NATIONAL Assessment Centre S	ervices.  well Jan'os   []	09211(0000		
	lcb description	Date & Time Completed	Done by	
Ref No: 11/12/2005 68 /24	SAS e-filing			
Ach No: CA IPEROORS & CA	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 11/1/19:05	i-Motor Claim Form	M7/11/7/17-001	MILY	7:09
10	i-Motor W/O (Within: OD 2hr			
OD (TP) Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Fax:	
TP Particulars: Veh No: 4027	INC (	)/Non-INC( ).		
Owner / Driver: (		Tel:	)	
Policy No: ( ) Period	1: (	Cover Type: (	) .	
Confirmed by : (	Date:	Time:	)	
	e-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-	100%]	
	ranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,000	( )/\$2,000( )			
General Remarks:-			100 m	<u> </u>
( ) Walk-In Customer: Customer's informa		trictly NO refer of repairer		
( ) Total Loss Case : to e-mail Insurer I		, *		
Drive-In ( )/Towed-In ( ); Invoice: Y		Towing Co: (		)
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Doneb	y
	rtesy Car ( )			
Apply for Transport Allowance ( ) / Cour.     QC Check / Post Repair Inspection	( )		3	
3) Upload Resurvey Photo [Repair Cost > \$300]	01 ()			
5) Optoad Resulvey Fribin (Repair Costs \$550				
Injury:		1	07000 8000 800 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del>, 11, 2,</del>
Oste/Time Actions		and the second s	\$45800XXXX	
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VA.	Invoice Pr	eparation Checklist	fit Bill	Add Bi
MM00439 :	1) AR : Accide	nt Reporting (\$30);	(000)	
aimant's Particulars :-	2) DA : Darrag 3) TF : Towing	e Assessment (\$100); INC	\$40/\$45	
river/Owner:	4) FT : Follow-	Through Survey	\$120 \$30	
ontact No:	For claiming	Through Survey (Resurvey) against JNC Only (wef 10 Jan 20	105)	
amaged Portion:	6) TR : Re-insp	pection	\$160	
imaged 1 orden.	8) NTUC Addi	A + SMRT Survey		
C Charled by Community Charman	OD*		\$5	
C Checked by (Engr-In-Charge):	*N6: Repair	sy Car / Tpt Allowance Co-ordination	510	
	•N7: Fost R	epair Inspection Collect Excess Coordination	\$25 \$5	
uditors! Comments ::		TP (Non INC) against INC	\$20	
<u>t. 1:</u>	9) N12: Idac N		30 8a	(1)
t. 2/3;	Invoice dated	Fee Charge	MANAGE SECTION	

in part of the



# 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

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

12/01/2021 17:05 (SGT) Date of Submission 11/01/2021 19:05 (SGT) Date of Accident Bendemeer Rd, Singapore Exact Location of Accident Additional Location Information Singapore Country/State of Loss

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **GBJ1006B** 

### INSURED/POLICYHOLDER

Is company? SKY-MAC AIRCON ENGINEERING PTE LTD Name Of Registered Owner Company Reg No 2XXXXXX058M accounts@skymac.com.sg **Email Address** (Phone) +65-67441904 Mobile Phone No (Home) +65-67441904 Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer Nhr87aue4aa 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

Name of Insurance Company Type of Coverage Comprehensive Fleet Policy 5114588158-01 Policy Number Cover Note Number

### DRIVER

ADAIKKAPPAN BOOPATHI Name of Driver Passport No/FIN FXXXX056R 06/11/1978 Date Of Birth Outdoor Occupation

09/12/1997 Date Of Driving Pass 23 YEARS AND 1 MONTH Driving experience Gender Male (Phone) +65-82862532 Mobile Number Alt. Phone Number Email Address accounts@skymac.com.sg 53 UBI AVENUE 1 Address #03-55 PAYA UBI INDUSTRIAL PARK Address complement ..... 408934 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 drizzling Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 7 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 **GAZIL BABUL** Name Male Gender PASSENGER 2 Name Male Gender PASSENGER 3 Name Gender Male PASSENGER 4 Name Male Gender PASSENGER 5 Name Male Gender PASSENGER 6 Name Male Gender DETAILS OF POLICE ACTION No Was the accident reported to the police? 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?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	GBE2208E
Vehicle Manufacturer	<del>2</del>
Vehicle Model	<u>=</u>
Vehicle Variant	
Vehicle Colour	•
Vehicle Category	Commercial vehicle
Name of Driver	<del>5</del> 0
Contact Number	<b></b> 2
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	<b>GAZIL BABUL</b>
Address	-
Address Complement	-
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBJ1006B
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.
- 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)

Lunderstand, 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

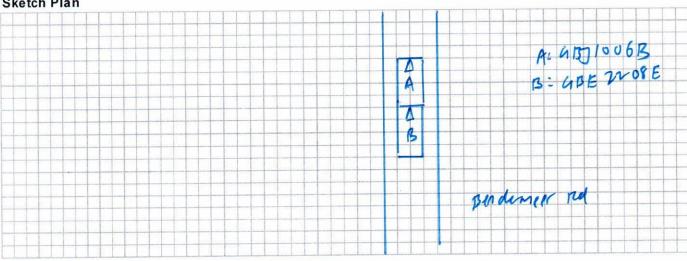
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Rese	to statement.	
1	7 01 1 07 1 -	

## Declaration

We declare the foregoing particulars are true in every respect.

ENGINE PIE

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

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

# ACCIDENT STATEMENT

ACCIDENT DATE: ( ) / (DD)	/MM/YYYY), TIME:( (9: + )(HH:MM)
LOCATION: Budemer nd	
LOCATION: DOM CT-/(II 100	h.:
1. DETAILS OF VEHICLE	¥
a) VEHICLE NUMBER:	010063
	MIX
c)POLICY NUMBER:	
	THIRD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL:	
Wild a	AN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / CO	
h) PURPOSE OF USING AT ACCIDENT	
i) ARE YOU CLAIMING UNDER YOUR	
IF NO, PLEASE STATE (THIRD PARTY)	LAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	
A)NAME:	
b)NRIC/FIN/PASSPORT:	CONTACT: 67 44 19 04
c)ADDRESS:	
* CONTINUE TO 3.d IF DRIVER ALSO P	OLICY HOLDER
Ho of passengs. DRIVER	
(Including driver) DINDIC/FIN/PASSPORT	(MALE / FEMALE) CONTACT:
(7-) CIADDRESS	CONTACT: 6 786943 P
G///SD//(200	*
6 mg/c.	1/55/11/15/0000
*d)DATE OF BIRTH: (//	
e)OCCUPATION: (INDOOR / OUTDO	OR)
f) YEARS OF DRIVING EXPRERIENCE:	E INCUEDIG COMPANIO (FEE: (NO)
<ol> <li>WAS DRIVER AN EMPLOYEE OF TH IF NO, RELATIONSHIP OF THE DRI</li> </ol>	E INSURED'S COMPANY? (YES / NO)
5. a)WEATHER CONDITION: (CLEAR / RA	
b)ROAD SURFACE: (DRY / WE) / OTHI	
6. WAS ANYBODY INJURED (YES/NO)	
7. a) REPORTED TO POLICE (YES / NO	
IF YES, PLEASE STATE WHICH POLICE	STATION:
8. THIRD PARTY VEHICLE	
H We of passenger a) VEHICLE NUMBER: 4BE 27	MODEL:
(Including drives) b) DRIVER'S NAME:	
(Including driver) b) DRIVER'S NAME:	CONTACT:
9. THIRD PARTY VEHICLE	
	MODEL:
No of passenger e) DRIVER'S NAME:	
(Induding driver) f) DRIVER'S NAME:	CONTACT
( )	
*	

email =

fax =

VIDEO =

# Report :-

On 11/1/21, at about 19:07 hrs, I was driving my company vehicle GBJ1006B along Bendemeer Road when it was involved with an accident with the vehicle GBE2208E. There were a total of 6 Passengers in my vehicle.

The traffic was quite heavy I was slowing down and then stopped. However moments later, I felt a strong impact from behind and then realised that my vehicle was rear-ended by GBE2208E

My passenger Gazil Babul later went to Khoo Teck Puat Hospital for consultation and he was given 2 days MC. I will also check with the other passengers whether they need medical treatment.



### 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: 5114588158-01 Cover: Comprehensive

1. Index mark and Registration Number of Vehicle

: GBJ1006B

Chassis Number

JAANHR87EJ7100236

Name of Policyholder

SKY-MAC AIRCON ENGINEERING PTE LTD

3. Effective Date of Insurance

: 02 Jan 2021

4. Expiry Date of Insurance

: 01 Jan 2022

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 business or profession.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- # 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.

 EXCESS (SECTION 1)
 : \$\$600

 EXCESS (SECTION 2)
 : N/A

 WINDSCREEN EXCESS
 : \$\$100

INSURE WITH COE : YES

HIRE PURCHASE COMPANY : DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD
SUM INSURED : 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

: WTT INSURANCE AGENCIES PTE LTD (00000614933)

Date of Issue

: 18 Dec 2020 15:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

**Chief Executive** 

<b>eBao</b> Tech	GeneralClaim										IClaim
Hello, NAC_PAYA_UBI_800	601			**************************************			› Change La	anguage	· Change	Password	▶ Log Out
My Desktop	Polic	y Query						<u> Australous de la constitute de la cons</u>			
Notice of Loss	Policy N	0.				Date o	of Accident	11/0	01/2021 19	:05	
	Vehicle	No.(For Motor)	GBJ100	)6B		Certifi	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5114588158- 01		SKY-MAC AIRCON ENGINEERING PTE LTD	201111058M	GCV	Comprehensive	GBJ1006B	GBJ1006B	02/01/2021	01/01/2022
					C	ontinue					

olicy No.	5114588158-01	Policyholder Name	SKY-MAC A	IRCON ENGINEERING	Policyholder NRIC	201111058M	
Certificate							
ddress	53 UBI AVENUE 1 #03-55 PAYA	UBI INDUSTR	RIAL PARK SI	NGAPORE 408934			
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy ssue Date	18/12/2020	Effective Date	02/01/2021	00:00	Expiry Date	01/01/2022 23:	59
xcess	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	WTT INSURANCE AGENCIES PTE	Agent Tel.	62965445		GST Flag	Y	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	nolder Mailing Address	Aww.					
Address 1	53 UBI AVENUE 1	Addr	ess 2	#03-55 PAYA UBI I	INDUSTRIAL	Address 3	SINGAPORE 408934
Address 4		Addr	ess Type	Singapore address		Post Code	408934
Unit No.	03-55	Relat Num	ted Policy ber	5114588158-01			
<b>▶</b> Insure	d Object: GBJ1006B						
	sements						
<b>▽</b> Endors							

Marchan   Marc	olicy No.	5114588158-01	Vehicle No.	GB)1006B	GST Registration No.	
# STANSA - MAY PARCES MERITED   1987		311-300130-01	. 41.114.4.1141	The second secon		
Convertication   Conv					Delicabeldes AID10	2011110E9M
STATE	licyholder Name	SKY-MAC AIRCON ENGINEERING PTE LTD			Policyholder NRIC	201111058M
Series Personal Series Persona	oduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
Section   Sect	ntact No.(Mobile)	0	Contact No.(Office)	67441904	Contact No.(Home)	0
Second   S					eCode	No V
Note		8 11 0 11-1		● No ○Yes	eCode Reason	
## ADMINISTRATION   Control   Contr	K	● No ○ Yes				No
Martine   Mart	CD Protection	No	NCD Entitlement(%)	20	Private Hire	NO
March   Marc	Accident Details					
Compare   Comp	eport Date	12/01/2021 17:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Control   Cont	ate of Accident	11/01/2021	Time of Accident hh:mm	19:05	Country of Accident	Singapore
Part			Orange Force		ICM No.	
Part			Orange Force			
Marie		Bendemeer Rd				
Standard Decision	Total Excess Applicable					
Decided Decided   Decide	cess Type	Per Accident	Windscreen Excess	100.00		
Discreption						
Total Transmister   Tot	Standard Excess	600.00	TP Standard Excess	0.00		
March   Marc	ED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
March   Marc	tditional Excess					
## Search		****	Total TD Evenes Applicable			
To Separation (In S		600.00	Total TP Excess Applicable			
Triguestand						
Targetistic   Part	GST Registered Informa				0.000000	
120(12021 17 0185 5 years newaye 60 ff segarence from No 10 to 12						
1,501/2003   17-0015   59-9989 m changed of 17-8-99978 mobile that the min in the 2011/200401	CO CO CONTRACTOR CONTRACTOR SE				Yes	
Palicy   P	odification History	12/01/2021 17:08:55 System	changed GST Registration No. fr	om null to 201111058M		
Marker   M		12/01/2021 17:08:55 System	n changed GST Registration Date	from null to 01/06/2011		
Address Type	Policyholder Mailing Ad	iress				
March   Marc	ddress 1	53 UBI AVENUE 1	Address 2	#03-55 PAYA UBI INDUSTRIAL	Address 3	SINGAPORE 408934
Second   Content   Conte			Address Type	Singapore address	Post Code	408934
## OF Driver Tark  ## OF Driver Tark  ## Unnamed Driver    Driver Type		03.55	200000000000000000000000000000000000000	The first of the same of the s		
		03-55	Related Folicy Number	3114300130-01		
Driver Name   ADALOCAPPAN BOOPATHS   Driver NBTC   F3104056R   Driver DBS   06/11/1378	OI Driver Info					
### Date of Orner License   09/12/1997   Driver Age   42   Driving Experience   22   Driving Experience   23   Driving Experience   23   Driving Experience   23   Driving Experience   25   Driver Age   42   Driver Age   42   Driver Age   42   Driver Age   43   Driver Age   44   Dri	river Name	Unnamed Driver	Driver Type	Unnamed Driver		
Contact No. (Notice Sur Notice Noti	nnamed driver Name	ADAIKKAPPAN BOOPATHI	Driver NRIC	F8104056R	Driver DOB	06/11/1978
00144 No (Mobile)	egister Date of Driver License	09/12/1997	Driver Age	42	Driving Experience	23
## Address 1			Contact No.(Office)	0	Contact No.(Home)	0
Address Type Singapore address Post Code 408934  Init No. 0J-55  Over @ No Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insurer Complany  Claim ost				PAVA LIRI INDUSTRIAL PARK	Address 3	SINGAPORE 408934
Driver Vehicle No.  Driver Vehicle No.  Driver Insurer Company  Claim 501  Mex  Contact No. (Mohile)  Contact No. (Moh		53 UBI AVENUE 1				
Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insurer Company graphered (apr ) graphered (	ddress 4		Address Type	Singapore address	Post Code	400934
eclaration rectablyser or Blood Test eaeding?  Claim Type * OD-MX	Init No.	03-55				
eclaration recalling or Blood Test casing?  Any injury?  (a) Yes () No  Any injury?  (b) Yes () No  Claim 001  Name  Claim Type *  OD-MX		○ Yes   No	Driver Vehicle No.		Driver Insurer Company	
Any injury?  © yes One  claim 001 New  Contact No (Mobile)  Contact No (Office)  Contact No (	egistered carr					
Any injury?  © yes One  claim 001 New  Contact No (Mobile)  Contact No (Office)  Contact No (	eclaration					
claim 001 Nex  Claim 001 Nex  Claim 001 Nex  Claim 17pe * OD-MX		0.00	Any injury?	Yes ○ No		
Insured Name    SKY-MAC AIRCON ENGINEERIN    Insured NaTC   20111058M	eading?	o mg	Any mony	9,420,110		
taim Type * OD-MX						
Taim Type * OD-MX	odification History					
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Mail Address   OI Vehicle Number   GB10068   TP Vehicle Number   GB2208E      Ialimant Type Claimant Type    Please Select	laim Type *	OD-MX	Insured Name	SKY-MAC AIRCON ENGINEERING	Insured NRIC	201111058M
mail Address    Di Vehicle Number   GB31006B	ontact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67441904
Attachment  Attachment  Attachment  Attachment  Attachment  Please Select  Type of Benefit * Type of Bene				GBJ1006B	TP Vehicle Number	GBE2208E
Claimant NAIC *  Lamant Address  Lamant Addres		Disease Select				
Taliamant Address  Taliam Description  GB11006B / GBE2208E ON 11 Jan 2021  Insured Liability * Not at Fault				I rease seed		
Same Description   GB)1006B / GBE2208E ON 11 Jan 2021		22	Claimant NRIC *			
Insured Liability * Not at Fault vesure Frefered Workshop Contact volume (and in the part of the part	laimant Address					
Preferred Repair Option Preferred Workshop, Name unknown	laim Description	GBJ1006B / GBE2208E ON 11 Jan 2021		Marie	Name of Preferred Workshop	ρ
Preference Repair Option Preferred Workshop, Name unknown V GIA report Received    12/01/2021 17:09   Claim Close Date   Date Received   12/01/2021 00:00			Insured Liability *	Not at Fault		
Attachment  Attachment  Accident No. MT/1117117 Claim No. 001 ast Doc. Received   Path * Category * Confidential Urgency * Description of the confidency * De		Vec [52]			GIA report	Received
Report Taken By Dackson  Print AK letter  Save Submit  Attachment  Attachment  Attachment  Print AK letter  Claim No. 001  Accident No. MT/1117117 Claim No. 001  Accident No. MT/1117117 Claim No. 001  Accident No. MT/1117117 Claim No. 001  Browse Clear Please Select V NO V Normal V   Browse Clear Please Select					The state of the s	
Attachment  Attachment  Claim No. 001  Socident No. MT/1117117 Claim No. 001  ast Doc. Received  Yes No Upload Date 12/01/2021 17:11  Path * Category * Confidential Urgency * Descript  Browse Clear Please Select  NO Normal    Browse Clear Please Select  NO NO NORMAL    Browse Cl	ate Registered	12/01/2021 17:09	Claim Close Date		Date Received	12/01/2021 00:00
Attachment  Attachment  Attachment  Accident No. MT/1117117 Claim No. 001  ast Doc. Received	eport Taken By	Jackson				
Attachment  Attachment  Accident No. MT/1117117 Claim No. 001  Last Doc. Received	Print AK letter					
Attachment  Cident No. MT/117117 Claim No. 001  ast Doc. Received  Yes No Upload Date 12/01/2021 17:11  Path * Category * Confidential Urgency * Description of the confidential Urgency * Description	T SILIN DO LETTEL					
ccident No. MT/11717 Claim No. 001 ast Doc. Received   Yes No				Save Submit		
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Attachment	Uploade	d By/Date	Category	9	Urgency		Description	Msg Sent? (CO)
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♥ Video List	Uploaded By/Date	Folder Date		File Name		9	Source	A