NATIONAL Assessment Centre	Services. P	ve! 1 Jan'05 1113	920(3000)			
Date In: 19/10/15-19	Jeb description		Date & Time Comple	ted	Done b	<i>y</i> .
Ref No: NA INCLOSINIYY M	SAS e-filing		1			
Veh No: 63567187	E-mail (within 8)	irs, AIC 2hrs)				-
D.O.A: 10/11/12 17:30	i-Motor Claim	Form	M7/11/43/9-0	01 19/1	1/20 13	:23
	i-Motor W/O	(Within: OD 2hrs,	TP 4hrs)			
OD : TP Reporting Only	i-Photo Uploa	ded				
	Assessment/Sur	vey Report				
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: 1033	2H .	. INC()/Non-INC()		
Owner / Driver: (Tel:	·	<u>)</u>	
Policy No: () Perio	od: ()	Cover Type: (
Confirmed by : (Date:	Time:	00.1000/	,	
Explanation of the processor was a consistence of the processor of the pro			%; P: 21-79%. P	: 80-100%	1	
Year of Registration: () W	arranty: YES ()/NO()	- — —		
Excess: (\$) Loading: \$1,000)()/\$2,000	()	New Restrict Cen	745 7725.	70.7	
General Remarks:-				alter		
() Walk-In Customer: Customer's inform		fidential & Str	ictly NO rater or rep			
() Total Loss Case : to e-mail Insurer		·	owing Co: (,)
Drive-In () / Towed-In (); Invoice:	YES()/N	0();10			8884 W.	Zinie - vie
Remarks:- (INC hotline: 6788 6616)			Date&Time Comple	93d (1)	Done	by
1) Apply for Transport Allowance ()/Co	urtesy Car ()	-	1		
2) QC Check / Post Repair Inspection	()		<u> </u>			
3) Upload Resurvey Photo [Repair Cost > \$30	00] ()		<u> </u>		
Injury:			- 14			
Date/Time Actions					Soans.	
Date time (10000)					10	
,				- 	Anit (S)	Amt (\$)
110.14 .160		Invoice Pre	paration Checklist		fst Bill	Add Bill
(M Nav (47)		1) AR : Acciden	t Reporting (\$30);	INC (\$80)		
Claimant's Particulars:-		3) TF : Towing I	Assessment (\$100);	\$40/\$45		
Driver/Owner:		4) FT : Follow-T	hrough Survey Chrough Survey (Resurvey)	\$120) \$30		
Contact No:		For claiming	against INC Only (wef 10	Jan 2005) \$75		
Damaged Portion:		6) TR: Re-inspe 7) N1: Idac DA	+ SMRT Survey	. \$160		
		8) NTUC Additi	onal Services:-			
C Checked by (Engr-In-Charge):	7		y Car / Tpt Allowance	\$5		
		*N6: Repair (pair Inspection	\$10 \$25		
Auditors! Comments :-		+N8: DV / Co	ollect Excess Coordination	\$5 \$20		.,
Cat. 1:		TP (N11): T 9) N12: Idac M	P (Non INC) against INC	30		national production
at. 2 / 3;		Invoice dated	Fee (Charged Charged	MATERIAL STATES	
		Invoice dated	,			

1 . just at 1 . 170

15/11/1978 Date Of Driving Pass 42 YEARS AND 1 MONTH Driving experience Male Gender Mobile Number (Phone) +65-96751105 Alt. Phone Number shaneho.sg@gmail.com Email Address BLK 20 TELOK BLANGAH CRESCENT Address #09-70 Address complement 090020 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Other No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Change/cross lane Type of Accident Weather Conditions Clear Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? 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 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 OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMS3751S Toyota Vehicle Manufacturer Vehicle Model Allion Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address Address complement Insurance Company Name

SN0920CJ000I / National Assessment Centre Services [408933] ENTRY DATE & TIME: 19/12/2020 15:19 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (19/12/2020 15:19 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

In 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 15:19 (SGT) 10/12/2020 12:30 (SGT) Date of Accident Exact Location of Accident PIE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

GBF6718T Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **GB MARKETING** 5XXXX139X Company Reg No Email Address shaneho.sg@gmail.com Mobile Phone No (Phone) +65-96751105 Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Hiace Model Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Commercial vehicle Vehicle Category

INSURANCE COMPANY

NTUC Name of Insurance Company Type of Coverage Comprehensive Fleet Policy Policy Number 5087656992-03 Cover Note Number

DRIVER

TANG WAI CHOON Name of Driver SXXXX205E NRIC No 23/06/1947 Date Of Birth Outdoor Occupation

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly the details of the accident to speed up the claims process.
- This Form must be completely 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 fact 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 as 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 lodgment of this report to 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.

Policyhold By Signatura Payon Ind. Park
Date & Blk 1002 163 Payon Ind. Park
#06-1417 Singapore 319074
Tel: 6258 6721 Fax: 6259 2085

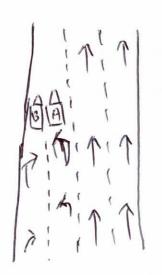
Driver's Signature (If driver is not policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:





Veh A: GBF 67187. Veh B: SMS 37815

On the s	forted dore, film and venus, I was
	12 TUDS chay, Bedok North 12xill. I
has traveling Strai	get. Sadderly, veh is try to cit into
My lone from the	left. The left portien of my
Vehicle hit the Ree	or right Porties of web B. I hove a
car can enbard out	I had coptured the whole jacident.

DECLARATION

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

Blk 1002 Toa Payon Ind. Park Policyh # 061 4 17 Singapore 319074 Date Eelii 6258 6721 Fax: 6259 2085

Driver's Signature (If driver is not policyholder)

Date & Time:

Reporting Centre Pers nnel's Signature

NRIC/ FIN No:

Date of Accident	:10/12/2020 Accident Time: \ 230 (24-HR-Format)
Accident Place	: PIIZ (chay) Bedok North RD Exit.
Vehicle. No. (Car Plate No.)	:GBF 67187. Make/Model: Toyota HIACE
Insurace Company	:NTUL Policy No: 5087656992-02
Owner or Company Name /IC No.	: GR Marketing
Owner or Company Contact No.	:9675 1105 Owner's HpCompany Tel
DRIVER'S-Name / IC No.	: TANG WAI CHOON 5106120512
DRIVER'S Date Of Birth	23-6-1947 DRIVER'S License Pass Date 15 MV 1978
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee \ Ohers: Duni
DRIVER'S Address	Blk 20 Telok Blangah Cres #09-70
DRIVER'S Contact No./ Alt No.	11) 9675 1105 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	Shorehous @ @ GMail. (on
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including I	Driver): 0
Was there any video Captured by e Exact purpose for which vehicle w Any Injury (If YES, Pls state):	as being used at the time of accident. Private use \ work puryose
Other	Party Driver's Particular (if any)
Vehicle. No: SMS 377	Vehicle. No:
Vehicle Make Model: Toysta	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

* NEW - Passenger's name & gender:

eBao Tech	GeneralClair										IClaim
Hello, NAC_PAYA_UBI_80	0601	The Company of San					› Change La	anguage	• Change	Password	· Log Ou
My Desktop	Policy	y Query		8							
Notice of Loss	Policy No					Date o	of Accident	10/	12/2020 12	:30	
	Vehicle N	lo.(For Motor)	GBF671	8T		Certifi	cate Number				
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0 5	5087656992- 03		GB MARKETING	53046139X	GCV	Comprehensive	GBF6718T	GBF6718T	26/01/2020	25/01/2021
					C	Continue		- autor column			

Seque	nce Date of Endorsemer	nt	Endorseme	nt Type	Endorsemen	t Status	Endorsement Content		
▽ Endors	sements								
▶ Insure	ed Object: GBF6718T								
Unit No.			elated Policy umber 5087656992-03						
Address 4	SINGAPORE 319074	Addr	ess Type	Singapore address		Post Code	319074		
Address 1	BLK 1002 #06-1417	Addr	ess 2	TOA PAYOH INDUS	TRIAL PARK	Address 3	TOA PAYOH INDUSTRIAL PAR		
Info	nolder Mailing Address								
Policy Info									
insurance Flag Open	NO								
Co-	No								
Agent	KHC HOLDINGS PTE LTD	Agent Tel.	62538288		GST Flag	Υ			
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/Inexperience Driver Excess			
Additional Excess	OS Premiur								
Third Party Excess	0	Own damage 600 Excess			Windscreen Excess	100			
Excess Type	Per Accident All Claims Excess Own								
Policy ssue Date	09/01/2020	Effective Date	26/01/202	0 00:00	Expiry Date	25/01/2021 23:59			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N			
Address	BLK 1002 #06-1417 TOA PAYOH	INDUSTRIAL PARK SINGAPORE 319074							
Certificate									
Policy No.	5087656992-03	Policyholder Name			Policyholder NRIC	53046139X			

cident MT/1114319				The state of the s	
	5007656003.03	Vehicle No.	GBF6718T	GST Registration No.	
127 12723	5087656992-03	Venicle No.			
rtificate No.				Policyholder NRIC	53046139X
licyholder Name	GB MARKETING				0
oduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	
ntact No.(Mobile)	96751105	Contact No.(Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	No 💙
ĸ	No ○ Yes	TCA	No ○Yes	eCode Reason	
D Protection	No.	NCD Entitlement(%)	0	Private Hire	No
	No				
Accident Details			022000	Accident Type	Collision - Change / Cross lane
port Date	19/12/2020 15:21	Accident Report Within 24 hrs	Yes	Accident Type	9.500 (10 to 10 to
ate of Accident	10/12/2020	Time of Accident hh:mm	12:30	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
	DIF I				
ccident Location	PIE				
▼ Total Excess Applicable			100.00		
cess Type	Per Accident	Windscreen Excess	100.00		
		And the country of the second of the	0.00		
D Standard Excess	600.00	TP Standard Excess	0.00		
ED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
dditional Excess					
otal OD Excess Applicable	600.00	Total TP Excess Applicable			
₩ Benefits					
GST Registered Informa	No		GST Registration Date		
ST Registered	NO		GST Status Verified	Yes	
ST Registration No.			00.1 0.0000 10		
odification History					
Policyholder Mailing Ad				Address 2	TOA PAYOH INDUSTRIAL PARK
ddress 1	BLK 1002 #06-1417	Address 2	TOA PAYOH INDUSTRIAL PARK	Address 3	
ddress 4	SINGAPORE 319074	Address Type	Singapore address	Post Code	319074
COLLOWED)	06-1417	Related Policy Number	5087656992-03		
Init No.	06-1417	neibted / oney			
OI Driver Info		Data at Tuna	Unnamed Driver		
river Name	Unnamed Driver	Driver Type	S1061205E	Driver DOB	23/06/1947
innamed driver Name	TANG WAI CHOON	Driver NRIC			
egister Date of Driver License	15/11/1978	Driver Age	73	Driving Experience	42
Contact No.(Mobile)	96751105	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 20	Address 2	TELOK BLANGAH CRESCENT	Address 3	MOUNT FABER VIEW
		Address Type	Singapore address	Post Code	090020
Address 4	SINGAPORE 090020	Address Type	The state of the s		
Jnit No.	09-70				
Does he own a Singapore Registered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test	0 mg	Any injury?	○ Yes No		
teading?					
Modification History					
or state to					
dodification History					
15 TH B.					
Claim 001 New		Januard Name	CB MADKETING	Insured NRIC	53046139X
Claim 001 New	ор-мх 🔻	Insured Name	GB MARKETING	Insured NRIC	53046139X
15 TH B.	OD-MX V 96751105	Insured Name Contact No.(Home)		Contact No.(Office)	
Claim 001 New Claim Type • Contact No.(Mobile)			GB MARKETING GBF6718T		53046139X SMS3751S
Claim 001 New Claim Type * Contact No.(Mobile) Email Address	96751105	Contact No.(Home)		Contact No.(Office)	
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type *	96751105 Please Select	Contact No.(Home) OI Vehicle Number	GBF6718T	Contact No.(Office)	
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Name *	96751105	Contact No.(Home) OI Vehicle Number Type of Benefit *	GBF6718T	Contact No.(Office)	
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Name *	96751105 Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit *	GBF6718T	Contact No.(Office) TP Vehicle Number	SMS3751S
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address	96751105 Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit *	GBF6718T Please Select ✓	Contact No.(Office)	SMS3751S
Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claim Description Preferred Workshop Contact	96751105 Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit *	GBF6718T	Contact No.(Office) TP Vehicle Number	SMS3751S
Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No.	96751105 Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	GBF6718T Please Select V Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho	SMS3751S
Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation	96751105 Please Select >>> GBF6718T / SMS3751S ON 10 Dec 2020 Yes	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	GBF6718T Please Select V Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho	SMS3751S
Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation	96751105 Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	GBF6718T Please Select V Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho	SMS3751S
Claim Type *	96751105 Please Select >>> GBF6718T / SMS3751S ON 10 Dec 2020 Yes	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	GBF6718T Please Select V Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho	SMS3751S
Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	96751105 Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	GBF6718T Please Select V Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho	SMS3751S
Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	96751105 Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	GBF6718T Please Select Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho	SMS3751S
Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	96751105 Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	GBF6718T Please Select V Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho	SMS3751S
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	96751105 Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	GBF6718T Please Select Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho	SMS3751S
Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	96751105 Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	GBF6718T Please Select Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho	SMS3751S
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	96751105 Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	GBF6718T Please Select Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho	SMS3751S
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	96751105 Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date	GBF6718T Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho	SMS3751S
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claimant Address Claimant Address Claimant English Claimant Clai	96751105 Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No.	GBF6718T Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho	SMS3751S
Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Description Description Date Registered Report Taken By Print AK letter Attachment Accident No.	96751105 Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date	GBF6718T Please Select Not at Fault Preferred Workshop, Name unknown Save Submit 001 19/12/2020 15:26	Contact No. (Office) TP Vehicle Number Name of Preferred Worksho GIA report Date Received	SMS3751S Received 19/12/2020 00:00
Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Description Description Date Registered Report Taken By Print AK letter Attachment Accident No.	96751105 Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No.	GBF6718T Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho GIA report Date Received	SMS3751S Received 19/12/2020 00:00
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 Attachment Accident No.	96751105 Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No.	GBF6718T Please Select Not at Fault Preferred Workshop, Name unknown Save Submit 001 19/12/2020 15:26 Category *	Contact No. (Office) TP Vehicle Number Name of Preferred Worksho GIA report Date Received	SMS3751S Received 19/12/2020 00:00
Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Description Description Date Registered Report Taken By Print AK letter Attachment Accident No.	96751105 Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date Brows	GBF6718T Please Select Not at Fault Preferred Workshop, Name unknown Save Submit 001 19/12/2020 15:26 Category * Se Clear Please Select	Confidential Urg	SMS3751S
Claim 001 New Contact No. (Mobile) Email Address Claimant Type Claimant Name Claimant Address Claim Description Deferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment Accident No.	96751105 Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date Brows Brows	GBF6718T Please Select Not at Fault Preferred Workshop, Name unknown 5ave Submit 001 19/12/2020 15:26 Category * Se Clear Please Select	Confidential Urg	SMS3751S SMS3751S P
Claim 001 New Contact No. (Mobile) Email Address Claimant Type Claimant Name Claimant Address Claim Description Deferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment Accident No.	96751105 Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date Brows	GBF6718T Please Select Not at Fault Preferred Workshop, Name unknown 5ave Submit 001 19/12/2020 15:26 Category * Se Clear Please Select	Confidential Urg Confidential Urg No Norma Norma V NO V Norma V NO V Norma V NO V Norma	SMS3751S SMS3751S P P P P P P P P P
Claim 001 New Contact No. (Mobile) Email Address Claimant Type Claimant Name Claimant Address Claim Description Deferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment Accident No.	96751105 Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date Brows Brows	GBF6718T Please Select Not at Fault Preferred Workshop, Name unknown 19/12/2020 15:26 Category * Se Clear Please Select Se Clear Please Select	Confidential Urg	SMS3751S SMS3751S P P P P P P P P P
Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant Address Claimant Address Claimant Address Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	96751105 Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date Brows Brows	GBF6718T Please Select Not at Fault Preferred Workshop, Name unknown 19/12/2020 15:26 Category * Se Clear Please Select Se Clear Please Select Clear Please Select Clear Please Select	Confidential Urg Confidential Urg No Norma Norma V NO V Norma V NO V Norma V NO V Norma	SMS3751S SMS3751S P

Attachment	List								_
Attachment	Uploaded	By/Date	Category	?	Urgency	Des	cription	Msg Sent? (CO)	
E	NAC_PAYA_UBI_800601(NATION CES) on 19 Do	NAL ASSESSMENT CENTRE SERVI DC 2020 15:26	NRIC/ Driving License	Y	Normal	NRIC/ Driving L	icense 2020-12-19		
200	NAC_PAYA_UBI_800601(NATION CES) on 19 D	NAL ASSESSMENT CENTRE SERVI ec 2020 15:26	NRIC/ Driving License	Y	Normal	NRIC/ Driving L	icense 2020-12-19		
1		NAL ASSESSMENT CENTRE SERVI ec 2020 15:25	SAS		Normal	SAS 2	020-12-19		
		NAL ASSESSMENT CENTRE SERVI ec 2020 15:24	Photos		Normal	Photos	2020-12-19		
	NAC_PAYA_UBI_800601(NATIO CES) on 19 D	NAL ASSESSMENT CENTRE SERVI ec 2020 15:24	Photos		Normal	Photos	2020-12-19		
0	NAC_PAYA_UB1_800601(NATIO CES) on 19 D	NAL ASSESSMENT CENTRE SERVI ec 2020 15:24	Photos		Normal	Photos	2020-12-19		
d	NAC_PAYA_UBI_800601(NATIO CES) on 19 D	NAL ASSESSMENT CENTRE SERVI ec 2020 15:24	Photos		Normai	Photos	2020-12-19		
1	NAC_PAYA_UBI_800601(NATIO CES) on 19 D	NAL ASSESSMENT CENTRE SERVI ec 2020 15:24	Photos		Normal	Photos	2020-12-19		
A	NAC_PAYA_UBI_800601(NATIO CES) on 19 D	NAL ASSESSMENT CENTRE SERVI ec 2020 15:24	Photos		Normal	Photos	2020-12-19		
	NAC_PAYA_UBI_800601(NATIO CES) on 19 D	NAL ASSESSMENT CENTRE SERVI ec 2020 15:23	Photos		Normal	Photos	2020-12-19		
	NAC_PAYA_UBI_800601(NATIO CES) on 19 C	NAL ASSESSMENT CENTRE SERVI ec 2020 15:23	Photos		Normal	Photos	2020-12-19		
	NAC_PAYA_UBI_800601(NATIO CES) on 19 D	NAL ASSESSMENT CENTRE SERVI ec 2020 15:23	Photos		Normal	Photos	2020-12-19		
S	NAC_PAYA_UBI_800601(NATIO CES) on 19 D	NAL ASSESSMENT CENTRE SERVI ec 2020 15:23	Photos		Normal	Photos	2020-12-19		
(a)	NAC_PAYA_UBI_800601(NATIO CES) on 19 D	NAL ASSESSMENT CENTRE SERVI Dec 2020 15:23	Photos		Normal	Photos	2020-12-19		
营	NAC_PAYA_UBI_800601(NATIO CES) on 19 D	NAL ASSESSMENT CENTRE SERVI Dec 2020 15:23	Photos		Normal	Photos	2020-12-19		
7 Video List	Uploaded By/Date	Folder Date		File Name		9	Source	TA .	A