NATIONAL Assessment Centre Se	rvices.  well Jan'os	SNO9 VIBOUNT		
Date In: 1/1/4-19:49 Jet	b description	Date & Time Complet	bed Done by	
	AS e-filing	İ		
	E-mail (within Shrs, AIC 2hr	s)		4
	-Motor Claim Form	M7/11/6842-00	1 11/12 142	٥
	-Motor W/O (Within: Of	2hrs, 7'P 4hrs)		
OD A 199. Reporting Only	-Photo Uploaded			
	ssessment/Survey Repo	rt		
TP Insurer:	ss't Report by <u>Fax / Ha</u>	nd to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	
TP Particulars: Veh No: JA 3531 R	IN	C( )/Non-INC(	)	
Owner / Driver: (		Tel:	)	
Policy No: ( ) Period: (		) Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [Note-l	Est. Status (WO): N:	0-20%; P: 21-79%. P:	30-100%]	
Year of Registration: ( ) Warra	nty: YES ( )/NO	( )		
Excess: (\$ ) Loading: \$1,000 (	)/\$2,000( )			
General Remarks				
( ) Walk-In Customer : Customer's information	on strictly Confidential	& Strictly NO refer of repair	irer.	
( ) Total Loss Case : to e-mail Insurer UR		* na - 1 3		
Drive-In ( ) / Towed-In ( ); Invoice: YES		; Towing Co: (		)
Remarks:- (INC hotline: 6788 6616)		Date&Time Complet	d* Done b	y
	mr Cor ( )		383 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
Apply for Transport Allowance ( )/Courte     QC Check / Post Repair Inspection	sy Car ( )			
	( )			
3) Upload Resurvey Photo [Repair Cost > \$3000]		<u> </u>		
Injury:				
Date/Time Actions				
*				
		•		
1.0				
Y.V.	Inveice	Preparation Checklist		Amt (3)
NOMO YVE.		cident Reporting (\$30);	and the second	
Claimant's Particulars:-	2) DA : Da	mage Assessment (\$100); IN	VC (\$80) \$40/\$45	
Driver/Owner:	3) TF : Tow 4) FT : Foll	ow-Through Survey	\$120	
Contact No:	5) FT : Foll	ow-Through Survey (Resurvey) ung against INC Only (wef 10 Jan	\$30 n 2005)	
	6) TR : Re-	inspection	\$75	
amaged Portion:	7) N1 : Ida	DA + SMRT Survey	\$160	
	OD.			
C Checked by (Engr-In-Charge):	*NS: Co	urlesy Car / Tpt Allowance	\$5 \$10	
	*N7: Fo	pair Co-ordination at Repair Inspection	\$25	
Anditors' Comments:	*N8: DV	/ Collect Excess Coordination	\$5	
at. ]:	TP (N11 9) N12: Ida	): TP (Non INC) against INC	\$20 ·.	
at. 2/3;	Invoice date	ed Fee Cha	MONETON VECTORS	a ja ja
	Invoice dat	ed Fee Cha	arged Market	

1 . per et 1 de

SN09211B0007 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 11/01/2021 14:47 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (11/01/2021 14:47 (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 11/01/2021 14:47 (SGT) Date of Accident 10/01/2021 15:10 (SGT) Exact Location of Accident Upper Serangoon Rd, Singapore Additional Location Information before serangoon central Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMS6992T

### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner HAMZAH BIN OSMAN NRIC No SXXXX231A Email Address sal fairlady65@hotmail.com Mobile Phone No (Phone) +65-90222812 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer Honda Model Fit Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Private car

# INSURANCE COMPANY

NTUC Name of Insurance Company Type of Coverage Comprehensive Fleet Policy Policy Number 5116600906 Cover Note Number

## DRIVER

Name of Driver SALINA BINTE BASIR NRIC No SXXXX581H 06/09/1965 Date Of Birth Occupation Indoor

Date Of Driving Pass 21/11/2013 Driving experience 7 YEARS AND 2 MONTHS Gender Female Mobile Number (Phone) +65-96273269 Alt. Phone Number Email Address sal\_fairlady65@hotmail.com **BLK 501 HOUGANG AVENUE 8** Address Address complement #10-630 Postcode 530501 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 - Change/cross lane Weather Conditions Raining Road Surface Wet 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? PASSENGER 1 HAMZAH BIN OSMAN Name Gender Male 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 SJA3531R Vehicle Manufacturer Honda Vehicle Model Jazz Vehicle Variant Vehicle Colour Vehicle Category Private car 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	SALINA BINTE BASIR
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMS6992T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	

INJURED 2	
Name of injured person	HAMZAH BIN OSMAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMS6992T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
ž. 3.3 š	

### SKETCH PLAN

### **IMPORTANT NOTICE**

- 1) Please report correctly the details of the accident to speed up the claims process.
- 2) 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")
- 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.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:

# SKETCH PLAN

Venicle A: Sms 69927

venicle B: SJA3531R

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gbryp+	tly into	my Lan	ie and	hit onto	my ver	ticle front	left portion.
ausing	g damagi	s to my	vehicle	front le	et portion	n. We too	ik photes and
xcha n	ge parti	culos an	I proceed	to file fo	- insura	no. We	felt poin and
d'iscoppy	fort and	consulted	a docto	r 2+ 24	hr chnic	, hearby	our house
			Walnut Control				

# DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:

Date of Accident	: 10/1/2021 Accident Time: 15 10 (24-HR-Format)
Accident Place	: Upper Jeronguan Road before serongoon central
Vehicle No. (Car Plate No.)	: SMS 6992T Make/Model: HONDA FIT
Insurance Company	:
Owner or Company Name /IC No.	HAMZAH BIN OSMAN S1309231A
Owner or Company Contact No.	: 90222812 Owner's HpCompany Tel
DRIVER'S Name / IC No.	SALINA BINTE BASIZ SI7125814
DRIVER'S Date Of Birth	: 06   09   19 65 DRIVER'S License Pass Date 21/11   2013
Relationship of Owner & Driver	:Spouse\Parent\Children\Sibling\Employee\Others:
DRIVER'S Address	: 501 HOUGANG AVENUE 8 # 10-630 S (530501)
DRIVER'S Contact No./ Alt No.	:1) 9627 3269 2)
DRIVER'S Occupation :[INDO	OOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Repo	rting Only (Claim Other Party ) Claim Own Insurance
Number of Passengers (Including Dri	ver): 02
Was there any video Captured by car Exact purpose for which vehicle was be Any Injury (If YES, Pls state):	eing used at time of accident: Private use \Work Purpose
Other Par	ty Driver's Particular (if any)
Vehicle. No: SJA 3531 R	Vehicle. No:
Vehicle Make \Model: HONDA JA	Vehicle Make \Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

NEW - Passenger's name & gender:
HAM24H BIN OSMAN/M



### Certificate of Insurance

Cover : drive PREMILIM

HAMZAH BIN OSMAN

To Be Advised

GK33415867

10 Mar 2020

: 09 Mar 2021

MOTOR VEHICLES (THIRD PARTY ROKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) ROAD TRANSPORT (AMENOMENT) ACT, 2019 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Cartificate Number: \$116600906

1. Index mark and Registration Number of Vehicle Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Espiry Date of Insurance

5. Persons of Classes of Persons entitled to driver

(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 of regulation in that behalf from driving the Motor Vehicle.

6. Umitations as to Used

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

# This Policy does not cover

(a) Use for hire or reward

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

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

(d). Use for any purpose in connection with the Motor Trade.

# Landations 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 neadings.

55600 EXCESS (SECTION 1) EXCESS (SECTION 2) : 55100 WINDSCREEN EXCESS ADDITIONAL EXCESS UNNAMED DRIVER EXCESS . YES

REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE

NCO PROTECTION TRANSPORT ALLOWANCE

EXCESS WAIVER PRIMARY DRIVER NAMED DRIVER (1) NAMED DRIVER (2)

HIRE PURCHASE COMPANY

SUM INSURED

PLEASE REFER OVERLEAF

NO

SALINA BINTE BASIR

N/A : N/A

OCBC BANK LTD

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency Date of Issue VENTURE CARS PTE LTD. (00000573058)

06 Mar 2020 14:13 hrs

FOR NEUC INCOME INSURANCE CO-OPERATIVE LIMITED

Hello, NAC_PAYA_UBI_80060	1						→ Chang	e Languag	e • Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	lo.				Date	of Accident	[	10/01/2021 1	5:10	
	Vehicle	No.(For Motor)	SMS69	92T		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	5116600906		HAMZAH BIN OSMAN	S1309231A	GPC	drivo PREMIUM	SMS6992T	SMS6992T	10/03/2020	09/03/2021

Policy No.	511660	00906	Policyho Name	older HAMZ	AH BIN OSMA	N.N.	Policyholder NRIC	S1309231A	
Certificate			Name				NRIC		
No. Address	BIV 50	1 #10-630 HOUGANG A	VENUE 8 9	SINGAPORE	530501				
Product				SINGAPORE	330301		Group		
Name	PRIVAT	TE CAR INSURANCE	Plan				Policy Flag	N	
Policy ssue Date	06/03/	2020	Effective Date	e 10/03	/2020 00:00		Expiry Date	09/03/2021	23:59
Excess Type	Per Acc	cident	All Clain Excess	ms					
Third Party Excess	0		Own damage Excess	600			Windscreen Excess	100	
Additional Excess	0		OS Premiur	m 0					
Outside Singapore OD Excess	600		Outside Singapo TP Exce	ore 0				You	ng/Inexperience Driver Excess
Agent	VENTU	RE CARS PTE, LTD.	Agent T	rel. 6289	8800		GST Flag	Υ	
Co- nsurance	No								
- 1 To 1 T									
Open									
Flag Open Policy Info Certificate Info									
Open Policy Info Certificate Info	nolder M	lailing Address							
Open Policy Info Certificate Info Policy	nolder M	<b>Hailing Address</b> BLK 501 #10-630	A	Address 2	HOUG	ANG AVENUE	8	Address 3	SINGAPORE 530501
Open Policy Info Certificate Info	nolder M	OF CHAPTER AND ADDRESS OF THE OWNER OWNE		Address 2		ANG AVENUE ore address		Address 3 Post Code	SINGAPORE 530501 530501
Open Policy Info Certificate Info Policyh Address 1	nolder M	OF CHAPTER AND ADDRESS OF THE OWNER OWNE	A R		e Singap	ore address			
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.		OF CHAPTER AND ADDRESS OF THE OWNER OWNE	A R	Address Typ Related Polic	e Singap	ore address			
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	d Objec	BLK 501 #10-630 t: SMS6992T	A R	Address Typ Related Polic	e Singap	ore address			
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure	d Objec	BLK 501 #10-630 t: SMS6992T	R	Address Typ Related Polic Number	e Singap	ore address		Post Code	
open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure Insure	d Object	BLK 501 #10-630 tt: SMS6992T	ent B	Address Typ Related Polic Number	e Singap  y 511660  ement Type	ore address		Post Code Status	530501

ccident MT/1116840           Folicy No.         5116600906         Vehicle No.         SMS69           Certificate No.         SMS69			
	992T	GST Registration No.	
	9	Policyholder NRIC	S1309231A
licyholder Name HAMZAH BIN OSMAN			
oduct Code PRIVATE CAR INSURANCE Cover Type drivo P	PREMIUM	Loading	0
ontact No.(Mobile) 90222812 Contact No.(Office) 0		Contact No.(Home)	0
nail Address Special Remark		eCode	Nc V
	○Yes	eCode Reason	TENODE BROOK
000			
CD Protection Yes NCD Entitlement(%) 50		Private Hire	No
Accident Details			
eport Date 11/01/2021 14:48 Accident Report Within 24 hrs Yes		Accident Type	Collision - Change / Cross lane
ate of Accident 10/01/2021 Time of Accident hh:mm 15:10		Country of Accident	Singapore
eporting Centre Orange Force		ICM No.	
cident Location Upper Serangoon Rd			
Total Excess Applicable			
cess Type Per Accident Windscreen Excess	100.00		
Standard Excess 600.00 TP Standard Excess	0.00		
ED OD Excess 0.00 YIED TP Excess	0.00	Driver is Covered?	Covered
dditional Excess 0			
	Water the same of		
otal OD Excess Applicable 600,00 Total TP Excess Applicable	0.00		
<b>▼</b> Benefits			
GST Registered Information			
_	GST Registration Date		
	GST Status Verified	Yes	
	automos na cigos e o con como possibili (1905). Tak	100/00	
dification History			
Policyholder Malling Address			
ddress 1 BLK 501 #10-630 Address 2 HOUGA	SANG AVENUE 8	Address 3	SINGAPORE 530501
	pore address	Post Code	530501
nit No. Related Policy Number 51166	500906		
OI Driver Info			
river Name SALINA BINTE BASIR Driver Type Main D	Driver		
nnamed driver Name Driver NRIC S1712	2581H	Driver DOB	06/09/1965
egister Date of Driver License 21/11/2013 Driver Age 55		Driving Experience	7
ontact No.(Mobile) 96273269 Contact No.(Office) 0		Contact No.(Home)	0
ddress 1 BLK 501 Address 2 HOUGA	SANG AVENUE 8	Address 3	SINGAPORE 530501
		Post Code	530501
	pore address	rost code	550501
Init No. 10-630			
obes he own a Singapore O Yes  No Driver Vehicle No.		Driver Insurer Company	
egistered carr			
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reathalyser or Blood Test 0 mg Any injury?   Any injury?  Yes odification History  Claim 001 New  Islam Type * OD-MX V Insured Name HAMZ/ ontact No.(Mobile) 90222812 Contact No.(Home) 63869	ZAH BIN OSMAN 9412	Contact No.(Office)	
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reathalyser or Blood Test 0 mg Any injury?   Omg Any injury?  Omg Any injury?  Object of the state of the sta	ZAH BIN OSMAN 9412	Contact No.(Office)	
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reathalyser or Blood Test eading?  Omg  Any injury?  Preserval alimant Type *  OD-MX  Insured Name  HAM2  Contact No.(Home)  63869  OI Vehicle Number  SMS65  Flease Select  Type of Benefit *  Please  Please Select  Claimant NRIC *	zah bin Osman 9412 992T	Contact No.(Office)	
reathalyser or Blood Test omg Any Injury?   Any Injury?   Yes addification History  Claim 001 New  Laim Type * OD-MX V Insured Name HAM2.  Contact No.(Mobile) 90222812 Contact No.(Home) 63869  mail Address Sal_fairlady65@hotmail.com OI Vehicle Number SM568  laimant Type Claimant Type * Piease Select V Type of Benefit * Piease  laimant Name * Select V Claimant NRIC * Select V Insured Name Select V Type of Benefit * Piease  laimant Address	2AH BIN OSMAN 9412 992T e Select	Contact No.(Office)	
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reathalyser or Blood Test eading?  Omg  Any injury?  © Yes  odification History  Claim 001  New  Laim Type *  OD-MX  Insured Name  HAMZ/ Contact No. (Home)  63869 mail Address  Sal_fairlady65@hotmail.com  OI Vehicle Number  SM565 laimant Type Claimant Type *  Please Select  Type of Benefit *  Please laimant Address  Salmant Address  Salmant Secription  SM56992T / SJA3531R ON 10 Jan 2021  referred Workshop Contact  Ong  Not at  Preferered Repair Option  Prefere	AH BIN OSMAN 9412 992T a Select V at Fault Fred Workshop, Name unknown V	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SJA3531R  Received
reathalyser or Blood Test eading?  Omg  Any injury?  © Yes  odification History  Claim 001  New  Claim Type *  OD-MX  Insured Name  HAMZ/ Contact No. (Home)  63869  mail Address  Sal_fairlady65@hotmali.com  OI Vehicle Number  SM565  laimant Type Claimant Type *  Please Select  Type of Benefit *  Please  laimant Address  Salam Description  SM56992T / SJA3531R ON 10 Jan 2021  referred Workshop Contact  Output  Insured Liability *  Not at  Output  Preferered Repair Option  Prefered Registered  11/01/2021 14:50  Claim Close Date	AH BIN OSMAN 9412 992T a Select V at Fault Fred Workshop, Name unknown V	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	SJA3531R  Received
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ttachment	Uploade	d By/Date	Category	?	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIO	ONAL ASSESSMENT CENTRE SERVI Jan 2021 14:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-11	
9		DNAL ASSESSMENT CENTRE SERVI Jan 2021 14:52	SAS		Normal	SAS 2021-1-11	
		ONAL ASSESSMENT CENTRE SERVI Jan 2021 14:51	Photos		Normal	Photos 2021-1-11	
215		ONAL ASSESSMENT CENTRE SERVI Jan 2021 14:51	Photos		Normal	Photos 2021-1-11	
		ONAL ASSESSMENT CENTRE SERVI Jan 2021 14:51	Photos		Normal	Photos 2021-1-11	
		DNAL ASSESSMENT CENTRE SERVI Jan 2021 14:50	Photos		Normal	Photos 2021-1-11	
1		DNAL ASSESSMENT CENTRE SERVI Jan 2021 14:50	Photos		Normal	Photos 2021-1-11	
6		DNAL ASSESSMENT CENTRE SERVI Jan 2021 14:50	Photos		Normal	Photos 2021-1-11	
9		DNAL ASSESSMENT CENTRE SERVI Jan 2021 14:50	Photos		Normal	Photos 2021-1-11	
		DNAL ASSESSMENT CENTRE SERVI Jan 2021 14:50	Photos		Normal	Photos 2021-1-11	
台		DNAL ASSESSMENT CENTRE SERVI Jan 2021 14:50	Photos		Normal	Photos 2021-1-11	
Video List						Source	