NATIONAL Assessment Centre S	ervices. we	1 Jan'06] JNo	9200015		· 	
	Jcb description		Date &Time Completed	<u> </u>	Done l	př.
Res No: NA HOWN UPPTY	SAS e-filing					
Veh No: SMS 7035 A	E-mail (within Shrs	, AIC 2hrs)				
D.O.A: 18/17/2-13:05	i-Motor Claim	Form	M7 1114306-001	14/1	~12	13:22
	i-Motor W/O (W	ithin: OD 2hrs,	7'P 4hrs)			
OD : TP)' Reporting Only	i-Photo Upload	ed				
	Assessment/Surve	y Report				
TP Insurer:	Ass't Report by F	ax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: 6844	8240 .	. INC()/Non-INC().			
Owner / Driver: (•	Tel:)	
Policy No: () Period	l: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Not	e-Est. Status (WC): N: 0-20	0%; P: 21-79%. F: 80	-100%]		*:
Year of Registration: () War	rranty: YES ()/NO()			
Excess: (\$) Loading: \$1,000	()/\$2,000()			· · · · · · · · · · · · · · · · · · ·	
General Remarks:-				5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u>. :</u>
() Walk-In Customer : Customer's informa	ation strictly Confid	dential & Str	ictly NO refer of repaire	r		
() Total Loss Case : to e-mail Insurer L		•	3			
Drive-In ()/ Towed-In (); Invoice: Y	ES () / NO	(); To	owing Co: ()
Remarks:- (INC hotline: 6788 6616)			Date&Time Completed		Done	by
	rtesy Car ()					
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$3000	01 ()	- ,				
5) Opiola resultoy r note (respin ever						
Injury:		ą	•	~ 90° A 12 Y 200	5-10-10 Sec.	(11, 20, 2, 1
Date/Time Actions				Medali.	CALLE	
	1					
				9880A	Anit (S)	Amt (3)
NAN 24 96	. 1	nvoice Pre	paration Checklist		fit Bill	Add Bill
Claimant's Particulars :-	1	AR : Accident	Reporting (\$30); Assessment (\$100); INC	(\$80)		
	3) TF : Towing I	ice .	\$40/\$45		
Driver/Owner:	4) FT : Follow-T	hrough Survey (Resurvey)	\$120 \$30		
Contact No:		For claiming	goinst INC Only (wef 10 Jan :	\$75		
Damaged Portion:	17) TR : Re-inspe) N1 : Idac DA	+ SMRT Survey	\$160		
	8	NTUC Additi	onal Services:-			-
C Checked by (Engr-In-Charge):		*N5: Courtes	y Car / Tpt Allowance	\$5		
		*N6: Repair C	Co-ordination	\$10 \$25		-
Auditors' Comments::-		+N8: DV / Co	pair Inspection llect Excess Coordination	\$5		
at. 1:		TP (N11): TI	P (Non INC) against INC	\$20 30		·· .
) N12: Idac Mo Invoice dated	Fee Char	gea		and the
at. 2/3;		Invoice dated	Fee Chan	ged		4



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- 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 19/12/2020 13:51 (SGT) Date of Accident 18/12/2020 13:05 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information twds aye Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private hire

Vehicle Registration Number SMS7035A

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner CARZ WORLD PTE LTD

Company Reg No 2XXXXX222Z

Email Address info@carzworld.com.sg Mobile Phone No (Phone) +65-96437773

Alternative Phone No

VEHICLE PARTICULARS

Honda Model Shuttle

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

accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle?

Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC

Type of Coverage Comprehensive

Fleet Policy

Policy Number 5112384358-01

Cover Note Number

DRIVER

Name of Driver YUEN PENG KEEN NRIC No SXXXX588C 02/11/1968

Date Of Birth Occupation Outdoor

Accident report SN0920CJ000E

Date Of Driving Pass 10/11/1994 Driving experience 26 YEARS AND 1 MONTH Gender Male Mobile Number (Phone) +65-98482249 Alt. Phone Number Email Address info@carzworld.com.sg Address **BLK 113 SERANGOON NORTH AVENUE 1** Address complement #02-577 Postcode 550113 Is the driver the policyholder? If No, Relationship of the Driver with the Insured Hirer 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name Gender Female PASSENGER 2 Name Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20201218/2070. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded?

Vehicle Registration Number	GBG4824C
Valida Manufacture	GBG4624C
NAME OF THE PARTY	are.
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	
Vehicle Category	-
	Commercial vehicle
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

Name of injured person	YUEN PENG KEEN
Address	
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMS7035A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
and any and any and any and any and any and any	140

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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 / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SMS7 A: SMS7 B: C1861	
A: 5MS7 B: (4B6)	
A: 5MS7 B: (1861	
A: 5MS7 B: (4BG)	
A: 5MS7 B: (4B6)	
B; (4B4)	333 A
B: (4B6)	
A 155 913 19	10240
	1877
CTE + WUS AYE	
1 9/1: 1005 474	

escribe Circumstances of the Accident	
Refer to police report - 7/22/18/2070.	
	_
eclaration	

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

ACCIDENT DATE: 18/12/20)(DD/	MM/YYYYI TIME-/ 13 . AT
LOCATION: CTE TWO AYE	MM/1111), TIME:(15:05)(HH:MM)
1. DETAILS OF VEHICLE	
01/511101 =	W. Control of the con
a) VEHICLE NUMBER: SMS 3	SA.
b)INSURANCE COMPANY:	TUU
C)POLICY NUMBER:	-
a)POLICY TYPE: (COMPREHENSIVE / THE	HIRD PARTY / THĬRD PARTY FIRE &THEFT)
e)MAKE & MODEL:	TAKT / THIRD PARTY FIRE &THEFT)
f)TYPE:(SALOON / COUPE / MPV /VAN g) VEHICLE CATEGORY: (PRIVATE / COV	1/10000
g) VEHICLE CATEGORY: (PRIVATE / COI h) PURPOSE OF USING AT A COIDENT TO	MMERCIAL (MOTORCYCLE / OTHERS)
h)PURPOSE OF USING AT ACCIDENT TIM	ME.
VANE TOU CLAIMING TINDER VOUS OF	
IF NO, PLEASE STATE (THIRD PARTY CLA 2. INSURED / POLICY HOLDER	AIM / REPORTING CANADA
	MAY KELOKING ONLY)
A)NAME:	
THE THAT ASSPORT	(MALE / FEMALE)
c)ADDRESS:	CONTACT: 964 54415,
* CONTINUE TO 3.d IF DRIVER ALSO POL	ICY HOLDER
	- I HOLDER
(Including driver) GINAME:	(MA)E (FENANTI
b)NRIC/FIN/PASSPORT:	(MALE / FEMALE)
2 female.	
*d)DATE OF BIRTH: (/)(DD/MM/YYYY)
f)YEARS OF DRIVING EXPRERIENCE:	
4. WAS DRIVER AN EMPLOYEE OF THE IN IF NO, RELATIONSHIP OF THE DRIVER	SURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER 5. a) WEATHER CONDITION: (CLEAR A RANKE)	WITH INSURED: HICE
	NG / OTHERS
b)ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) TINV	
7. a) REPORTED TO POLICE (YES / NO) INV	
7. a) REPORTED TO POLICE (YES) NO	
IF YES, PLEASE STATE WHICH POLICE STATE 8. THIRD PARTY VEHICLE	TION:
passenger a VEHICLE NUMBER.	
Including driver) b) DRIVER'S NAME:	MODEL:
() C) NRIC/FIN/PASSPORT:	
	CONTACT:
No of passenger d) VEHICLE NUMBER:	
No of passenger d) VEHICLE NUMBER:	MODEL:
Induding driver of DRIVER'S NAME: NRIC/FIN/PASSPORT	
() NRIC/FIN/PASSPORT:	CONTACT:
* .	
	i
	×
email = into@car	zworld, com, sa
	2
fax =	
VIDEO =	*





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3

Report No. T/20201218/2070

REPORT OF A TRAFFIC ACCIDE	NIT	F	n	CI	C	Δ	C	FFI	Δ	TR	A	F	ГС	RT	PO	R
----------------------------	-----	---	---	----	---	---	---	-----	---	----	---	---	----	----	----	---

Date/Time 18/12/202		Made:	Vide Report No.:		Station Diary No.:
Informant	's Partic	ulars			
Name of Ir YUEN PE			Address: APT BLK 113 SERANGOON YOH VILLE SINGAPORE 55	NORTH AVE	NUE 1 #02-577 HWI
ID Type / I NRIC NO /		38C	Contact No.: Home/Office:	Mobile: 98	482249
Nationality SINGAPO		EN	Email:		
Sex: Male	Age: 52	Date of Birth: 02/11/1968	Type of Informant: Driver		
Race: Chinese			Language:	Institution /	School Name:
Occupation OTHERS	1:		Driving Licence Information: Class: 2B,3	Date of Exp	pirv:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/12/2020 13:05	Type of Location: Straight Road
CENTRAL EX	(PRESSWAY			
Weather: Clear		Road Surface: Dry	R	pad Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled	The state of the s	affic Volume:
	ion:		Ar	yone conveyed by

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBG4824C	Lorry			00.01	Condition	0
SMS7035A	Car					

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20201218/2070

CONTINUATION OF REPORT

Driver						
Name	CHIA NGAK KWANG		ID No	•	S1155961A	
Related Vehicle	GBG4824C (Lorry)		GBG4824C (Lorry)		ct No.	91175769
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL		
Date Treatment	NIL		Date Disc	harge NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	e of Injury NIL		
Driver						
Name	YUEN PENG KEEN			ID No		S6842588C
Related Vehicle	SMS7035A (Car)			Contact No.		98482249
Hospital/Clinic	NIL			Class Driving Licent Expiry	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

ON 18/12/2020 AT AROUND 1300HRS, I WAS DRIVING ALONG CTE TOWARDS AYE. I WAS AT THE RIGHT SECOND LANE OF 5 LANE. THE FRONT VEHICLES WERE SLOWING DOWN AND SO DID I. THEN I SAW MY REAR MIRROR THE LORRY BEHIND ME WAS DRIVING VERY FAST AND WAS NOT SLOWING DOWN. THE LORRY THEN HIT THE REAR OF MY CAR. MY PASSENGERS ON BOARD GOT INJURED AND SCARED. 1 OUT OF 2 PASSENGER HAD A BLUEBLACK BRUISE ON HER RIGHT KNEE. THE REAR GLASSES ALL SCATTERED ON THE PASSENGER SEAT AND THE FLOOR MAT. THEN WE WENT OUT TO EXCHANGE PARTICULARS. LTA (MOTORBIKE) OFFICER THEN CAME AND TOLD US TO MAKE A POLICE REPORT. THEN I WENT OFF TO DROP OFF MY PASSENGER BEFORE COMING TO TRAFFIC POLICE HQ TO LODGE A TRAFFIC ACCIDENT REPORT. I HAVE AN IN-CAR FOOTAGE AND TOOK SOME PICTURES OF THE ACCIDENT AT SCENE. I AM NOT PRESENTLY INJURED BUT MY NECK FEELS STIFF ON THE RIGHT SIDE. I AM A "GRAB" DRIVER. THAT IS ALL.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20201218/2070

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Informant:

Signature Of Officer Recording The Report: TP / SC MUHAMMAD ZAIM BIN MUHAMMAD ZAINI Signature Of Interpreter: Not applicable Officer In Charge Of Case: TP / AEIT / Insp BOON YEN KIAN Contact No.: 65476172

Date/Time: 18/12/2020 14:52 SINGAPORE POLICE FURCE Classification Of Case: Signature:

Authentication Stamp **NP168**

eBao Tech						信使				Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601		A STATE OF THE STA				• Chang	e Language	e · Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									,
Notice of Loss	Policy N	No.				Date	of Accident	[18/12/2020 1	3:05	
	Vehicle	No.(For Motor)	SMS70:	35A		Certif	icate Number	[
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112384358- 01	5112384358- 01-000003	CARZ WORLD PTE. LTD.	2012022222	GFM	drivo CLASSIC	SMS7035A	SMS7035A	31/08/2020	30/08/2021
						Continue	J				

Policy No.	5112384358-01	Policyholder Name CARZ WOR		ORLD PTE. LTD.	Policyholder NRIC	201202222Z		
Certificate	5112384358-01-000003							
Address	33 UBI AVENUE 3 #01-57/58 VE	ERTEX SINGAP	ORE 4088	868				
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N		
Policy ssue Date	28/08/2020	Effective Date	31/08/2020 00:00		Expiry Date	30/08/2021 23:59		
Excess Type	Per Accident	All Claims Excess						
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100		
Additional Excess	0	OS Premium	2127.42					
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess	
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	9635428	8	GST Flag	Υ		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
Policyh	older Mailing Address							
Address 1	33 UBI AVENUE 3	Addres	s 2	#01-57/58 VERTEX		Address 3	SINGAPORE 408868	
Address 4		Addres	s Type	Singapore address	ŗ	Post Code	408868	
Jnit No.	06-08	Relate Numbe	d Policy er	5087505838-04				
▶ Insured	i Object: 5112384358-01-000	003						
♥ Endors	ements							
Sequen	ce Date of Endorsement	Endorsemen	t Type	Type Endorsement Number		nent Status	Endorsement Content	
Sequen	ate Endorsements							
	ate Endorsements							

Claim Handling					
ccident MT/1114306					
olicy No.	5112384358-01	Vehicle No.	SMS7035A	GST Registration No.	
ertificate No.	5112384358-01-000003				
olicyholder Name	CARZ WORLD PTE. LTD.			Policyholder NRIC	2012022222
roduct Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ontact No.(Mobile)	96437773	Contact No.(Office)	0	Contact No.(Home)	0
mail Address	30437773				Nc V
	a a	Special Remark	8	eCode	INC V
FK	No Yes	TCA	● No ○Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
 Accident Details 					
eport Date	19/12/2020 13:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ate of Accident	18/12/2020	Time of Accident hh:mm	13:05	Country of Applicant	Singapore
	10/12/2020		13:05	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
ccident Location	CTE				
▼ Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
D Standard Excess	2,000.00	TP Standard Excess	1,500.00		
ED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
dditional Excess	0				
tal OD Excess Applicable	2000.00	Total TP Excess Applicable			
Benefits					
GST Registered Informa	ation				
T Registered	Yes		GST Registration Date	06/08/2012	
T Registration No.	201202222Z		GST Status Verified	Yes	
dification History	19/12/2020 13:55:10 System	changed GST Registered from No	to Yes		
	19/12/2020 13:55:10 System	n changed GST Registration No. fro n changed GST Registration Date f	om null to 201202222Z		
Policyholder Mailing Ad			A control of the cont		
		Address 2	#01-57/59 VEDTEV	Address 2	SINGAPORE 400000
ddress 1	33 UBI AVENUE 3	Address 2	#01-57/58 VERTEX	Address 3	SINGAPORE 408868
ddress 4		Address Type	Singapore address	Post Code	408868
nit No.	06-08	Related Policy Number	5087505838-04		
OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	YUEN PENG KEEN	Driver NRIC	S6842588C	Driver DOB	02/11/1968
			52		
gister Date of Driver License		Driver Age		Driving Experience	26
entact No.(Mobile)	98482249	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 113	Address 2	SERANGOON NORTH AVENUE 1	Address 3	HWI YOH VILLE
dress 4	SINGAPORE 550113	Address Type	Singapore address	Post Code	550113
nit No.	02-577				
oes he own a Singapore					
egistered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
claration					
eathalyser or Blood Test ading?	0 mg	Any injury?	● Yes ○ No		
10000 A.O.					
odification History					
Circles and Different Diff					
Claim 001 New					
aim Type *	OD-MX	Insured Name	CARZ WORLD PTE. LTD.	Insured NRIC	201202222Z
			CARZ WORLD PIE. LID.		
ntact No.(Mobile)	98560583	Contact No.(Home)		Contact No.(Office)	67497796
nail Address	admin@carzworld.com.sg	OI Vehicle Number	SMS7035A	TP Vehicle Number	GBG4824C
aimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
imant Name *	22	Claimant NRIC *			
imant Address					
im Description	SMS7035A / GBG4824C ON 18 Dec 2020			Name of Preferred Workshop	
	37-37033A / GD04024C ON 18 DEC 2020			realise of Frederica Workshop	
eferred Workshop Contact		Insured Liability *	Not at Fault		
quire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
te Registered	19/12/2020 13:55	Claim Close Date	ENGLANDERS VESTIGATING	Date Received	19/12/2020 00:00
port Taken By	Jackson	V-V-0000000000000000000000000000000000		WAS A STATE OF THE	
	Packsoll				
Print AK letter					
			Swal Sphale		
B.			Save Submit		
Attachment					
,					
cident No.	MT/1114306	Claim No.	001		
st Doc. Received	● Yes ○ No	Upload Date	19/12/2020 13:58		
St Doc. Neceived		Opioed Date			
	Path *	<u> </u>	Category *	Confidential Urgeno	y * Description
		Browse.	Clear Please Select	NO V Normal	V
		Browse.	Clear Please Select	NO V Normal	V
		Browse.		NO V Normal	
		Browse.	Clear Please Select	NO V Normal	<u> </u>
		Browse.	Clear Please Select	NO V Normal	▼

Attachment	Upload	ed By/Date	Category	?	Urgency		Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATI CES) on 19	ONAL ASSESSMENT CENTRE SERVI Dec 2020 13:58	NRIC/ Driving License	Υ	Normal	NRIC/	Driving License 2020-12-19	
1		ONAL ASSESSMENT CENTRE SERVI Dec 2020 13:58	SAS		Normal		SAS 2020-12-19	
	NAC_PAYA_UBI_800601(NATI CES) on 19	ONAL ASSESSMENT CENTRE SERVI Dec 2020 13:57	Photos		Normal		Photos 2020-12-19	
Take 1		ONAL ASSESSMENT CENTRE SERVI Dec 2020 13:56	Photos		Normal		Photos 2020-12-19	
\$		ONAL ASSESSMENT CENTRE SERVI Dec 2020 13:56	Photos		Normal		Photos 2020-12-19	
		ONAL ASSESSMENT CENTRE SERVI Dec 2020 13:56	Photos		Normal		Photos 2020-12-19	
		DNAL ASSESSMENT CENTRE SERVI Dec 2020 13:56	Photos		Normal		Photos 2020-12-19	
7	NAC_PAYA_UBI_800601(NATIO CES) on 19	DNAL ASSESSMENT CENTRE SERVI Dec 2020 13:56	Photos		Normal		Photos 2020-12-19	
		DNAL ASSESSMENT CENTRE SERVI Dec 2020 13:56	Photos		Normal		Photos 2020-12-19	
	NAC_PAYA_UBI_800601(NATIO CES) on 19 I	DNAL ASSESSMENT CENTRE SERVI Dec 2020 13:56	Photos		Normal		Photos 2020-12-19	
	NAC_PAYA_UBI_800601(NATIO CES) on 19 I	DNAL ASSESSMENT CENTRE SERVI Dec 2020 13:56	Photos		Normal		Photos 2020-12-19	
7		DNAL ASSESSMENT CENTRE SERVI Dec 2020 13:56	Photos		Normal		Photos 2020-12-19	
さり	NAC_PAYA_UBI_800601(NATIO CES) on 19 I	DNAL ASSESSMENT CENTRE SERVI Dec 2020 13:56	Photos		Normal		Photos 2020-12-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Dec 2020 13:56		Photos		Normal	ormal Photos 2020-12-19		
		DNAL ASSESSMENT CENTRE SERVI Dec 2020 13:56	Photos		Normal		Photos 2020-12-19	
Video List	Uploaded By/Date	Folder Date		le Name		Ŷ	Source	A