Tigle In:	Services [well 1 Jan'05]	Date &Time Completed	Done by
Date In: ///o3/21	SAS e-filing		
Ref No: NA/WC31503200/12	E-mail (within Shrs, AIC 2hrs)		4
Veh No: \$8\omega9330	i-Motor Claim Form //01	MT/1124039-00) l
D.O.A: 10/03/21 1/30	i-Motor W/O (Within: OD 2hrs	-	
OD / TP / Reporting Only	i-Photo Uploaded	1	
<u> </u>			
TP Insurer:	Assessment/Survey Report	A Owner/Wksp	
	Ass't Report by Fax / Hand t		ax:)
Preferred Wksp / INC Assign Wksp / QW: (DIC.	101.	
TP Particulars: Veh No:	4N367C. INC(Tel:	
Owner / Driver: (Cover Type: ()
Policy No: (Peri	iod: ()	Time:)
Confirmed by : (Date:		00%]
	Note-Est. Status (WO): N: 0-2	0%, F. 21-7970. 1. 50°.	,
t car of recognitations (Varranty: YES ()/NO (<u>/</u>	
Excess: (\$) Loading: \$1,00		at manager of the fact of the second	শ্বস্থান বিশ্বস্থা
General Remarks			Strain Strain Comment
() Walk-In Customer : Customer's infor	mation strictly Confidential & S	trictly NO refer of repairer.	
() Total Luss Case : to e-mail Insure	r URGENTLY.	<u>, </u>	
Drive-In ()/ Towed-In (); Invoice:	그들은 아이들은 아이들은 그 아이들이 아이들이 아이들이 아이들이 얼마나 없다고 있다.	Towing Co: (''	.)
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1) Apply for Transport Allowance ()/C	ourtesy Car ()		
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Frynd Ch

SN09213B0006 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 11/03/2021 10:14 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (11/03/2021 10:14 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

This Form must be completed by the Policyholder and/or the Authorised Driver
 Information provided must be as truthful and accurate as possible. Any willful 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 Indocement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report balos made available aforesaid.

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

11/03/2021 10:14 (SGT) Date of Submission 10/03/2021 11:30 (SGT) Date of Accident Nicoll Hwy, Singapore **Exact Location of Accident** JUNC OF JAVA ROAD Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SBW9933D Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? MIK CHEE CHUEN Name Of Registered Owner SXXXX843C NRIC No SELINKET@SINGNET.COM.SG **Email Address** (Phone) +65-96600488 Mobile Phone No +65-96600488 Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Vellfire 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

NTUC Name of Insurance Company Comprehensive Type of Coverage No Fleet Policy 5117480266 Policy Number Cover Note Number

DRIVER

MIK CHEE CHUEN Name of Driver SXXXX843C NRIC No 10/10/1970 Date Of Birth Outdoor Occupation

25/04/1994 Date Of Driving Pass 26 YEARS AND 11 MONTHS Driving experience Male Gender (Phone) +65-96600488 Mobile Number +65-96600488 Alt. Phone Number SELINKET@SINGNET.COM.SG Email Address BLK 120 BEDOK NORTH STREET 2 Address #15-172 Address complement 460120 Postcode Yes Is the driver the policyholder? If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Hit by fallen tree / Other objects Type of Accident Clear Weather Conditions Dry Road Surface 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? Yes Was any other material or property damaged? Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION No Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE ATTACHED STATEMENT. ATTACHMENT(S) Yes Are accident photos available for attachment? No Was there any video captured by Car Camera? No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 YN267C Vehicle Registration Number Vehicle Manufacturer Vehicle Model

 Vehicle Registration Number
 YN267C

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Commercial vehicle

 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)

SKETCH PLAN

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.
- 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.
- 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' lawyers/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 & Time

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

Witnessed by Reporting Centre Personnel

11/02/21

Sketch Plan

Java Road

A: SBW9983D B: YN 267C

my vehicle (SBW9933D) along Wheal Highway heading towards KPE. At the junction of Nicoll Highway and Java B road, there was road works on the most lest lane. Nicoll highway As I an driving along the road on the Scrond lone. Suddenly Veh B (YN 267E) reversed on the He was lest lane and tilt the water parvise on the He was lane. The Dive to the impact, the water ham was high hit arto the second lane which my vehicle yes travelling at. There was no files for me to react and it hit my vehicle front portion.		10/03/2021 at about 11:30 hrs, I was driving
towards KPE. At the junction of Nicoll highway and Itua & road, there was road works on the most left land in Nicoll highway As I am driving along the road on the Second lane, suddenly Veh B (TN 267c) reversed on the the most left lane and hit the water barrier on the his lane. They Due to the impact, the water barrier was his lane. There was no time for me to react	my	
A road, there was road works on the most left land in Nicoll highway. As I am driving along the road on the Second lone, suddenly Veh B (TN 267c) reversed on the H most left lone and hit the water barrier on the his lane. They Due to the impact, the water barrier was high hit onto the second lane which my vehicle was travelling at. There was no time for me to react	towa	rds RPE. At the junction of Nicoll Highway and Daya
in Nicoll highway. As I am driving along the road on the Second lone, suddenly Ven B (TN 267c) reversed on the dr most left lone and hit the water barrier on the his lane. The Due to the impact, the water barrier was high hit onto the Second lane which my vehicle was travelling at. There was no time for me to react	2 0	sad there was road works on the most left lanc
the Second lane, suddenly Veh B (TN 267c) reversed on the the most left lane and hit the water barrier on the his lane. They Due to the impact, the water barrier was high hit onto the second lane which my vehicle was travelling at. There was no time for me to react		Nicoll highway As i am driving along the road on
on the the most left ligne and first the water barrier on the his lane. They Due to the impact, the water barn was high his anto the second lane which my vehicle was travelling at. There was no time for me to react	+ Gue	Second lane, suddenly Veh B (TN 267C) reversed
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was high hit auto the second lane which my vehicle was travelling at. There was no time for me to react	on	the his lane. The Due to the impact, the Water Dami
vas travelling at. There was no time for me to react and it hit my vehicle front portion.	was	With hit arto the second lane which my vehicle
and it hit my vehicle front portion.	vas	travelling at. There was no time for me to react
	and	it hit my vehicle front portion.
	2011/01-	

Declaration

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

Policyholder's Signature / Date & Time

& Time

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

Sym 11/03/21

Witnessed by Reporting Centre Personnel

EHICLE NO: SBW9933D	MAKE & MODEL: Toyota Vellfire AUTO/MANUAL				
ATE OF ACCIDENT:	(0/03/202) CC: 2.5				
IME OF ACCIDENT:	11:30 HRS				
OCATION OF ACCIDENT:	Nicoll Highway, Java Road junction.				
XACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE				
IAME OF OWNER:	Mik Chee Chuen				
	H/P: 96600488 OFFICE: HOME:				
EL NO:	S7035843C				
IRIC:	BIK 120 Bedok North St 2 #15-172 S (460120)				
ADDRESS:					
MAIL:	Selinket@singnet.com.sg				
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY				
LEET POLICY:	YES / NO ?				
NSURANCE COMPANY:	NTUC				
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO:	5117480266				
NAME OF DRIVER:	AS ABOVE / IF NO:				
NRIC:	→ ANY PASSENGER: ~				
DATE OF BIRTH:	10/10/1970 LICENCE PASSED DATE: 03/05/2012				
OCCUPATION:	OUTDOOR / INDOOR				
GENDER:	MALE / FEMALE				
CONTACT NO:	H/P: OFFICE: HOME:				
ADDRESS:					
EMAIL:	NO/ IF YES, REG NO: INSURER:				
DOES DRIVER OWNED ANY VEHICLE:					
RELATIONSHIP:	GCAD / DAINING / OTHERS:				
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:				
ROAD SURFACE:	DRY / WET / OTHER:				
ANY INJURIES:	NO. / IF YES, WHO?				
NAME & CONTACT:					
NAME & CONTACT:					
POLICE REPORT:	NO / IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?				
VEHICLE B REG NO:	N 267C ANY PASSENGERS: NO.				
NAME OF DRIVER:	CONTACT NO:				
VEHICLE C REG NO:	ANY PASSENGERS:				
VEHICLE D REG NO:	ANY PASSENGERS:				
VEHICLE E REG NO:	ANY PASSENGERS:				
VEHICLE F REG NO:	ANY PASSENGERS:				
VEHICLE G REG NO:	ANY PASSENGERS:				
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:				
WAS THERE ANY VIDEO CAPTURE?	YES / NO				
WAS THERE ANY AUDIO RECORDED?	YES / NO				
ACCIDENT SCENE PHOTOS TAKEN?	YES / (NO)				
ACCIDENT PORTION:	front portron				
Have you been approach by unknown person soliciting	g (s) / offering accident claims assistance? YES / NO				
WORKSHOP PARTICULAR:	NSI Automotive.				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	Lunard.				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				



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: 5117480266

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

: SBW9933D

Chassis Number

: AGH300057185

2. Name of Policyholder

: MIK CHEE CHUEN

2. Name of Folicyholder

15 14--- 2020

Effective Date of Insurance

: 15 May 2020

4. Expiry Date of Insurance

: 07 Jun 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.

EXCESS (SECTION 1) : \$\$2,000

EXCESS (SECTION 2) : \$\$1,500

WINDSCREEN EXCESS : \$\$100

ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

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

PRIMARY DRIVER : MIK CHEE CHUEN

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

HIRE PURCHASE COMPANY : HONG LEONG FINANCE LIMITED

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

: B.A.S. INSURANCE AGENCY (00000573236)

Date of Issue

: 14 May 2020 11:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Claim Handling

ccident MT/1124039					
olicy No.	5117480266	Vehicle No.	S8W9933D	GST Registration No.	
rtificate No.					
licyholder Name	MIK CHEE CHUEN			Policyholder NR3C	57035843C
83		Cover Type	drivo CLASSIC	Loading	0
oduct Code	PRIVATE CAR INSURANCE	3 40 00 00 00 00 00 00 00 00 00 00 00 00		Contact No.(Home)	0
ntact No.(Mobile)	96600488	Contact No.(Office)	0		Accessed to the second
all Address		Special Remark		eCode	No V
K	No Yes	TCA	iii No Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	50	Private Hire	Yes
Accident Details					
port Date	11/03/2021 17:00	Accident Report Within 24 hrs	Yes	Accident Type	Others
ite of Acodent	10/03/2021	Time of Accident hh:mm	11:30	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
	Target I the little white we have we	0.0.90			
cident Location	NICOLL HIGHWAY JUNC OF JAVE RD				
▼ 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	0.00	Driver is Covered?	Covered
iditional Excess	0.00				
tal OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		
7 Benefits					
GST Registered Informa	stion				
			GST Registration Date		
FT Registered	No		GST Status Verified	Yes	
ST Registration No.			The second second second		
odification History					
	V/0029				
Policyholder Mailing Ad	dress	TO THE CAPACITY OF THE PARTY OF	Aven was just and	To the control of the	Marriago Provincia
ddress 1	BLK 120 #15-172	Address 2	BEDOK NORTH STREET 2	Address 3	SINGAPORE 460120
ddress 4		Address Type	Singapore address	Post Code	460120
nit No.		Related Policy Number	5117480266		
OI Driver Info					
	MIX CHEE CHIEFY	Driver Type	Main Driver		
river Name	MIK CHEE CHUEN	Driver NRIC	\$7035843C	Driver DOB	10/10/1970
nnamed driver Name				Driving Experience	B
egister Date of Driver License		Driver Age	50		(T)
ontact No.(Mobile)	96600488	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 120	Address 2	BEDOK NORTH STREET 2	Address 3	SINGAPORE 460120
ddress 4		Address Type	Singapore address	Post Code	460120
Init No.	#15-172				
oes he own a Singapore.	Yes No	Driver Vehicle No.		Driver Insurer Company	
tegistered car?					
772 97					
eclaration			= 10k-1 = X0211		
reathalyser or Blood Test teading?	0 mg	Any injury?	∵ Yes ⊕ No		
lodification History					
odification History					
odification History					
odification History	d				
odification History Claim 001 OD-MX	M.	Insured Name	MIK CHEE CHUEN	Insured NRIC	\$7035843C
Claim 001 OD-MX New	OD-MX 🔻		The state of the s		S7035843C
Claim 001 OD-MX New laim Type * ontact No. (Mobile)	OD-MX V 88921972	Contact No.(Home)	64463989	Contact No.(Office)	
Claim 001 OD-MX New Laim Type * entact No. (Mobile) mail Address	00-MX V 88921972 selinket@singnet.com.sg		The state of the s	Contact No.(Office) TP Vehicle Number	\$7035843C YN267C
Ctaim 001 OD-MX New laim Type * entact No.(Mobile) mail Address laim Description	OD-MX V 88921972	Contact No.(Home) OI Vehicle Number	64463989 S8W9933D	Contact No.(Office)	
Claim 001 0D-MX New laim Type * ontact No.(Mobile) mail Address laim Description referred Workshop Contact	00-MX V 88921972 selinket@singnet.com.sg	Contact No.(Home)	64463989	Contact No.(Office) TP Vehicle Number	
Claim 001 OD-MX New Laim Type * ontact No. (Mobile) mail Address laim Description referred Workshop Contact 0.	00-MX ▼ 88921972 selinket@singnet.com.sg S6W9933D / YN267C ON 10 Mar 2021	Contact No.(Home) OI Vehicle Number	64463989 S8W9933D Not at Fault	Contact No.(Office) TP Vehicle Number	
Claim 001 00-MX New Laim Type * Contact No.(Mobile) mail Address Laim Description referred Workshop Contact to, kequire Finalisation	CO-MX	Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	64463989 S8W9933D Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	YN267C
Claim 001 0D-MX New Claim 1001 0D-MX New Claim Type * Contact No.(Mobile) Imail Address Claim Description referred Workshop Contact to, cequire Finalisation bate Registered	00-MX ▼ 88921972 selinket@singnet.com.sg SBW9933D / YN267C ON 10 Mar 2021 Yes ▼ 11/03/2021 17:04	Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	64463989 S8W9933D Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	YN267C
odification History	CO-MX	Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	64463989 S8W9933D Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	YN267C
Claim 001 OD-MX Nex laim Type * ontact No.(Mobile) mail Address laim Description referred Workshop Contact o. equire Finalisation ate Registered deport Taken By	00-MX ▼ 88921972 selinket@singnet.com.sg SBW9933D / YN267C ON 10 Mar 2021 Yes ▼ 11/03/2021 17:04	Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	64463989 S8W9933D Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	YN267C
Claim 001 OD-MX Claim 001 OD-MX Nex Islam Type * Contact No.(Mobile) mail Address Islam Description referred Workshop Contact Io. Lequire Finalisation late Registered Report Taken By	00-MX ▼ 88921972 selinket@singnet.com.sg SBW9933D / YN267C ON 10 Mar 2021 Yes ▼ 11/03/2021 17:04	Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	64463989 S8W9933D Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	YN267C
Claim 001 0D-MX New Claim 1001 0D-MX New Claim Type * Contact No.(Mobile) Imail Address Claim Description referred Workshop Contact to, cequire Finalisation bate Registered	00-MX ▼ 88921972 selinket@singnet.com.sg SBW9933D / YN267C ON 10 Mar 2021 Yes ▼ 11/03/2021 17:04	Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	64463989 S8W9933D Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	YN267C
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/11/2021	Claim Handling(accident reporting Claim Task 001 OD-MX)							
Attachment	Uploade	d By/Date	Category	9	Urgency	Descrip	tion	Msg Sent? (CO)
700	NAC_PAYA_UBI_800601(NATIO CES) on 11 f	NAL ASSESSMENT CENTRE SERVI far 2021 17:04	NRJC/ Driving License	Y Normal NRIC/ Driving License 2021-3-11		nse 2021-3-11		
10	NAC_PAYA_UBI_800601(NATIO CES) on 11	NAL ASSESSMENT CENTRE SERVI for 2021 17:04	SAS		Normal	SAS 202	1-3-11	
	NAC_PAYA_UBI_800601(NATIO CES) on 11	INAL ASSESSMENT CENTRE SERVI Nar 2021 17:04	Photos		Normal	Photos 20	21-3-11	
	NAC_PAYA_UBI_BOOK01(NATIO CES) on 11	onal assessment centre servi Mar 2021 17:04	Photos		Normal	Photos 20	21-3-11	
	NAC_PAYA_UBI_800601(NATIO CES) on 11	ONAL ASSESSMENT CENTRE SERVI Mar 2021 17:04	Photos		Normal	Photos 20	21-3-11	
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0	NAC_PAYA_UBI_800601(NATI CES) on 11	ONAL ASSESSMENT CENTRE SERVI Mar 2021 17:04	Photos	Photos 2021-3-11		21-3-11		
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	NAC_PAYA_UBI_800601(NATI CES) on 11	ONAL ASSESSMENT CENTRE SERVI Mar 2021 17:03	Photos		Normal	Photos 2	021-3-11	
						1990		
	Uploaded By/Date	Folder Date		File Name		9	Source	

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