SKZ35703	GST Registration No.	
rtificate No.	THE PART OF THE PA				
	LEE EE LING			Policyholder NRIC	S8331855D
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
intact No.(Mobile)	90939033	Contact No.(Office)	0	Contact No.(Home)	0
		Special Remark		eCode	Nc 🗸
mail Address	0 0	TCA	No ○Yes	eCode Reason	
FK	● No ○ Yes		10	Private Hire	No
CD Protection	No	NCD Entitlement(%)	10	Private rine	
Accident Details					Collision - Head to Rear
eport Date	10/12/2020 15:21	Accident Report Within 24 hrs	Yes	Accident Type	
ate of Accident	10/12/2020	Time of Accident hh:mm	07:15	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
ccident Location	СТЕ				
▼ Total Excess Applicable					
xcess Type	Per Accident	Windscreen Excess	100.00		
D Standard Excess	600.00	TP Standard Excess	0.00		
IED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
dditional Excess	0				
otal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
▽ Benefits					
GST Registered Informa	ition				
ST Registered	No		GST Registration Date	Least Million	34.25%
ST Registration No.			GST Status Verified	Yes	
odification History					
Policyholder Mailing Ad	dress				
Address 1	BLK 539 #07-113	Address 2	WOODLANDS DRIVE 16	Address 3	SINGAPORE 730539
Address 4		Address Type	Singapore address	Post Code	730539
Unit No.		Related Policy Number	5115202693		
OI Driver Info		mended a prior training			
Oriver Name	LEE EE LING	Driver Type	Main Driver		
Unnamed driver Name	LEE EE LING	Driver NRIC	S8331855D	Driver DOB	17/10/1983
	24/44/2000	Driver Age	37	Driving Experience	12
tegister Date of Driver License				Contact No.(Home)	0
Contact No.(Mobile)	90939033	Contact No.(Office)	0		
Address 1	BLK 430B	Address 2	FERNVALE LINK	Address 3	FERNVALE RIDGE
Address 4	SINGAPORE 792430	Address Type	Singapore address	Post Code	792430
Jnit No.	23-213				
Does he own a Singapore	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
Registered car?					
Declaration					
Breathalyser or Blood Test	0 mg	Any injury?	● Yes ○ No		
teading?	**				
Modification History					
Claim 001 New					
	A			101100000000000000000000000000000000000	
Claim Type *	OD-MX	Insured Name	LEE EE LING	Insured NRIC	S8331855D
Contact No.(Mobile)	94519716	Contact No.(Home)	68938539	Contact No.(Office)	
Email Address		OI Vehicle Number	SKZ35703	TP Vehicle Number	GBK7736H
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Type Claimant Type +	Please Select ≥≥	Claimant NRIC *			
				1	
Claimant Address	CATALTON A CONTRACT ON TO THE SOUR			Name of Preferred Workshop	
Claim Description	SKZ35703 / GBK7736H ON 10 Dec 2020	20 11 20 11 1 2 1 1 1 1 1 1 1 1 1 1 1 1			
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	10/12/2020 15:30	Claim Close Date		Date Received	10/12/2020 00:00
Report Taken By	Jackson				
Print AK letter					
			Save Submit		
Attachment					
9					
Accident No.	MT/1113106	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Date	10/12/2020 15:32		
Last DOC, Received				Confidential Urge	ncy * Descript
	Path *	F.	Category *		Descript
		Brows	Patricipal de la constitución de	NO V Normal	
		Brows	e Clear Please Select	NO V Normal	<u> </u>
		Brows	e Clear Please Select	NO V Normal	V
		Brows	e Clear Please Select	NO V Normal	V
	AND THE RESERVE OF THE PARTY OF	Brows		NO V Normal	<u> </u>
		Brows	e Clear Please Select	NO V Normal	<u> </u>

Attachment								
Attachment	Uploaded	By/Date	Category	9	Urgency	De	scription	Msg Sent? (CO)
रा शाव हिन्द	NAC_PAYA_UBI_800601(NATION CES) on 10 D	NAL ASSESSMENT CENTRE SERVI ec 2020 15:32	NRIC/ Driving License	Y	Normal	NRIC/ Driving	License 2020-12-10	
1	NAC_PAYA_UB1_800601(NATIO CES) on 10 D	NAL ASSESSMENT CENTRE SERVI ec 2020 15:32	SAS		Normal	SAS	2020-12-10	
	NAC_PAYA_UBI_800601(NATIO CES) on 10 D	NAL ASSESSMENT CENTRE SERVI ec 2020 15:31	Photos		Normal	Photos	2020-12-10	
120	NAC_PAYA_UBI_800601(NATIO CES) on 10 D	NAL ASSESSMENT CENTRE SERVI ec 2020 15:31	Photos		Normal	Photos	s 2020-12-10	
	NAC_PAYA_UBI_800601(NATIO CES) on 10 D	NAL ASSESSMENT CENTRE SERVI ec 2020 15:31	Photos		Normal	Photos	s 2020-12-10	
		NAL ASSESSMENT CENTRE SERVI ec 2020 15:30	Photos		Normal	Photos	s 2020-12-10	
	NAC_PAYA_UBI_800601(NATIO CES) on 10 D	NAL ASSESSMENT CENTRE SERVI ec 2020 15:30	Photos		Normal	Photos	s 2020-12-10	
	NAC_PAYA_UBI_800601(NATIO CES) on 10 D	NAL ASSESSMENT CENTRE SERVI ec 2020 15:30	Photos		Normal	Photos	s 2020-12-10	
	NAC_PAYA_UBI_800601(NATIO CES) on 10 D	NAL ASSESSMENT CENTRE SERVI ec 2020 15:30	Photos		Normal	Photos	s 2020-12-10	
524	NAC_PAYA_UBI_800601(NATIO CES) on 10 D	NAL ASSESSMENT CENTRE SERVI ec 2020 15:30	Photos		Normal	Photos	s 2020-12-10	
*	NAC_PAYA_UBI_800601(NATIO CES) on 10 D	NAL ASSESSMENT CENTRE SERVI ec 2020 15:30	Photos		Normal	Photo	s 2020-12-10	
Video List						9		
	Uploaded By/Date	Folder Date		File Name		9	Source	