Date In: 03/01/17				
00/0////	b description	Date &Time Completed	Done b	Ž.
Ref No NA/INC/8000035/13	SAS e-filing			
Veh No: SLQ8060J	E-mail (within 8hrs, AIC 2hrs)			
D.O.A. 29/12/17 1440	i-Motor Claim Form	MT/0975803		
OD TP 'Reporting Only	i-Motor W/O (Within: OD 2h i-Photo Uploaded	rs. TP 4hrs)		
TP Insurer	Assessment/Survey Report Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Ass (report by Link, time	Tel: Fax		
in the second second and the State of the second section in the	CZ5800C INC)/Non-INC()		
Owner / Driver: (22307	Tel:)	
Policy No: () Period:	()	Cover Type: ()	
Confirmed by: (Date:	Time:)	
		20%; P: 21-79%. F: 80-160	0%]	The American
	anty: YES ()/NO ()		
Excess: (\$) Loading: \$1,000 (/		
	77 52,000 (- 11174A		
General Remarks:-	i i-i-ll Coefidential 8 6	trietly NO rafer of repairer	3) 7/	
() Walk-In Customer: Customer's informat		building NO talet of tepaner.		((M)) = ()
() Total Loss Case : to e-mail Insurer U	CALLED W. M.	Towing Co. (1
Drive-In () / Towed-In (); Invoice: Yl	ES () / NO ();	Towing Co. (
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/ Cour	tesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			
Injury:				
Date/Time Actions			CINE CONT	
The state of the s	Constant Physics Constant		tale Sections	
ENTERNAL - STOP - A COUNTY - C				
			And (S)	Amt (
NA 18000	/5 Invoice Pr	reparation Checklist	Amt (\$)	Amt (3
	1) AR : Accide	ent Reporting (\$30);	1st Bill	
laimant's Particulars :-	1) AR : Accide 2) DA : Dama 3) TF : Towin	ent Reporting (\$30); ge Assessment (\$100); INC (\$80 g Fee \$40/	1st Bill) S45	
laimant's Particulars :- river/Owner:	1) AR : Accide 2) DA : Dama 3) TF : Towin 4) FT : Follow 5) FT : Follow	ent Reporting (\$30); ge Assessment (\$100); INC (\$80 g Fee \$40/ -Through Survey \$ -Through Survey (Resurvey)	1st Bill	
laimant's Particulars :- river/Owner:	1) AR : Accide 2) DA : Dama 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin	ent Reporting (\$30); ge Assessment (\$100); INC (\$80 ge Fee \$40/* -Through Survey \$ -Through Survey (Resurvey) g against INC Only (wef 10 Jan 2005)	1st Bill) \$45 120 \$30	
laimant's Particulars :- river/Owner; ontact No:	1) AR : Accid- 2) DA : Dama 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae D	ent Reporting (\$30); ge Assessment (\$100); INC (\$80 g Fee \$40." -Through Survey (\$5 -Through Survey (Resurvey) g against INC Only (wef 10 Jan 2005) pection A + SMRT Survey \$	1st Bill) \$45 120	
laimant's Particulars :- river/Owner: ontact No: amaged Portion:	1) AR : Accid- 2) DA : Dama 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae D	ent Reporting (\$30); ge Assessment (\$100); INC (\$80 g Fee \$40." -Through Survey \$ -Through Survey (Resurvey) g against INC Only (wef 10 Jan 2005) pection	1st Bill) \$45 120 530	
laimant's Particulars :- river/Owner: ontact No: amaged Portion:	1) AR : Accid- 2) DA : Dema 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae D 8) NTUC Add OD: *N5: Court	ent Reporting (\$30); ge Assessment (\$100); INC (\$80 g Fee \$40." -Through Survey (\$80 g against INC Only (wef 10 Jan 2005) pection A + SMRT Survey \$ litional Services:-	1st Bill) \$45 120 \$30 \$75 160	
laimant's Particulars :- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	1) AR : Accid- 2) DA : Dema 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae D 8) NTUC Add OD* *N5: Court	ent Reporting (\$30); ge Assessment (\$100); INC (\$80 ge Fee \$40.7 -Through Survey (\$5 -Through Survey (Resurvey) ge against INC Only (wef 10 Jan 2005) pection A + SMRT Survey \$ stitional Services:- sety Car / Tpt Allowance r Co-ordination	1st Bill) \$45 120 \$30 \$75	
laimant's Particulars :- river/Owner; ontact No: amaged Portion: C Checked by (Engr-In-Charge):	1) AR : Accid- 2) DA : Dema 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae D 8) NTUC Add OD!* *N5: Court *N6: Repai *N7: Fost F *N8: DV /	ent Reporting (\$30); ge Assessment (\$100); INC (\$80) g Fee \$40." -Through Survey (Resurvey) g against INC Only (wef 10 Jan 2005) pection A + SMRT Survey \$ itional Services esy Car / Tpt Allowance r Co-ordination Repair Inspection Collect Excess Coordination	1st Bill) \$45 120 530 \$75 160 \$5 \$10 \$25 \$5	
laimant's Particulars :- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): auditors' Comments :-	1) AR : Accid- 2) DA : Dema 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae D 8) NTUC Add OD!* *N5: Court *N6: Repai *N7: Fost F *N8: DV /	ent Reporting (\$30); ge Assessment (\$100); INC (\$80 ge Fee \$40/ -Through Survey \$ -Through Survey (Resurvey) ge against INC Only (wef 10 Jan 2005) pection A + SMRT Survey \$ sitional Services: esy Car / Tpt Allowance r Co-ordination Repair Inspection Collect Excess Coordination TP (N-n INC) against INC	1st Bill) \$45 120 530 \$75 160 \$5 \$10 \$25	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 ability.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of 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 ladgement 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

•	CI	D = 1		į	•			
AC	u	DEI	4 I	ÐΙ	ΑI	= W	EΝ	ш
							_	•

Date Of Report

02/01/2018 15:50

Date Of Accident

29/12/2017 14:40

Exact Location Of Accident

PIE NEAR PAYA LEBAR EXIT

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLQ8080J

Insured/Policyholder

Name Of Registered Owner

NG WEI PENG ALVIN

NRIC No

S8035331F

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-98570264

Alternative Phone No.

OTHERS-98570264

Vehicle Particulars

Manufacturer

TOYOTA

Model

C-HR

Exact Purpose for which vehicle was being used at

time of accident

OTW BACK HOME

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5092066295

Cover Note Number

Driver

Name of Driver

KAREN NG LI CHEN(HUANG LIZHEN)

NRIC No

S7814364I

Date Of Birth

11/05/1978

Occupation

INDOOR

Date Of Driving Pass

27/01/2007

Driving Experience

10 YEARS AND 11 MONTHS

Gender

FEMALE

Mobile Number

(LOCAL) +65-98511020

Fax Number

Contact Number

EMail Address

KAREN.NG.LC@GMAIL.COM

BLK 890B TAMPINES AVE 1 Address

#16-325 522890

Postcode

Was driver an employee of the Insured's Company NO

SIBLING If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

NO

1

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

WITH DRIVER

SCZ5800C

YES

YES

Remarks/ Reasons:

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category SAM SOH Name of Driver

NRIC/Passport Number

93880488 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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 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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:

FIE NEAR PAYA LEBAR EXIT SKETCH PLAN A - SLQ 80803 B - SCZ 5800 C DESCRIBE CIRCUMSTANCES OF THE ACCIDENT more SWWV DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting deatre Personnel's Signature Driver's Signature Policyholder's Signature Name: (If driver is not the policyholder) Date & Time: NRIC/FIN No.: 63 01 2018



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

		AD	DENDUM			
(A)	PARTICULARS OF PE	RSONMAKINGTHEAMEN	DMENTS:			
	Original Report No :	MNA118000627	Vehicl	le Registrat	tion No: _	2080801
	Name(as shownin NRIC):	KAREN NG LI CI	YEN NRIC/	FIN/Passp	ort No : _	578143642
	(*Vehicle Driver/Vel	CHUANG LIZHEN nicle Owner) (*) Please de	/ lete as appropria	te		
	Address :	BLK 890B TAM	prives Aut	1 # 16	-325	Singapore(
	Contact (Tel) :	×	Mobile	e No.: 9	8511	040
	Email Address :					
	Date of Accident :	29/12/17	Time o	of Accident	:	4:40
	Place of Accident :	PIE NIEAR P	AYA LEBA	AR EX	17	
	Insurance Company:	Niuc				
R)	ADDITIONAL INFORM	MATION / AMENDMENTS				
	make the following ar	on the above mentioned a nendments: SICET CH PL				
	(100)	FROM REPORT	75 N	78	CLAI	m s
9						
2						
	Policyholder / Driver's	Signature	Rep	orting Cent	tre Persor	nnel's Signature
	Date: 03 01	2018	Nam	ne: C/FINNo.:		

ACCIDENT STATEMENT

ACC	IDENT DATE: (29/1) 1017 (DD/MA	A/YYYY), TIME: (14:40) (HH:MM)
	1 0	Lebore PIE
92	Telef Carrie (12)	
1	a) VEHICLE NUMBER: SLQ 80	ko J
	AND THE COMPANY ATTIC	
	BINSURANCE COMPANY: NTUC	
	d)POLICY NUMBER:	PD BARTY / THIPD PARTY FIRE &THEFT)
	e)MAKE & MODEL: Toyota C-HR	
	f)TYPE:(SALOON / COUPE / MPV /VAN /	/LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COM	
	h) PURPOSE OF USING AT ACCIDENT TIM	
	I) ARE YOU CLAIMING UNDER YOUR OW	N INSTRANCE (YES NO)
	IF NO, PLEASE STATE (THIRD PARTY CLA	
2	. INSURED / POLICY HOLDER	(KENOKIINO ONEI)
2	ANAME: Alvin Na Wi	Peng (MALE / FEMALE)
	DINRIC/FIN/PASSPORT: 31803533	1 F CONTACT: 98570264
	CIADDRESS: 81 Tampines A	
e	(5)528685	
	* CONTINUE TO 3.d IF DRIVER ALSO POL	ICY HOLDER
\$ No of passenga	DRIVER	
Clinduding driver	a) NAME: Karen Ng LI UN	(MACE / FEMALE)
conducting arrow	DINKIC/FIN/FASSFORT.	64 I CONTACT: 98511020
(1)	CIADDRESS: 890B Tampines	Ave 1 #16-325
	(3/322890	
3		_)(DD/MM/YYYY)
\$\frac{1}{2}	e)OCCUPATION: (INDOOR / OUTDOOR	10 years
	f) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE I	
4.	IF NO, RELATIONSHIP OF THE DRIVE	R WITH INSURED: 915 ter
5.	a) WEATHER CONDITION: (CLEAR / RAIN	
V-0.0	b)ROAD SURFACE: (DRY / WET / OTHERS	
6.	WAS ANYBODY INJURED (YES / NO)	
	a) REPORTED TO POLICE (YES / NO)	9
	IF YES, PLEASE STATE WHICH POLICE ST	ATION:
Control of the contro	THIRD PARTY VEHICLE	- MODEL: E250 Mercedes
4 He of passenger	a) VEHICLE NUMBER: 3 CZ 5 800 C	
(Including driver)	b) DRIVER'S NAME: Sam Son	CONTACT: 9388 D488
. (_) ,	c) NRIC/FIN/PASSPORT:	CONTACT: 1286 DT66
7 9.	THIRD PARTY VEHICLE	HODEL
* Ho of passenger	d) VEHICLE NUMBER:	MODEL:
(Induding driver	A) DRIVER S NAME.	CONTACT:
C, majing arm		To the second se
(_)	11 1	
	violes: yes with ob	
	West transfer of the second of	RSPUBLIKANTO.CO
	email =	11-1
[] 		68410055
certificate of	insurance fax =	607/0033
J	jux =	1
		LINDA
	9	









eBaoTech		PRODUCE							Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601				THE REAL PROPERTY.		Change Lan	guage '	Change Passwor	d + Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	lo.				Date of Acc	ident	29/12/	2017 14:40	
	Vehicle	No.(For Motor)	SLQ8080J							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5092066295	NG WEI PENG ALVIN	S8035331F	GPC	drivo PREMIUM	SLQ8080J	SLQ80803	21/06/2017	20/06/2018
						Continue				

Claim Handling

Michael Mich	119,000 PMg (0)					
March Marc	olicy No.	5092066295	Vehicle No.	SLQ80803		
PRINCE CAN EQUIPMENT ON INDUSPANCE PRINCE TO PRESENT ON THE TO A TO THE TO THE ADDRESS OF THE	olicyholder Name	NG WEI PENG ALVIN			11.094.00	580
Contract No. Cont	Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM		0
Text	Contact No.(Mobile)	NA	Contact No.(Office)			
No. 100	Email Address		Special Remark		eCode	No
March Private Private Private Pr	KFK	No Yes	TCA	No Yes	eCode Reason	
## Accordent Type Country of			NCD Entitlement(%)	50	Private Hire	Not
Report Date Country of Accident Park Country of Accident Park Country of Accident	Accident Details					
Content Cont	Report Date	02/01/2018 10:49	Accident Report Within 24 hrs	Yes	Accident Type	Unk
Contract	Date of Accident	29/12/2017	Time of Accident hh:mm	14:50	Country of Accident	Sin
Address Addr	Reporting Centre		Orange Force		ICM No.	
The SeneRITS THE SERVER SERV		AT PIE TWDS CHANGI BEFORE PAYA LEB	AR EXIT			
Contact No.						
Count damage Excess	10					
Outside Singapore OD Excess O.00 Outside Singapore OD Excess OST Registration Date OST Registration Date OST Registration Date OST Status Verified Yes OST Status Verified Yes OST Registration Date OST Status Verified Yes OST Wes OST Status Verified Yes OST Wes OST Status Verified Yes OST Wes OS	AND STREET, ST	600.00	Additional Excess	0.00	Windscreen Excess	
ODE OVERSIES SINGSPORTE TP Excess ODE OVERSIES SINGSPORTE TO BE SINGSPORTE TO SINGSPORT	Activities and the second			600.00		
SST Registrated Information SGT Registration Date GGT Registratio						
SST Registration Date SST				200		
Modification History Policyholder Mailing Address Policyholder Mailing Address Address 1 81 TAMPINES AVENUE 1 Address 2 #09-17 WATENUEW Address 3 Address 4 Address 7ype Singapore address Post Code Related Policy Number 5092066295 Policy Tamping Experience Driver Policy Number 5092066295 Driver Name Urramed driver Name Driver Policy Number Contact No. (Office) C		5 COMPANY 1 COMP		GST Registration Date		
## Policyholder Malling Address Address 1 91 TAMPINES AVENUE 1 Address 2 109-17 WATENUEW Address 3 Post Code ## Address 1 92 TAMPINES AVENUE 1 Address 7 Professor Bingapore address Post Code ## Address 7 Professor Bingapore address ## Post Code ## Address 7 Professor Bingapore address ## Driver Name ## Driver Na		100		GST Status Verified	Yes	
Policyholder Mailing Address Address 1						
Address 1 81 TAMPINES AVENUE 1 Address 2 809-17 WATERVIEW Address 3 Address 4 Address Type Singapore address Post Code Winth No. Related Policy Number 509206295 Driver Info Driver Name Driver Pype Unranned Griver Name Driver Pype Contact No. (Office) Driver Locase Contact No. (Office) Contact No. (Office) Address 2 Driver DOB Driver Name Contact No. (Office) Address 3 Address 4 Address 3 Address 4 Address 7ype Foreign address Post Code Unit No. Driver Insurer Company Modification History Claim Type * OD-MX Next Claim Type * OD-MX Type No. Driver Vehicle No. Driver Insurer Company Claim Type * OD-MX Next Claim Type * OD-MX						
Address 1	Policyholder Mailing Ad	dress				
Address 4 No ID Priver Info Driver Name Contact No.(Mobile) Address 2 Address 3 Address 3 Address 4 Address 4 Address 4 Address 5 Type Foreign address Post Code Unit No. Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Name Driver Insurer Company Claim 7ype * Contact No.(Mobile) 28570264 Contact No.(Nobile) 28570264 Contact No.(Nobile) Driver Name NG WEI PENG ALVIN Insured Name Contact No.(Office) Contact No.(Office) Try Vehicle Number Liquid Name NG WEI PENG ALVIN Insured Name Contact No.(Office) Try Vehicle Number Name of Preferred Workshop Name unknown	Address 1	81 TAMPINES AVENUE 1	Address 2	#09-17 WATERVIEW	Address 3	SI
Unit No. Related Policy Number Oriver Type Unnamed driver Name Onter Age Contact No.(Office) Address 2 Address 3 Address 3 Address 3 Address 3 Address 4 Address 7pe Foreign address Post Code Unit No. Does he own a Singapore Registered car? Ves No United Name			Address Type	Singapore address	Post Code	52
Driver Info Driver Name Driver Name Driver Name Driver NBC Driver NBC Driver Age Contact No. (Office) Address 1 Address 2 Address 3 Address 3 Address 4 Address 4 Address 7 pp Foreign address Post Code Unit No. Does he own a Singapore Registered ad? Contact No. (Nobile) Contact No. (Office) No. Contact No.			Related Policy Number	5092066295		
Driver Name Unnamed driver Name Driver Name Driver Name Driver Age Contact No. (Mobile) Contact No. (Mobile) Contact No. (Mobile) Contact No. (Mobile) Address 1 Address 2 Address 3 Address 3 Address 3 Address 4 Address 7ype Foreign address Unit No. Dees he own a Singapore Registered Car? Ves ■ No Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Page Contact No. (Mobile) Contact No. (Mobile) Contact No. (Mobile) Contact No. (Mobile) Contact No. (Mobile) Dees he own a Singapore Registered Car? Contact No. (Mobile) Dees he own a Singapore Registered No. Contact No. (Mobile) Dees he own a Singapore Registered No. Contact No. (Mobile) Dees he own a Singapore Registered No. Contact No. (Mobile) Dees he own a Singapore Registered No. Contact No. (Mobile) Dees he own a Singapore Registered No. Contact No. (Mobile) Dees he own a Singapore No. Contact No. (Mobile) Dees he own a Singapore No. Contact No. (Mobile) Dees he own a Singapore No. Contact No. (Mobile) Dees he own a Singapore No. Contact No. (Mobile) Dees he own a Singapore No. Contact No. (Mobile) Dees he own a Singapore No. Contact No. (Mobile) Dees he own a Singapore No. Contact No. (Mobile) Dees he own a Singapore No. Contact No. (Mobile) Dees he own a Singapore No. Contact No. (Mobile) Dees he own a Singapore No. Contact No. (Mobile) Dees he own a Singapore No. Contact No. (Mobile) Dees he own a Singapore No. Contact No. (Mobile) Dees he own a Singapore No. No. Contact No. (Mobile) Dees he own a Singapore No. Contact No. (Mobile) Dees he own a Singapore No. No. Contact No. (Mobile) Dees he own a Singapore No. No. Contact No. (Mobile) Dees he own a Singapore No. No. Contact No. (Mobile) Dees he own a Singapore No. No. No. No. No. No. No. No.						
Unitamed driver Name Register Date of Driver License Contact No. (Mobile) Address 1 Address 2 Address 3 Address 3 Address 4 Unit No. Does he own a Singapore Registered car? Claim 002 OD-MX Mex Claim 7ype * Contact No. (Mobile) BESTOZEG WISTINGhord No. (Mobile) BESTOZEG Contact No. (Mobile) Driver Vehicle Number Claim 2			Driver Type			
Register Date of Driver License Contact No.(Mobile) Contact No.(Office) Contact No.(Office) Address 1 Address 2 Address 3 Address 4 Address 7pe Foreign address Post Code Unit No. Des he own a Singapore Registered Care Registered Care Contact No.(Mobile) Bas 702.64 Contact No.(Home) Driver Vehicle No. Driver Vehicle No. Driver Insurer Company Insured Name NG WEI PENS ALVIN Insured NRIC Contact No.(Office) Doctact No.(Office) To Vehicle Number SLQ80803 TP Vehicle Number Name of Preferred Workshop Driver Insured NRIC Contact No.(Office) To Vehicle Number Name of Preferred Workshop Require Insulation Ves Preferred Repair Option Preferred Workshop, Name unknown Require Insulation Date Received Total Loss but Repaired Attachment Attachment Attachment Attachment Accident No. MT/0975803 Claim No. Upload Date O2/01/2018 00:00			Driver NRIC		Driver DOB	
Contact No.(Office) Address 1 Address 2 Address 3 Address 3 Address 4 Address 7ype Foreign address Post Code Unit No. Does he own a Singapore Registered car? Claim 002 00-MX Next Claim 1002 00-MX Next Claim 1002 00-MX Next Claim 2002 00-MX Next Claim 2002 00-MX Next Claim 2002 00-MX Next Claim 2002 00-MX Next Contact No.(Home) Nill Contact No.(Home) Nill Contact No.(Office) Nill Contact No.(Office) Name of Preferred Workshop Preferred Workshop Contact No. No. Next Address 7ype Insured Name Ng WET PENG ALVIN Insured NRIC Contact No.(Office) Name of Preferred Workshop Preferred Workshop Contact No. Name of Preferred Workshop Preferred Workshop, Name unknown Gla report Date Registered 02/01/2018 20:10 Claim Close Date Attachment Attachment Attachment Print Ak letter Contact No. MT/0975803 Claim No. Upload Date Contact No. Claim No. OQ2 Address 3 Address 3 Address 7ype Foreign address Post Code Driver Insurer Company Driver Insurer Company			Driver Age		Driving Experience	
Address 1 Address 4 Address 4 Unit No. Des he own a Singapore Registered car? Claim 002 OD-HX Next Claim 17pe * OD-MX Contact No.(Mobile) Bmail Address Vini 1111 Bhotmail.com OI Vehice Number Claim 25000000000000000000000000000000000000			Contact No.(Office)		Contact No.(Home)	
Description Sugasoro Sugaso	Address 1		Address 2		Address 3	
Driver Vehicle No. Driver Vehicle No. Driver Insurer Company Insured Lies Driver Insurer Company Driver Insurer Company Insured Lies Driver Insured Lies Driver Lies Driver Insured Lies Driver Lies Driver Lies Driver Lies Driver Lies Driver Lies Driver Lies Dri	Address 4		Address Type	Foreign address	Post Code	
Does he own a Singapore Registered car? Ves No Driver Vehicle No. Driver Vehicle No. Driver Insurer Company Modification History Claim Type * Claim Type * Contact No. (Mobile) 98570264 Contact No. (Home) OI Vehicle Number SLQ8080) TP Vehicle Number Name of Preferred Workshop Preferred Workshop Contact No. Require Finalisation Ves T Prefered Repair Option Tosured Liability * Preferred Workshop, Name unknown T GIA report Date Registered D2/01/2018 20:10 Claim Close Date Workshop Repairer Attachment Attachment Attachment Profered No. MT/0975803 Claim No. O2 Accident No. MT/0975803 Claim No. O2 O2/01/2018 00:00 Castidatish No. Ligora Date Received Total Loss but Repaired D2/01/2018 00:00 Castidatish No. Date Received Total Loss Date Received Total Cost Received Total Cos	Unit No.					
Modification History Claim 002 OD-MX Nex Claim Type * OD-MX ▼ Insured Name NG WEI PENG ALVIN Insured NRIC Contact No. (Mobile) 98570264 Contact No. (Home) NIL Contact No. (Office) TP Vehicle Number SLQ8080.) TP Vehicle Number Claim Description SLQ8080.) SCZ5800C ON 29 Dec 2017 Preferred Workshop Contact No. (Preferred Workshop Name of Preferred Workshop Name of Preferred Workshop Name of Preferred Workshop Name unknown ▼ GIA report No. Require Finalisation Yes ▼ Preferred Repair Option Preferred Workshop, Name unknown ▼ GIA report Date Registered Date Report Taken By ROSLINDA Workshop Repairer Attachment Attachment Save Submit No. MT/0975803 Claim No. 002 Accident No. MT/0975803 Claim No. 002 Last Doc. Received Pres No Upload Date 02/01/2018 00:00		□ Vac → No	Driver Vehicle No.		Driver Insurer Company	
Claim Type * OD-MX		Tes a No	Differ Fernes 1151			
Claim Type * OD-MX						
Claim Type * OD-MX	Modification History					
Claim Type * OD-MX	Claim 002 OD-MX No.	h				
Contact No. (Mobile) Ses70264 Contact No. (Home) OI Vehicle Number SLQ80803 TP Vehicle Number Name of Preferred Workshop Preferred Workshop Contact No. Require Finalisation Preferred Repair Option Date Registered OZ/01/2018 20:10 Claim Clase Date Workshop Repairer Attachment Attachment Print AK letter Contact No. (Home) NIL Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Preferred Workshop Preferred Workshop Preferred Workshop, Name unknown GIA report Date Received Total Loss but Repaired Attachment Attachment Print AK letter Save Submit Claim No. O02 Last Doc. Received OZ/01/2018 00:00	Claim 002 Ob-MA					
Contact No. (Mobile) Ses70264 Contact No. (Home) OI Vehicle Number SLQ80803 TP Vehicle Number Name of Preferred Workshop Preferred Workshop Contact No. Require Finalisation Preferred Repair Option Date Registered OZ/01/2018 20:10 Claim Clase Date Workshop Repairer Attachment Attachment Print AK letter Contact No. (Home) NIL Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Preferred Workshop Preferred Workshop Preferred Workshop, Name unknown GIA report Date Received Total Loss but Repaired Attachment Attachment Print AK letter Save Submit Claim No. O02 Last Doc. Received OZ/01/2018 00:00					0////////	-
Email Address Vin1111@hotmail.com OI Vehicle Number SLQ8080J TP Vehicle Number Claim Description SLQ8080J / SCZ580DC ON 29 Dec 2017 Name of Preferred Workshop Preferred Workshop Contact No. Insured Liability * Fully at Fault ▼ No. Preferred Repair Option Preferred Workshop, Name unknown ▼ GIA report Date Registered D2/01/2018 20:10 Claim Close Date Date Received Report Taken By ROSLINDA Workshop Repairer Save Submit Attachment Save Submit Attachment Preferred Workshop Repairer Save Submit Attachment Preferred Workshop Repairer Preferred Workshop Repairer Save Submit Preferred Workshop Repairer Attachment Preferred Workshop Repairer Date Received Total Loss but Repaired OU Date Received Preferred Workshop Repairer OU Date Received Date Date Received OU Date Received Date Received Date OU Date Received Date Received Date Date Received OU Date Received Date Received Date Received OU Date Received Date Received Date Received OU Date Received Date Received Date Received Date Received OU Date Received Date Received Date Received Date Received OU Date Received Date Received Date Received Date Re	Claim Type *	OD-MX T	Insured Name	NG WEI PENG ALVIN		58
Claim Description SLQ80803 / SCZ5800C ON 29 Dec 2017 Preferred Workshop Contact No. Require Finalisation Date Registered 02/01/2018 20:10 Claim Close Date Workshop Repairer Print AK letter Attachment Accident No. MT/0975803 MT/0975803 Claim No. MT/0975803 Claim No. Upload Date O2/01/2018 00:00 Name of Preferred Workshop Preferred Workshop Preferred Workshop, Name unknown Preferred Workshop, Name unknown Folia report Date Received Total Loss but Repaired Total Loss but Repaired O2/01/2018 00:00 Claim No. O02 O2/01/2018 00:00	Contact No.(Mobile)	98570264	Contact No.(Home)			
Preferred Workshop Contact No. Require Finalisation Preferred Workshop Contact No. Require Finalisation Date Registered O2/01/2018 20:10 Claim Close Date Report Taken By Print AK letter Attachment Accident No. MT/0975803 Last Doc. Received Preferred Workshop, Name unknown GIA report Preferred Workshop, Name unknown GIA report Date Received Total Loss but Repaired Save Submit Claim No. O02 Upload Date O2/01/2018 00:00 Confidential Contact Contact Contact Contact Contact Contact Confidential Contact Contac	Email Address	vin1111@hotmall.com	OI Vehicle Number	sLQ80803		SC
No. Require Finalisation Yes Preferenced Repair Option Date Registered D2/01/2018 20:10 Report Taken By Print AK letter Attachment Attachment Accident No. MT/0975803 Accident No. MT/0975803 Claim No. Upload Date Preferenced Repair Option Preferred Workshop, Name unknown V Date Received Total Loss but Repaired Save Submit Accident No. MT/0975803 Claim No. O02 D2/01/2018 00:00	Claim Description	SLQ80803 / SCZ5800C ON 29 Dec 2017	10		Name of Preferred Workshop	
Require Finalisation Date Registered Date Registered Report Taken By Print AK letter Accident No. MT/0975803 Last Doc. Received Preferered Repair Option Preferered Repair Option Preferered Workshop, Name unknown Total Loss Date Date Received Total Loss but Repaired Save Submit Claim No. O02 Upload Date Confidential Date Received Date Received Date Received Dotal Loss but Repaired Date Received			Insured Liability *	Fully at Fault		
Date Registered D2/01/2018 20:10 Claim Close Date Date Received Total Loss but Repaired Report Taken By ROSLINDA Workshop Repairer Total Loss but Repaired Attachment Attachment Accident No. MT/0975803 Claim No. 002 Last Doc. Received 02/01/2018 00:00		Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	R
Report Taken By ROSLINDA Workshop Repairer Total Loss but Repaired Attachment Attachment Accident No. MT/0975803 Claim No. 002 Last Doc. Received Yes No Upload Date 02/01/2018 00:00		100			Date Received	02
Attachment Attachment Accident No. MT/0975803 Claim No. 002 Last Doc. Received Yes No Upload Date 02/01/2018 00:00	Commence Transport				Total Loss but Repaired	-
Attachment Accident No. MT/0975803 Claim No. 002 Last Doc. Received ● Yes ■ No Upload Date 02/01/2018 00:00	V. C.	ROSLINDA	Profession Reputer			
Attachment Accident No. MT/0975803 Claim No. 002 Last Doc. Received Pyes No Upload Date 02/01/2018 00:00	Print AK letter					
Accident No. MT/0975803 Claim No. 002 Last Doc. Received • Yes No Upload Date 02/01/2018 00:00				Save Submit		
Accident No. MT/0975803 Claim No. 002 Last Doc. Received • Yes No Upload Date 02/01/2018 00:00	Attachment					
Accident No. MT/0975803 Claim No. 002 Last Doc. Received ● Yes □ No Upload Date 02/01/2018 00:00	Attachinent					
Last Doc. Received Yes No Upload Date 02/01/2018 00:00	7					
Last Doc. Received Yes No Upload Date 02/01/2018 00:00	Accident No.	MT/0975803	Claim No.	002		
Confidential Hyperc			Upload Date	02/01/2018 00:00		
		Path *		Category *	Confidential Urge	ncv

1/2/2018

Claim Handling(Claim Task 002 OD-MX)

Choose File	No file chosen
Choose File	No file chosen
Message Read	П

Clear	Please Select	*	NO	*	Normal	
Clear	Please Select	•	NO	*	Normal	
Clear	Please Select		NO	*	Normal	
Clear	Please Select	*	NO	*	Normal	_8
Clear	Please Select	•	NO	*	Normal	
Clear	Please Select	•	NO	*	Normal	

					Attachment Lis
Descri	Urgency	9	Category	Uploaded By/Date	Attachment
Photos 2	Normal		Photos	BI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:09	MEN ACT
SAS 20	Normal		SAS	BI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:09	(3)
Photos 2	Normal		Photos	BI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:09	
Photos 2	Normal		Photos	BI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:09	
Photos 2	Normal		Photos	BI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:09	6
Photos 2	Normal		Photos	BI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:09	
Photos 2	Normal		Photos	BI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:09	1
Photos 2	Normal		Photos	BI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:09	4
Photos 2	Normal		Photos	B]_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:09	
Photos 2	Normal		Photos	B1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:09	8
	and the				Video List
Source	P		File Name	ate Folder Date	

Display in New Window Scan and uploading