1.		301 1.	<del>,</del>					
NATIONAL Assessment Centre Services	WE! 1 Jan'05 JU2	920002						
Date In: 28 14 D- D: 17 Jeb description		Date & Time Completed	Done	pi.				
SAS e-filing			:					
Ref No: Najuc 201460014 E-mail (within 8	Shrs, AIC 2hrs)			•				
D.O.A: MIND-08.30 i-Motor Clair	im Form	m/1115374201	20 W ps	١١٠				
i-Motor W/O	O (Within: OD 2hrs,	7'P 4hrs)						
OD Reporting Only i-Photo Uplo	paded							
Assessment/Su		<u> </u>						
TP Insurer: Ass't Report b	by Fax / Hand to	Fax / Hand to Owner/Wksp						
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:					
TP Particulars: Veh No: 13C7771).	. INC(	)/Non-INC( ).						
Owner / Driver: (		Tel:						
Policy No: ( ) Period: (	)	Cover Type: (						
C. C. Garand bury (	Date:	Time:	1000/7					
Insured/Driver Liability: ( %) [Note-Est. Status (		0%; P: 21-79%. P: 80	)-100%]	·				
Year of Registration: ( ) Warranty: YES (	)/NO(	)						
Excess: (\$ ) Loading: \$1,000 ( )/\$2,000	0()		7557 C 197 197	<del></del>				
A THE STATE OF THE			ASSESSED 1	<u>, , , , , , , , , , , , , , , , , , , </u>				
( ) Walk-In Customer: Customer's information strictly Co	onfidential & St	rictly NO refer of repaire	er.					
( ) Total Loss Case : to e-mail Insurer URGENTLY.		* ·						
· · · · · · · · · · · · · · · · · · ·	NO();T	owing Co: (		)				
Dive-in ( )/ /owed-in ( ),		Date&Tirris Completed	1° Dor	te by				
Remarks: (INC holline: 6788 6616)		Dates: Into compress						
1) Apply for Transport Allowance ( )/ Courtesy Car (	)	***						
2) QC Check / Post Repair Inspection (	)	<u> </u>						
3) Upload Resurvey Photo [Repair Cost > \$3000] (	)							
Injury:		- 1						
				)				
Date/Time Actions								
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		•						
•				2884 2 7 7 2 7 94				
NA.	Invoice Pr	eparation Checklist	And ( lst Bi	S) Amt (S)  Add Bil				
NANOONSI	100000000000000000000000000000000000000		84 (165 ) TICDI	11				
Claimant's Particulars :-	1) AR : Accide 2) DA : Damag	ge Assessment (\$100);	IC (\$80)					
	3) TF : Towing	Fee Through Survey	\$40/\$45 \$120					
Oriver/Owner:	Children Pullary	Through Survey (Resurvey)	\$30 n 2005)	<del></del>				
Contact No:	6) TR : Re-ins	pection (wef 10 Jan						
Damaged Portion:	7) N1 : Idac D.	A + SMRT Survey	. \$160					
	8) NTUC Add	itional Services:-						
QC Checked by (Engr-In-Charge):	*NS: Courte	csy Car / Tpt Allowance	\$5 \$10					
YO OHOURON DJ (2018)	*N6: Repair	r Co-ordination Repair Inspection	\$25					
Auditors: Comments::	+N8: DV /	Collect Excess Coordination	\$5 \$20					
Pat. 1:	TP (N11):	TP (Non INC) against INC						
2 at. 1:	0) N112: Idea 1	Mobile	30	NEW MONTH				
2at. 2 / 3;	9) N12: Idac I Invoice dated	Mobile	arged					



# **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

28/12/2020 20:27 (SGT) Date of Submission 27/12/2020 00:30 (SGT) Date of Accident TPE, Singapore Exact Location of Accident exit to tampines ave 7 Additional Location Information Singapore Country/State of Loss

### **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number **SLQ2471D** 

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TW AUTOMOBILE Company Reg No 5XXXX500X claims@kaizenmotors.com.sg Email Address Mobile Phone No (Phone) +65-89999999 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Sienta Model Variant ..... Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private hire Vehicle Category

#### INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Yes Fleet Policy 5114368352 Policy Number Cover Note Number

#### DRIVER

Name of Driver SIM KIM HOCK SXXXX595H NRIC No 03/06/1964 Date Of Birth Occupation Outdoor

ate Of Driving Pass	07/02/1992
riving experience	28 YEARS AND 10 MONTHS
ender	Male
obile Number	(Phone) +65-98593264
It. Phone Number	-
mail Address	claims@kaizenmotors.com.sg
ddress	BLK 12 TELOK BLANGAH CRESCENT
ddress complement	#05-99
Postcode	090012
the driver the policyholder?	No
No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Phicle Registration Number of Other Vehicle Owned by Driver	-
nsurance Company of Other Vehicle Owned by Driver	1
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	
Gender	Female
Gender	
DETAILS OF POLICE ACTION	
DETAILS OF POLICE ACTION	No
DETAILS OF POLICE ACTION  Was the accident reported to the police?	No No
DETAILS OF POLICE ACTION  Was the accident reported to the police?  Was notice of intended Prosecution given?	
DETAILS OF POLICE ACTION  Was the accident reported to the police?	
DETAILS OF POLICE ACTION  Was the accident reported to the police?  Was notice of intended Prosecution given?	
DETAILS OF POLICE ACTION  Was the accident reported to the police?  Was notice of intended Prosecution given?  If yes, against whom?	
DETAILS OF POLICE ACTION  Was the accident reported to the police?  Was notice of intended Prosecution given?  If yes, against whom?  CIRCUMSTANCES OF ACCIDENT	
DETAILS OF POLICE ACTION  Was the accident reported to the police?  Was notice of intended Prosecution given?  If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  REFER TO STATEMENT.  ATTACHMENT(S)  Are accident photos available for attachment?	
DETAILS OF POLICE ACTION  Was the accident reported to the police?  Was notice of intended Prosecution given?  If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  REFER TO STATEMENT.  ATTACHMENT(S)  Are accident photos available for attachment?  Was there any video captured by Car Camera?	No -
DETAILS OF POLICE ACTION  Was the accident reported to the police?  Was notice of intended Prosecution given?  If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  REFER TO STATEMENT.  ATTACHMENT(S)  Are accident photos available for attachment?  Was there any video captured by Car Camera?	Yes
DETAILS OF POLICE ACTION  Was the accident reported to the police?  Was notice of intended Prosecution given?  If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  REFER TO STATEMENT.  ATTACHMENT(S)  Are accident photos available for attachment?  Was there any video captured by Car Camera?  Was there any audio recorded?	Yes No No
DETAILS OF POLICE ACTION  Was the accident reported to the police?  Was notice of intended Prosecution given?  If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  REFER TO STATEMENT.  ATTACHMENT(S)  Are accident photos available for attachment?  Was there any video captured by Car Camera?  Was there any audio recorded?	Yes No
DETAILS OF POLICE ACTION  Was the accident reported to the police?  Was notice of intended Prosecution given?  If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  REFER TO STATEMENT.  ATTACHMENT(S)  Are accident photos available for attachment?  Was there any video captured by Car Camera?  Was there any audio recorded?  DETAILS OF OTHE	Yes No No
DETAILS OF POLICE ACTION  Was the accident reported to the police?  Was notice of intended Prosecution given?  If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  REFER TO STATEMENT.  ATTACHMENT(S)  Are accident photos available for attachment?  Was there any video captured by Car Camera?  Was there any audio recorded?  DETAILS OF OTHE  Vehicle Registration Number  Vehicle Manufacturer	Yes No No No No
DETAILS OF POLICE ACTION  Was the accident reported to the police?  Was notice of intended Prosecution given?  If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  REFER TO STATEMENT.  ATTACHMENT(S)  Are accident photos available for attachment?  Was there any video captured by Car Camera?  Was there any audio recorded?  DETAILS OF OTHE  Vehicle Registration Number  Vehicle Manufacturer  Vehicle Model	Yes No No No No
DETAILS OF POLICE ACTION  Was the accident reported to the police?  Was notice of intended Prosecution given?  If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  REFER TO STATEMENT.  ATTACHMENT(S)  Are accident photos available for attachment?  Was there any video captured by Car Camera?  Was there any audio recorded?  DETAILS OF OTHE  Vehicle Registration Number  Vehicle Manufacturer  Vehicle Model  Vehicle Variant	Yes No No No No
DETAILS OF POLICE ACTION  Was the accident reported to the police?  Was notice of intended Prosecution given?  If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  REFER TO STATEMENT.  ATTACHMENT(S)  Are accident photos available for attachment?  Was there any video captured by Car Camera?  Was there any audio recorded?  DETAILS OF OTHE  Vehicle Registration Number  Vehicle Manufacturer  Vehicle Model  Vehicle Variant  Vehicle Colour	Yes No No SER VEHICLE PROPERTY 1  SJC7271D
DETAILS OF POLICE ACTION  Was the accident reported to the police? Was notice of intended Prosecution given?  If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  REFER TO STATEMENT.  ATTACHMENT(S)  Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?  DETAILS OF OTHE  Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category	Yes No No SER VEHICLE PROPERTY 1  SJC7271D
DETAILS OF POLICE ACTION  Was the accident reported to the police?  Was notice of intended Prosecution given?  If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  REFER TO STATEMENT.  ATTACHMENT(S)  Are accident photos available for attachment?  Was there any video captured by Car Camera?  Was there any audio recorded?  DETAILS OF OTHE  Vehicle Registration Number  Vehicle Manufacturer  Vehicle Model  Vehicle Variant	Yes No No SR VEHICLE PROPERTY 1  SJC7271D  Private car -

Address	_
Address complement	_
Postcode	_
Insurance Company Name	-
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.
- 2. This Formmust 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 withholding 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. 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, 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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
- (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.

TW AUTOMOBILE CO. REGN. NO: 53333500X 9 TAGORE LANE 9@TAGORE #02-01 SINGAPORE 787482

Policyholders Signature / Date & 8009 Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

#### Sketch Plan

Time

4: 5UQ 2471D.

Describe Circumstances of the Accident
I was travelling oring TPE exist to sumpine are 7. int of moder,
I feld an impact of my vehicle and realised that vehicle is overtaled my vehicle from the reach vehicle is hid unto my vehicle front left
my which from the reach vehicle B mil onto my which front lett
polition.

# Declaration

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

# TW AUTOMOBILE

CO. REGN. NO: 53333500X
9 TAGORE LANE
9@TAGORE #02-01
SINGAPORE 787482
TEPolicyholder's Signature 1 Pate 609
Time

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

Witnessed by Reporting Centre Personnel

# ACCIDENT STATEMENT

ACCIDENT DATE: (26) 12/20.) (DD/MM/YYYY), TIME: (00: 430) (HH:MN
LOCATION: TPE exit to tempines are 7.
1. DETAILS OF VEHICLE  a) VEHICLE NUMBER: SURTYTAD.  b) INSURANCE COMPANY: NIUC  c) POLICY NUMBER:
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT  e)MAKE & MODEL:  f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)  g)VEHICLE CATEGORY:(PRIVATE / COMMERCIAL / MOTORCYCLE)  h)PURPOSE OF USING AT ACCIDENT TIME:  i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER
A)NAME:(MALE / FEMALE) b)NRIC/FIN/PASSPORT:CONTACT: c)ADDRESS:
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  DRIVER
Ho of passenga. DRIVER  (Including driver) b)NRIC/FIN/PASSPORT:
*d)DATE OF BIRTH: ()(DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: MICE.  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE  To of passenger a) VEHICLE NUMBER: (7) - 771 MODEL:  Including driver) b) DRIVER'S NAME:
9. THIRD PARTY VEHICLE
d) VEHICLE NUMBER:MODEL:  nduding driver) f) NRIC/FIN/PASSPORT:CONTACT:
email = Stewn Com.
$f_{ax} =$
VIDEO =X

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ello, NAC_PAYA_UBI_800	501										
ly Desktop	Polic	y Query									
Notice of Loss	Policy N	0.				Date	of Accident	2	27/12/2020 0	0:30	
	Vehicle	No.(For Motor)	SLQ247	1D		Certif	icate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5114368352	5114368352- 000007	TW AUTOMOBILE	53333500X	GFM	drivo CLASSIC	SLQ2471D	SLQ2471D	16/01/2020	15/01/202

Policy No.	5114368352 Policyholder Name		TW AUTO	AUTOMOBILE Policyholder NRIC		53333500X			
Certificate	5114368352-000007								
ddress	9 TAGORE LANE #02-01 9 @ TA	GORE SINGAR	ORE 7874	172					
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	lag N			
Policy ssue Date	15/01/2020	Effective Date	16/01/20	20 00:00	Expiry Date	15/01/2021	)21 23:59		
xcess	Per Accident	All Claims Excess							
Third Party Excess	1500 Own damage Excess		2000	Windscreen Excess		100			
Additional Excess	0	OS Premium	e 1500						
Outside Singapore OD Excess	ngapore 2000 Sir D Excess TP				Outside Singapor TP Exces			Young/Inexperience Driver Excess	
Agent			gent Tel. 63447667 GST FI		GST Flag	Y			
nsurance	No								
nsurance Flag Open	No								
Co- nsurance Flag Open Policy Info Certificate Info	No								
nsurance Flag Open Policy Info Certificate Info	No nolder Mailing Address								
nsurance lag Open Policy Info Certificate nfo Policyh		Addre	ss 2	#02-01 9 @ TAGOF	RE	Address 3	SINGAPORE 787472		
nsurance Flag Open Policy Info Certificate Info Policyh Address 1	nolder Mailing Address		ss 2 ss Type	#02-01 9 @ TAGOF Singapore address		Address 3 Post Code	SINGAPORE 787472 787472		
nsurance Flag Open Policy Info Certificate Info	nolder Mailing Address	Addre	ss Type ed Policy						
nsurance lag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	nolder Mailing Address 9 TAGORE LANE	Addre Relate Numb	ss Type ed Policy	Singapore address					
nsurance Flag Open Policy Info Certificate (info Policyh Address 1 Address 4 Unit No.	oolder Mailing Address  9 TAGORE LANE  02-01  d Object: 5114368352-00000	Addre Relate Numb	ss Type ed Policy	Singapore address					
pensurance clag open oblicy Info certificate off Policyh ddress 1 ddress 4 Unit No. Insure Endors	9 TAGORE LANE  02-01  d Object: 5114368352-000002	Addre Relate Numb	ss Type ed Policy er	Singapore address					
Den Policy Info Certificate Info Policy Info Certificate Info Policy Policy Policy Policy Policy Info Insure Policy Insure Policy Polic	9 TAGORE LANE  02-01  d Object: 5114368352-000007  ements  Date of Endorsement	Addre Relate Numb	ss Type ed Policy er  nt Type	Singapore address 5112474973-01		Post Code	787472		
nsurance Flag Dpen Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure Sequen	9 TAGORE LANE  02-01  d Object: 5114368352-000007  ements  Date of Endorsement	Addre Relate Numb	ss Type ed Policy er  nt Type	Singapore address 5112474973-01  Endorsement Numbe	r Endorse Endorsem	Post Code	787472  Endorsement Content		

				GST Registration No.	
y No.	5114368352	Vehicle No.	SLQ2471D	051 Registration No.	
	5114368352-000007				53333500X
cyholder Name T	W AUTOMOBILE			Policyholder NRIC	
	PLEET MASTER INSURANCE	Cover Type	4110 00 1011	Loading	0
		Contact No.(Office)	0	Contact No.(Home)	0
		Special Remark		eCode	Nc V
ail Address	● No ○ Yes	TCA	No ○Yes	eCode Reason	
		NCD Entitlement(%)		Private Hire	Yes
D Protection	No	NCD Entitlement(10)			
Accident Details		and the second second	Yes	Accident Type	Side Swipe
port Date	28/12/2020 20:29	Accident Report Within 24 hrs		Country of Accident	Singapore
te of Accident	27/12/2020	Time of Accident hh:mm	00:30	ICM No.	
porting Centre		Orange Force		ICH NO.	
cident Location	TPE				
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
Standard Excess	2,000.00	TP Standard Excess	1,500.00		
ED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Iditional Excess	0				
tal OD Excess Applicable	2000.00	Total TP Excess Applicable			
	2000/00				
Benefits GST Registered Informat	tion				
	No		GST Registration Date		
T Registered T Registration No.			GST Status Verified	Yes	
odification History					
NOT THE BUILDING WEST WAS TO SAY TO					
Policyholder Mailing Add	iress				
ddress 1	9 TAGORE LANE	Address 2	#02-01 9 @ TAGORE	Address 3	SINGAPORE 787472
		Address Type	Singapore address	Post Code	787472
ddress 4	03.01	Related Policy Number	5112474973-01		
nit No.	02-01				organization and the second
OI Driver Info	104	Driver Type	Unnamed Driver		
river Name	Unnamed Driver	Driver NRIC	S1675595H	Driver DOB	03/06/1964
nnamed driver Name	SIM KIM HOCK		56	Driving Experience	28
egister Date of Driver License	07/02/1992	Driver Age		Contact No.(Home)	0
contact No.(Mobile)	98593264	Contact No.(Office)	0		SINGAPORE 090012
ddress 1	BLK 12	Address 2	TELOK BLANGAH CRESCENT	Address 3	
ddress 4		Address Type	Singapore address	Post Code	090012
Jnit No.	05-99				
oes he own a Singapore	○ Yes   No	Driver Vehicle No.		Driver Insurer Company	
tegistered car?					
eclaration					
Breathalyser or Blood Test	0 mg	Any injury?	○ Yes  No		
teading?					
Indification History					
Claim 001 New					
Claim 001					
					E3333F00V
			TW AUTOMOBILE	Insured NRIC	53333500X
Claim Type *	OD-MX	Insured Name	100000000000000000000000000000000000000		
		Insured Name  Contact No.(Home)		Contact No.(Office)	
Contact No.(Mobile)	OD-MX V 86865535		SLQ2471D	Contact No.(Office) TP Vehicle Number	SJC7271D
Contact No.(Mobile) Email Address	86865535	Contact No.(Home)			SJC7271D
Contact No.(Mobile) Email Address Claimant Type Claimant Type *	86865535 Please Select	Contact No.(Home) OI Vehicle Number	SLQ2471D		\$3C7271D
Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Name *	86865535	Contact No.(Home) OI Vehicle Number Type of Benefit *	SLQ2471D		S3C7271D
Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address	86865535    Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit *	SLQ2471D		
Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description	86865535 Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	SLQ2471D Please Select	TP Vehicle Number	
Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Address  Claim Description  Preferred Workshop Contact	86865535    Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	SLQ2471D  Please Select  Not at Fault	TP Vehicle Number	p
Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Address  Claim Description  Preferred Workshop Contact  No.	86865535    Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	SLQ2471D Please Select	TP Vehicle Number  Name of Preferred Workshot	Received
Contact No. (Mobile) Email Address  Claimant Type Claimant Type * Claimant Name * Claimant Address  Claim Description Preferred Workshop Contact No.  Require Finalisation	86865535  Please Select  ≥≥  SLQ2471D / S)C7271D ON 27 Dec 2020	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	SLQ2471D  Please Select  Not at Fault	TP Vehicle Number	p
Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	St.   Q2471D / S3C7271D ON 27 Dec 2020	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	SLQ2471D  Please Select  Not at Fault	TP Vehicle Number  Name of Preferred Workshot	Received
contact No. (Mobile)  Email Address  Llaimant Type Claimant Type T  Llaimant Name T  Llaimant Address  Llaimant Address  Llaimant Address  Llaim Description  Preferred Workshop Contact  No.  Require Finalisation  Date Registered  Report Taken By	SLQ2471D / SJC7271D ON 27 Dec 2020	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	SLQ2471D  Please Select  Not at Fault	TP Vehicle Number  Name of Preferred Workshot	Received
contact No. (Mobile)  Email Address  Llaimant Type Claimant Type T  Llaimant Name T  Llaimant Address  Llaimant Address  Llaimant Address  Llaim Description  Preferred Workshop Contact  No.  Require Finalisation  Date Registered  Report Taken By	St.   Q2471D / S3C7271D ON 27 Dec 2020	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	SLQ2471D  Please Select  Not at Fault	TP Vehicle Number  Name of Preferred Workshot	Received
Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	St.   Q2471D / S3C7271D ON 27 Dec 2020	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	SLQ2471D  Please Select  Not at Fault	TP Vehicle Number  Name of Preferred Workshot	Received
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7 Video List	Uploaded By/Date	Folder Date		ile Name		Source		Actio
	NAC_PAYA_UBI_800601( NATION CES) on 28 D	NAL ASSESSMENT CENTRE SERVI ec 2020 20:33	Photos		Normal	Photos 2020-12-28		
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A.	NAC_PAYA_UBI_800601( NATION CES) on 28 De	NAL ASSESSMENT CENTRE SERVI ec 2020 20:34	Photos		Normal	Photos 2020-12-28		
1	NAC_PAYA_UB1_800601( NATION CES) on 28 De	NAL ASSESSMENT CENTRE SERVI ac 2020 20:35	SAS		Normal	SAS 2020-12-28		
STATE OF THE PARTY	NAC_PAYA_UBI_800601( NATION CES) on 28 De		NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-28		
Attachment	Uploaded	By/Date	Category	9	Urgency	Description	Msg Sent? (CO)	