NATIONAL Assessment Centre S	Services. well Jamos	MOOD NIY WOOW		
Date In: Ully - 18:50		Date & Time Completed	Done	by.
	SAS e-filing			
Veh No: JMP77 16K	E-mail (within Shrs, AIC 2hrs)		
	i-Motor Claim Form	M111608-001	41/1/11/18	1.54
	i-Motor W/O (Within: OD			
Ref No. 14 NCBes 12 14 SAS e-filling Veh No Joph 15 k Do A : 11 1/14 1/15 I-Motor Claim Form I-Motor Claim F				
TP Incurer:	Assessment/Survey Repor	t		
Transucci.	Ass't Report by Fax / Har	nd to Owner/Wksp	<u> </u>	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No JR86161	INC	()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Period	l: () Cover Type: ()	
)	
	e-Est. Status (WO): N: 0)-20%; P: 21-79%. P: 80-	100%]	
)		
	()/\$2,000()			
General Remarks:-			Walter William	
() Walk-In Customer: Customer's informa	tion strictly Confidential &	Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer U	IRGENTLY.			
Drive-In ()/ Towed-In (); Invoice: Y	ES () / NO ()	; Towing Co: ()
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by
	tesy Car ()		**************************************	i
2) QC Check / Post Repair Inspection	()		3	
3) Upload Resurvey Photo [Repair Cost > \$3000	0] ()	100		
Injury:				
Date/Time Actions				
ACHORS.			<u> </u>	
		•		
•				
	Invoice P	reparation Checklist	0000048030808044	Ami (3) Add Bill
	3) TF : Towir	g Fee . S4	0/\$45	
	4) FT : Follow	v-Through Survey v-Through Survey (Resurvey)		
Contact No:	For claimin	g against INC Only (wef 10 Jan 200		
Damaged Portion:				
1	8) NTUC Add			
QC Checked by (Engr-In-Charge):		csy Car / Tpt Allowance	\$5	
7.50.220	*N6: Repai	r Ca-ordination Repair Inspection	\$10 \$25	
Auditors' Comments :-	*N8: DV /	Collect Excess Coordination	\$5	
Cat. 1:	TP (N11):	TP (Non INC) against INC	30	·
Cat. 2 / 3;	Invoice dated			arm fall
The state of the s	Invoice dated	Fee Charged	MACHEN!	

e a per at 1.70

SN092114000W / National Assessment Centre Services [408933] ENTRY DATE & TIME: 04/01/2021 18:50 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (04/01/2021 18:50 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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 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 04/01/2021 18:50 (SGT) Date of Accident 03/01/2021 21:50 (SGT) Exact Location of Accident Hougang Ave 6, Singapore Additional Location Information junction with buangkok dr Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP3716K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NG TECK WEE (HUANG DEWEI) NRIC No SXXXX740C Email Address enquiry.0224@gmail.com Mobile Phone No (Phone) +65-86998495 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Shuttle Variant

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

Cover Note Number

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Private use

No - Claiming third party

Private hire

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Comprehensive Fleet Policy Policy Number 5112707968-01

DRIVER

Name of Driver NG TECK WEE (HUANG DEWEI) NRIC No SXXXX740C Date Of Birth 01/09/1983 Occupation Outdoor

Date Of Driving Pass 29/09/2007 Driving experience 13 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-86998495 Alt. Phone Number Email Address enquiry.0224@gmail.com Address **BLK 169C PUNGGOL FIELD** Address complement #06-669 Postcode 823169 Is the driver the policyholder? Yes If 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 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? No Was there any audio recorded? No DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number SJR8616H Vehicle Manufacturer Honda Vehicle Model Civic Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address Address complement

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	NG TECK WEE (HUANG DEWEI)
Address	-
Address Complement	-
Post Code	: <u>-</u>
Approximate Age Years Old	<u> </u>
Injuries Sustained	BODY
Injured person in which vehicle?	SMP3716K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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:
 - 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 .:

My vehicle A was stationary while waiting for the cyclist to cross
the junction. Suddenly this vehicle B from bang on to my near
portion of my Vehicle A. Ital there are 2 cars involved.

DECLARATION

I/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:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:

ACCIDENT STATEMENT

ACCIDENT DATE: 3 / / 20) (DD/MM/YYYY), TIME: 21 50) (HH:MI LOCATION: HOLD any Ave 6 and Branks & Drive junction 1. DETAILS OF VEHICLE alvehicle NUMBER: SMP 37/6 k b) INSURANCE COMPANY: NTOC c) POLICY TYPE: (COMPREHEDSIVE / THIRD PARTY / THIRD PARTY FIRE & THEF e) MAKE & MODEL: Hold Shuttle. f) TYPE: (SAKOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: MAKE (YES/NO) if NO. PLEASE STATE (THIRD PARTY GPAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: NO TECK WEE (MADE / FEMALE) b) NRIC/FIN/PASSPORT: SY22 HO/C CONTACT: 8649 8449 c) ADDRESS: (B) C 1692 PURPOJO FIELD / 106-694 5(123/64) **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER a) NAME: NO TECK WEE (MADE / FEMALE) b) NRIC/FIN/PASSPORT: SY22 HO/C CONTACT: 8649 8493 c) ADDRESS: (B) L 1692 PURPOJO FIELD / 106-694 5(123/64) **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER a) DRIVER c) ADDRESS: (B) L 1692 PURPOJO FIELD / 106-694 5(123/64) **CONTACT: 8649 8493 c) ADDRESS: (B) L 1692 PURPOJO FIELD / 106-694 5(123/64) **CONTACT: 8649 8493 c) ADDRESS: (B) L 1692 PURPOJO FIELD / 106-694 5(123/64) **CONTACT: 8649 8493 c) ADDRESS: (B) L 1692 PURPOJO FIELD / 106-694 5(123/64) **CONTACT: 8649 8493 c) ADDRESS: (B) L 1692 PURPOJO FIELD / 106-694 5(123/64) **CONTACT: 8649 8493 c) ADDRESS: (B) L 1692 PURPOJO FIELD / 106-694 5(123/64) **CONTACT: 8649 8493 c) ADDRESS: (B) L 1692 PURPOJO FIELD / 106-694 5(123/64) **CONTACT: 8649 8493 c) ADDRESS: (B) L 1692 PURPOJO FIELD / 106-694 5(123/64) **CONTACT: 8649 8493 c) ADDRESS: (B) L 1692 PURPOJO FIELD / 106-694 5(123/64) **CONTACT: 8649 8493 c) ADDRESS: (B) L 1692 PURPOJO FIELD / 106-694 5(123/64) **CONTACT: 8649 8493 c) ADDRESS: (B) L 1692 PURPOJO FIELD / 106-694 5(123/64) **CONTACT: 8649 8493 c) ADDRESS: (B) L 1692 PURPOJO FIELD / 106-694 5(123/64) **CONTACT: 8649 8493 c) ADDRESS: (B) L 1692 PURPOJO FIELD / 106-694 5(123/64) **CONTACT: 8649 8493 c) ADDRESS: (B) L 169		(HH:MM)			
LOCA	TION: HOLLE and	Ave 6	and Bun	nakok Driv	junction
	Troug any	7		Or all	
1.	DETAILS OF VEHICLE	0 44 6 7	2166		
	a) VEHICLE NUMBER	: SMP3	+10K	-	
				TV (TIMOD DAD	TV GIDE & THEFT!
	almake a MODEL	WAREHENSIV	e/ HIKD PAK	II / IHIKD FAK	IT FIRE WITHIN
				V / MOTOPCYC	LE / OTHERS!
		The same of the sa			The second secon
				all motorci	CLL
			141 11141		31
	-				
2			TECHINI / KL	I OKINO ONE	
				IMAL	E / FEMALE)
			740/c	CONTACT:_	8699 8445
	CIADDRESS: BIC	69c pun	ggol Field	1,406-66	9 5(823/69)
A	* CONTINUE TO 3.d IF	DRIVER ALSO	O POLICY HO	LDER	
*No of passanga	DRIVER	1 15 110 110			
			16 / 6	MAI	E / FEMALE)
1	b)NRIC/FIN/PASSPOR	1: 38328	163/6	CONTACT:_	C(\$231(6)
	CIADDRESS: 1318 16	olc bunda	of Lieta 3	K 00-664	5(10)164)
	*d)DATE OF BIRTH: [4	1 100/1	(983 HDD/N	AM/YYYYI	
				_	
					06000
5. (3) WEATHER CONDITIO	N: (QLEAR /	RAINING / C	THERS	
					
					* -
/. 0				*	
		WHICH FOL	CESTATION:		
He of passenger	al VEHICLE NUMBER	SJR 861	6 H	MODEL . M	nda civic.
Including defect	b) DRIVER'S NAME:_				
i)	C) NRIC/FIN/PASSPO	RT:		_CONTACT:_	
9. TI	HIRD PARTY VEHICLE				
	d) VEHICLE NUMBER:			_MODEL:	· ·
The of pressenger) DRIVER'S NAME:_				
Induding driver)) NRIC/FIN/PASSPO	RT:		_CONTACT:_	
-					

email = rico 60 autosurvices @gmail. com fax = 6286 7060



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: 5112707968-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SMP3716K

Chassis Number

: GP71216111

2. Name of Policyholder

: NG TECK WEE (HUANG DEWEI)

3. Effective Date of Insurance

: 24 Sep 2020

4. Expiry Date of Insurance

: 23 Sep 2021

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

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

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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.

: \$\$2,000 EXCESS (SECTION 1) : \$\$1,500 EXCESS (SECTION 2) : \$\$100 WINDSCREEN EXCESS : \$\$1,500 ADDITIONAL EXCESS

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

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

: NG TECK WEE (HUANG DEWEI) PRIMARY DRIVER

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

: GOLDBELL FINANCIAL SERVICES PTE LTD HIRE PURCHASE COMPANY

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

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

Agency

: S & M ALLIANCE PTE LTD (00000614373)

Date of Issue

: 21 Sep 2020 17:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBaoTech	01			100000000000000000000000000000000000000		No.	Chang	e Languag	e Chane	ge Password	lClaim
Hello, NAC_PAYA_UBI_8006						Change Language Change Password					
My Desktop Notice of Loss	Policy N	cy Query				Date	of Accident	Table 1	03/01/2021 2	1:50	- полительной
	Vehicle	No.(For Motor)	SMP37	16K		Certif	icate Number	I			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112707968- 01		NG TECK WEE (HUANG DEWEI)	S8328740C	GPC	drivo CLASSIC	SMP3716K	SMP3716K	24/09/2020	23/09/2021

Policy No.	5112707968-01	Policyholde Name	NG TECK V	VEE (HUANG DEWEI)	Policyholder NRIC	S8328740C			
Certificate									
Address	BLK 169C #06-669 PUNGGOL FIELD THE NAUTILUS @ PUNGGOL SINGAPORE 823169								
Product Name	PRIVATE CAR INSURANCE Plan			Group Policy Flag	N				
Policy issue Date	21/09/2020	Effective Date	24/09/202	0 00:00	Expiry Date	23/09/2021 23	:59		
Excess Type	Per Accident	All Claims Excess							
Third Party Excess	1500	Own damage Excess		2000		100			
Additional Excess	1500	OS Premium	0						
Outside Singapore OD Excess	2000 Sing TP 8		1500	1500		Young/Inexperience Driver Excess			
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Y			
Co- insurance Flag	No								
Open Policy Info									
Certificate Info									
Policyh	nolder Mailing Address								
Address 1	BLK 169C #06-669	Add	ress 2	PUNGGOL FIELD		Address 3	THE NAUTILUS @ PUNGGOL		
Address 4	SINGAPORE 823169	Add	ress Type	Singapore address		Post Code	823169		
Unit No.	06-669 Relat		ited Policy ober						
Insure	d Object: SMP3716K								
▽ Endors	ements								
	nce Date of Endorseme	nt	Endorsemer	nt Type	Endorsement	t Status	Endorsement Content		

cident MT/1116038	And the second s			227.0		
licy No.	5112707968-01	Vehicle No.	SMP3716K	GST Registration No.		
rtificate No.						
licyholder Name	NG TECK WEE (HUANG DEWEI)			Policyholder NRIC	S8328740C	
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0	
ontact No.(Mobile)	86998495	Contact No.(Office)	0	Contact No.(Home)	0	
nail Address		Special Remark		eCode	No V	
FK.	● No ○ Yes TCA		No ○ Yes	eCode Reason		
CD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes	
Accident Details						
eport Date	04/01/2021 18:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear	
		Time of Accident hh:mm	21:50	Country of Accident	Singapore	
ate of Accident	03/01/2021	Orange Force		ICM No.		
eporting Centre		Orange Force				
ccident Location	Hougang Ave 6					
▼ Total Excess Applicable						
cess Type	Per Accident	Windscreen Excess	100.00			
			4 500 00			
D Standard Excess	2,000.00	TP Standard Excess	1,500.00	100 and 100 an		
IED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered	
dditional Excess	1500					
otal OD Excess Applicable	3500.00	Total TP Excess Applicable	1,500.00			
▽ Benefits						
GST Registered Informa	ition					
ST Registered	No		GST Registration Date	Yes		
ST Registration No.			GST Status Verified	Yes		
odification History						
 Policyholder Mailing Ad 					THE NAME OF THE OWNER,	
ddress 1	BLK 169C #06-669	Address 2	PUNGGOL FIELD	Address 3	THE NAUTILUS @ PUNGGOI	
Address 4	SINGAPORE 823169	Address Type	Singapore address	Post Code	823169	
Jnit No.	06-669	Related Policy Number	5112707968-01			
OI Driver Info						
oriver Name	NG TECK WEE (HUANG DEWEI)	Driver Type	Main Driver			
Innamed driver Name	NG TECK WEE (HUANG DEWEI) Driver Type Driver NRIC		S8328740C	Driver DOB	01/09/1983	
tegister Date of Driver License	29/09/2007	Driver Age	37	Driving Experience	13	
Contact No.(Mobile)	86998495	Contact No.(Office)	0	Contact No.(Home)	0	
	BLK 169C	Address 2	PUNGGOL FIELD	Address 3	THE NAUTILUS @ PUNGGO	
Address 1		Address Type	Singapore address	Post Code	823169	
Address 4	SINGAPORE 823169	Address Type				
Unit No.	06-669	Zanamara ang ang ang		Driver Insurer Company		
Does he own a Singapore Registered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company		
peclaration			0.0			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	● Yes ○ No			
Iodification History						
Claim 001 New						
Notes Triange	OD-MX	Insured Name	NG TECK WEE (HUANG DEWEI)	Insured NRIC	S8328740C	
Claim Type *			NIL NIL	Contact No.(Office)	30320.700	
Contact No.(Mobile)	96859090	Contact No.(Home)		TP Vehicle Number	SJR8616H	
Email Address		OI Vehicle Number	SMP3716K	12 Venicia Number	25.100.011	
Claimant Type Claimant Type *		Type of Benefit *	Please Select			
Claimant Name *	>>	Claimant NRIC *		1		
Claimant Address				Nome of Confession		
Claim Description	SMP3716K / SJR8616H ON 3 Jan 2021			Name of Preferred Workshop		
Preferred Workshop Contact		Insured Liability *	Not at Fault		National Parket Control	
No. Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
	04/01/2021 18:54	Claim Close Date		Date Received	04/01/2021 00:00	
Date Registered						
Report Taken By	Jackson					
Print AK letter						
			Save Submit			
Attachment						
Attachment						
•						
	MT/1116038	Claim No.	001			
Accident No.		Upload Date	04/01/2021 18:55			
Last Doc. Received	● Yes ○ No	Optodu Date		Confidential Urge	ency * Descri	
	Path *		Category *			
		Brows		NO V Normal		
		Brows		NO V Normal		
		Brows:		NO V Normal		
			e Clear Please Select		∨	
		Brows:	e Clear Please Select e Clear Please Select	NO V Normal	V	
		Brows	e Clear Please Select e Clear Please Select Clear Please Select	NO V Normal		

Attachment	List								sag
Attachment	Uploaded	By/Date	Category	9	Urgency	D	escription	Msg Sent? (CO)	_
Service Service	NAC_PAYA_UBI_800601(NATION CES) on 04 Ja		NRIC/ Driving License	Υ	Normal	NRIC/ Driving	ng License 2021-1-4		
THE T	NAC_PAYA_UBI_800601(NATION CES) on 04 Ja		NRIC/ Driving License	Υ	Normal	NRIC/ Drivi	ng License 2021-1-4		
1	NAC_PAYA_UB1_800601(NATION CES) on 04 Ja		SAS		Normal	SA	S 2021-1-4		
	NAC_PAYA_UBI_800601(NATION CES) on 04 Ja	NAL ASSESSMENT CENTRE SERVI n 2021 18:54	Photos		Normal	Phot	tos 2021-1-4		
艺	NAC_PAYA_UBI_800601(NATION CES) on 04 Ja	NAL ASSESSMENT CENTRE SERVI n 2021 18:54	Photos		Normal	Phot	tos 2021-1-4		
東	NAC_PAYA_UBI_800601(NATION CES) on 04 Ja		Photos		Normal	Pho	tos 2021-1-4		
	NAC_PAYA_UBI_800601(NATION CES) on 04 Ja	NAL ASSESSMENT CENTRE SERVI IN 2021 18:54	Photos		Normal	Pho	tos 2021-1-4		
	NAC_PAYA_UB1_800601(NATION CES) on 04 Ja		Photos		Normal	Pho	tos 2021-1-4		
1	NAC_PAYA_UB1_800601(NATION CES) on 04 Ja		Photos		Normal	Pho	tos 2021-1-4		
	NAC_PAYA_UBI_800601(NATION CES) on 04 Ja		Photos		Normal	Pho	tos 2021-1-4		
3	NAC_PAYA_UB1_800601(NATION CES) on 04 Ja		Photos		Normal	Pho	tos 2021-1-4		
Video List									
	Uploaded By/Date	Folder Date	F	ile Name		9	Source		,