NATIONAL Assessment Cen			Done	27
Date In: > /1/18- 8:31	Jeb description	Date &Time Completed	Done	-2
Ref No: NA/INC18 0000 69/24	SAS e-filing			
Veh No: SKG724	E-mail (within 8hrs, AIC 2h	rs)		•
D.O.A: 50/18/17-27:45	i-Motor Claim Form	M7/0975990	9/1/18	20:23
OD / TP / Reporting Only	i-Motor W/O (Within: O	D 2hrs, TP 4hrs)		
OD : TP - Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Rep			
Transaction.	Ass't Report by Fax / H	and to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: SL	K44828 IN	IC()/Non-INC().		B TO B STORE
Owner / Driver: (Tel:		
1 4117 1 1 1 1	Period: () Cover Type: (
Confirmed by : (Date:	Time:	100961	
	Note-Est. Status (WO): N		-10039]	
Year of Registration: ()	Warranty: YES ()/NO	()		
Excess: (\$) Loading: \$	CASE AND ADDRESS OF THE PARTY O	Committee C. L. C.	379. T. T. T.	
General Remarks;-			osader Miller	
() Walk-In Customer: Customer's in	nformation strictly Confidential	& Strictly NO refer of repaire	ī	
() Total Loss Case : to e-mail Ins				
); Towing Co: (V.)
		Date&Time Completed	Done	by ·
	/ Courtesy Car ()		A COLOR OF THE PARTY OF THE PAR	
2) QC Check / Post Repair Inspection	()		3	-
3) Upload Resurvey Photo [Repair Cost >				
			Manager Higher	
Injury:		•	SCREWNSPICE STORY	n Cheripi
Date/Time Actions		A Company of the Company	Markotor.	
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Albout laimant's Particulars :-	1) AR : A 2) DA : D	ecident Reporting (\$30); armage Assessment (\$100); INC	(\$80) \$40/\$45	TO THE REAL PROPERTY.
aimant's Particulars :-	1) AR : A 2) DA : D 3) TF : Te 4) FT : Fe	ccident Reporting (\$30); amege Assessment (\$100); INC wing Fee Illow-Through Survey	(\$80) \$40/\$45 \$120	T 0 10 2 2 2 4
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Albertal Particulars:- river/Owner: ontact No: amaged Portion:	1) AR: A 2) DA: D 3) TF: Te 4) FT: Fe 5) FT: Fe Forcle 6) TR: R 7) N1: Id 2 8) NTUC OD* *N5: C *N6: R	ccident Reporting (\$30); amage Assessment (\$100); INC wing Fee Illow-Through Survey Illow-Through Survey (Resurvey) Iming against INC Only (wef 10 Jan 2 c-inspection ac DA + SMRT Survey Additional Services:- ourtesy Car / Tpt Allowance epair Co-ordination	(\$80) \$40/\$45 \$120 \$30 \$25 \$160	TO THE REAL PROPERTY.
aimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	1) AR: A 2) DA: D 3) TF: Te 4) FT: Fe 5) FT: Fe Forcla 6) TR: R 7) N1: Id 2 8) NTUC OD* *N5: C *N6: R *N7: F	ccident Reporting (\$30); amage Assessment (\$100); INC wing Fee Illow-Through Survey Illow-Through Survey (Resurvey) Iming against INC Only (wef 10 Jan 2 c-inspection as DA + SMRT Survey Additional Services:- ourtesy Car / Tpt Allowance epair Co-ordination ost Repair Inspection	(\$80) \$40/\$45 \$120 \$30 \$005) \$75 \$160 \$5 \$10 \$25	TO THE REAL PROPERTY.
Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	1) AR: A 2) DA: D 3) TF: Te 4) FT: Fe 5) FT: Fe Forcle 6) TR: R 7) N1: Id 2 8) NTUC OD* *N5: C *N6: R *N7: F	ccident Reporting (\$30); amage Assessment (\$100); INC wing Fee Illow-Through Survey Illow-Through Survey (Resurvey) Iming against INC Only (wef 10 Jan 2 c-inspection at DA + SMRT Survey Additional Services: ourtesy Car / Tpt Allowance epair Co-ordination out Repair Inspection IV / Collect Excess Coordination	(\$80) \$40/\$45 \$120 \$30 \$005) \$75 \$160 \$5 \$10 \$25 \$5 \$20	7 0 7 7 7 7
Plaimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): uditors! Comments:-	1) AR: A 2) DA: D 3) TF: Te 4) FT: Fe 5) FT: Fe Forcle 6) TR: R 7) N1: Id 2 8) NTUC OD* *N5: C *N6: R *N7: F	ccident Reporting (\$30); amage Assessment (\$100); INC wing Fee Illow-Through Survey Illow-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 2 c-inspection as DA + SMRT Survey Additional Services: ourtesy Car / Tpt Allowance epair Co-ordination ost Repair Inspection IV / Collect Excess Coordination II): TP (Non INC) against INC dac Mobile	(\$80) \$40/\$45 \$120 \$30 \$005) \$75 \$160 \$5 \$10 \$25 \$3 \$20 \$30	Amt (\$

100 14

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.
- 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 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.

ACCID	ENT	STAT	ΕM	ENT
ACCID			1	

02/01/2018 18:31 Date Of Report 30/12/2017 22:45 Date Of Accident

MACPHERSON RD TWDS UPP PAYA LEBAR RD Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

SKG72A Vehicle Registration Number

Insured/Policyholder

YES HUB PTE LTD Name Of Registered Owner 201420916D Co Reg No NOEMAIL Email Address

Mobile Phone No

OFFICE-89999999 Alternative Phone No

Vehicle Particulars

TOYOTA Manufacturer

CAMRY 2.0 AUTO ABS AIRBAG Model

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

REPORTING ONLY If No, Please state action to be taken COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

YES Fleet Policy

5096727235 Policy Number

Cover Note Number

Driver

LOW BOON PIN (LIU WENBIN) Name of Driver

S7198124Z NRIC No 09/11/1971 Date Of Birth OUTDOOR Occupation 03/06/1994 Date Of Driving Pass

23 YEARS AND 6 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-96676667 Mobile Number

Fax Number

OFFICE-96676667 Contact Number

NOEMAIL **EMail Address**

BLK 892B WOODLANDS DRIVE 50 Address

#08-173

YES

NO

YES

SLK4482R

1

731892 Postcode

NO Was driver an employee of the Insured's Company

OTHER - HIRER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CROSS JUNCTION 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 2

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

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 NO 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 LIM CHIEW HOCK Name of Driver S1559281H NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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 Oriver.
- 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.
- Any faise 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
- 7. By the ladgment 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
 - (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
- (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 inwyers/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

complying with requirements under any regulations, faws or court orders.

Policyholder s Signature Date & Time:

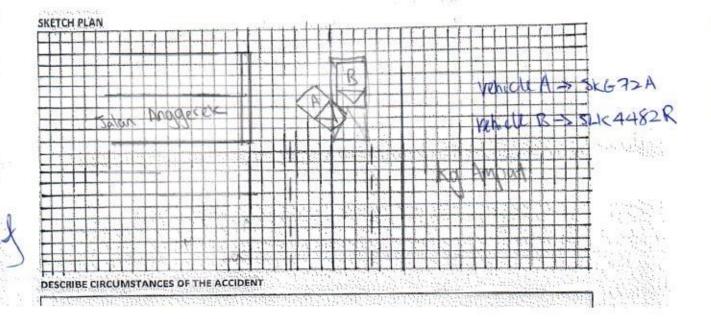
Driver's Signature (If driver is not the policyholder)

Date & Time:

e's Signature Reporting Centre Pe

Name:

NRIC/FIN No.:



I was travelling along Macpherson Road towards Upper Paya Lebar Road on the most right lane. As I wanted to enter Kg Ampat Road, I then made a 3 point turn towards Kg Ampat Road. I had already made sure that all the traffic in both directions is clear before I proceed to make the turn. The vehicle travelling behind me also stop and waited at a safe distance for me to complete the turn before he move off. In the process of turning towards Kg Ampat Road, Vehicle B travelling towards Upper Paya Lebar Road suddenly came in a high speed and collided into my vehicle front left portion.

- Andrews			RELIVE :
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Note that the second of the se			-
ECLARATION			1,4.1
DECLARATION /WA table of the following pa	rticulars are true in every respect.	A .	
/We decire the foregoing pa	rticulars are true in every respect.	An	
PECLARATION //Wagetere the foregoing pa	Driver's Signature	Reporting Centre Personnel's Sign	ature

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

Accident details

Date and time of accident	Date: 30/12/17			/IM/YY) T			
Exact location of accident	Macpherson 1	Road	tuds	upper	paya	lebar	Road

Details of vehicle

Vehicle registration number	SK672A		
Vehicle make and model	Tayota camry		
Type of vehicle	Saloon Lorry	MPV □ Bus □	CRV
Vehicle category	Private 🗆	Comm	ercial 🗹 Motorcycle 🗆
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes Third part	No ☑ claim □	if no, please select: Reporting only 🗹

Insurance information

Insurance company	NTUC				
Policy number					
Type of policy	Comprehensive	Third party fire & theft \Box	TP only		

Insured / Policy holder

Name	Yeshub PTE LTD	Male □ Fema
NRIC / Fin / Passport number		
Contact		Trace to the second second
Address		

Same as insured above □ (skip to D.O.B) Driver

Name	Andy Low Ren wei (Low Boon Pin) Male of Female [
NRIC / Fin / Passport number	571981242
Contact	96676667
Address	BIK 892B WOODLANDS DAVE 50 #08-173 3 (731892)
Email address	
Date of birth	09/11/1971
Occupation	Indoor Outdoor
Driving date pass	03 /06 /1994

General information of the accident

Was driver an employee of the insured's company?	Yes 🔊 If no, rela	No 🗹	driver and insured:	Hirer
Accident captured by camera?	Yes 🗆	No 🗷		
Weather condition	Clear 🗹	Raining	Others:	
Road surface	Dry 🗹	Wet □		
No of passenger	1			(Inclusive of driver)

Passenger 1

Male 🗆	Female	
	Male 🗆	Male Female

Passenger 2

Name	
Gender	Male Female

Passenger 3

Name		
Gender	Male □	Female □

Passenger 4

Name			
Gender	Male 🗆	Female	

Passenger 5

Name		
Gender	Male □ Fem	nale 🗆

Passenger 6

Name			
Gender	Male □	Female □	

Other information

Was anybody injured? Yes	s 🗆 🔎 N	lod
other vehicle damaged? Yes	-	lo

Details of police action

Reported to police?	Yes □	No 🗹	If yes, please state which police station.
Police station name		/	

Third party vehicle 1

Name	Lim chiew Hock
Contact number	
NRIC / Fin / Passport number	51559281 H SLK 4482 R
Vehicle registration number	SLK 4482 R
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1				
Name				
Witness 2				
Name				
Injured person 1				
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes □	No □		
Was injured conveyed to hospital by ambulance?	Yes □	No 🗆		
Injured person 2				
Name				
Injuries sustained				
Which vehicle person in?			~	
Were seat belts worn?	Yes □	No 🗆		
Was injured conveyed to	Yes □	No □		
hospital by ambulance?				
Injured person 3				
Name				
Injuries sustained				
Which vehicle person in?		A a continu		
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No □		
nospital by ambulance:				
Injured person 4				
Name				
Injuries sustained				
Which vehicle person in?	111	NEW COLUMN TO THE PARTY OF THE		
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No □		

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7198124Z





Name

ANDY LOW REN WEI @LOW BOON PIN



列 刃 藩

Race CHINESE

Date of birth

09-11-1971

Country of birth

4062169

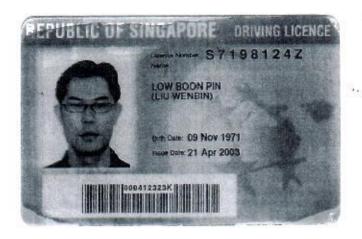


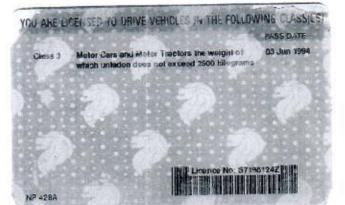
WRIC N. S7198124Z

23-06-2007

23-06-2007

APT BLK 892B WOODLANDS DRIVE 50 #08-173 SINGAPORE 731892





-BaoToch									Gener	alClaim
eBaoTech Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage	Change Password	Log Out
My Desktop Notice of Loss		y Query				Date of Acc	ident	30/12	/2017 22:45	
	JASC 03 (0.00)	No.(For Motor)	SKG72A							
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Search Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096727235	YES HUB PTE. LTD.	201420916D	GFT	drivo CLASSIC	SKG72A	SKG72A	14/12/2017	
			100000			Continue				

1	14/12/2017 00:00	Basic Information Endorsement	null	Entry Rejected	opportunity to serve you. We confirm that from 14 Dec 2017 the following amendment(s) is/are made to this policy:
Sequer	Date of Endorsement	Endorsement Typ	e Endorsement Number	Endorsement Status	Thank you for giving us the
▽ Endor	sements				
▶ Insur	ed Object: SKG72A				
Unit No.	09-02	Related Policy Number	5096727333		
Address 4		Address Type	Singapore address	Post Code	529653
Address 1	300 TAMPINES AVENUE 5	Address 2	#09-02 INCOME AT TA	AMPINES J Address 3	SINGAPORE 529653
Info ▽ Policy	holder Mailing Address				
Certificate					
Open Policy Info					
Co- insurance Flag	No				
Agent	SEA & LAND INSURANCE B	ROKE Agent Tel.	62279703	GST Flag	Υ
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Additional Excess	0	OS Premium	1615.70		
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Policy ssue Date	14/12/2017	Date	14/12/2017 00:00	Expiry Date	13/12/2018 23:59
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Address	300 TAMPINES AVENUE 5 #0	09-02 INCOME AT T	AMPINES JUNCTION SI		
olicy No.	5096727235	Name	YES HUB PTE. LTD.	NRIC	201420916D

Continue Cancel

Claim Handling

The premium on this policy has not been collected.

Policy No.	5096727235	Vehicle No.	SKOPEK	GST Registration No.	-
Policyholder Name	YES HUB PTE. LTD.			Policyholder NRIC	201
roduct Code	FLEET INSURANCE	Cover Type	divo consiste	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	No
PK	No Yes	TCA	■ No Yes	eCode Reason	
ICD Protection	No	NCD Entitlement(%)	0	Private Hire	No
▽ Accident Details					
Report Date	02/01/2018 20:19	Accident Report Within 24 hrs	Yes	Accident Type	Coll
Date of Accident	30/12/2017	Time of Accident hh:mm	22:45	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	MACPHERSON RD TWDS UPP PAYA LEBAR RD				
▽ Benefits					
♥ Excess					
Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Inform	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	No	
Modification History					
▼ Policyholder Mailing Ad	dress			1999 (20 5)	-
Address 1	300 TAMPINES AVENUE 5	Address 2	#09-02 INCOME AT TAMPINES J	Address 3 Post Code	51
Address 4		Address Type	Singapore address	Post code	32
Unit No.	09-02	Related Policy Number	5096727333		
♥ OI Driver Info			Unnamed Driver		
Driver Name	Unnamed Driver	Driver Type	The Transport of the Control of the	Driver DOB	09
Unnamed driver Name	LOW BOON PIN (LIU WENBIN)	Driver NRIC	S7198124Z	Driving Experience	23
Register Date of Driver License		Driver Age	46	Contact No.(Home)	0
Contact No.(Mobile)	96676667	Contact No.(Office)	0 WOODLANDS DRIVE 50	Address 3	SI
Address 1	BLK 892B	Address 2		Post Code	73
Address 4		Address Type	Singapore address	ruse cooc	
Unit No.	08-173	120 10010000		Driver Insurer Company	
Does he own a Singapore Registered car?	Yes • No	Driver Vehicle No.		Driver Insurer Company	
Declaration Blood Test	Sement .	CONTRACTOR NA	of Marie Ma		
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No		
Modification History					
Claim 001 New					
Claim Tung =	OD-MX •	Insured Name	YES HUB PTE. LTD.	Insured NRIC	20
Claim Type * Contact No.(Mobile)	25.50	Contact No.(Home)		Contact No.(Office)	N
Email Address		OI Vehicle Number	SKG72A	TP Vehicle Number	SI
Claim Description	SKG72A / SLK4482R ON 30 Dec 2017	Account the sport to the		Name of Preferred Workshop	
Preferred Workshop Contact		Insured Liability *	Not at Fault ▼		
No.	-1		Preferred Workshop, Name unknown	GIA report	R
Require Finalisation	Yes	Preferered Repair Option	Fred to Ronay, Halle Silver	Date Received	0
Date Registered	02/01/2018 20:23	Claim Close Date		74 10 10 10 10 10 10 10 10 10 10 10 10 10	120
Depart Talon By	Jackson				
Report Taken By					

Attachment

Accident No. Last Doc. Received	MT/0975990 ● Yes □ No	Claim No. Upload Date	001 02/01/2018 20:28 Category *		Confidential	Urgency *
	Path *	Clear	Please Select	•	NO	Normal
Choose File No file chos		Clear	Please Select	٧	NO	Normal
Choose File No file chos		Clear	Please Select	*	NO	Normal
Choose File No file chos		Clear	Please Select	*	NO	Normal
Choose File No file chos		Clear	Please Select	Y .	NO	▼ Normal
Choose File No file chos		Clear	Please Select	•	NO	Normal
Message Read						

92	Attachment List	t

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