NATIONAL Assessment Centre	Services	wef ( Jan 55)	MA 118014355		
Date In: 29/1/18 17:39	Job description		Date & Time Completed	Dens b	1
Rei No: NA / INC 18001758144	SAS e-filing				
Veh No: GBA 30702	E-mail (within 5	ilirs, APC 2hrs)			5
D.O.A : 29 [1] 18 17:45	i-Motor Clair	n Form	MT/0979985	29/1/18	19:14
	i-Motor W/O	(Within: OD 2hrs			
OD 'IP' Reporting Only	i-Photo Uplo:				
	Assessment/Su	200			
TP Insurer:			o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	)
2	KC 17 G	INC (	)/Non-INC( )		
Owner / Driver: (	ING IT CI		Tel:	)	
Policy No: ( ) Peri	ođ: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %) [N	ote-Est Status (V	VO): N: 0-2	0%; P: 21-79%. F: 80	-100%]	
Year of Registration: ( ) W	arranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1,00	0 ( )/\$2,000	( )			
General Remarks:-					
( ) Walk-In Customer: Customer's inform	nation strictly Co	nfidential & St	rictly NO rafer of repaire	r.	
( ) Total Loss Case : to e-mail Insurer				was to be a second	
Drive-In ( )/Towed-In ( ); Invoice:		io( );T	owing Co: (		)
Remarks:- (INC hotline: 6788 6616)			Date&Tune Completed	Done i	by
1) Apply for Transport Allowance ( )/Co	ourtesy Car (	)			
2) QC Check / Post Repair Inspection	(				
Upload Resurvey Photo [Repair Cost > \$30	1001 (	)			
5) Opiosa resulvey i noto (respair costs 5)					
Injury:					
Date/Time Actions					
					- 75
		To-seed to be a seed to be a se		Ant (S)	Ami (\$)
NAL.	MA1800643	Invoice Pr	eparation Checklist	Tit Bill	Add Sill
Claimant's Particulars:		1) AR : Accide		30.00	
		3) TF : Towing	Fee	\$40/\$45	
Driver/Owner:		4) FT : Follow-	Through Survey Through Survey (Resurvey)	\$120 \$30	1100
Contact No:		For claiming	against INC Only (wef 10 Jan ?		
Damaged Portion:		6) TR: Re-insp	ection + SMRT Survey	\$75 \$160	
	\$		tional Services		
QC Checked by (Engr-In-Charge):		OTA*	sy Cer / Tpt Allowance	5.5	
e. Janes e. (ong. in onege).		*N6: Repair	Co-ordination	310	
Auditors' Comments :-			epair Inspection Collect Expess Coordination	525	
Pat. 11 =	and seems of the seems of	IP (N11) :	P (Non INC) against INC	\$20	
		9) N11: Idao N Involce doted	(obile Fae Char		W TO E
at_2/3.		Invoice dated	Aee Chan	STACKING AND 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 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.

- 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

	ACCIDENT STATEMENT
Date Of Report	29/01/2018 17:39
Date Of Accident	28/01/2018 17:45
Exact Location Of Accident	OPEN SPACE COMPOUND INFRONT BLK769 WOODLANDS DR 60
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBA3070Z
Insured/Policyholder	
Name Of Registered Owner	K&T CORPORATE INTERIOR
Co Reg No	53354518L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91466610
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091784301
Cover Note Number	• .
Driver	
Name of Driver	JONATHAN TAN JIAN SHAN
NRIC No	S8935045Z
Date Of Birth	04/10/1989
Occupation	OUTDOOR
Date Of Driving Pass	06/02/2009
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91466610
Fax Number	
Contact Number	OFFICE-98580015
EMail Address	NOEMAIL
574.000.000.00.00.53425.00.004.00	Page 1 of

4

Address

BLK 255 SIMEI ST 1 #07-509

Postcode

520255

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

RAINING

Road Surface

WET

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.

NO 1

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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKC17G

Vehicle Make/Model/Colour

Details Of Properties

0

Vehicle Category

PRIVATE CAR

Name of Driver

LEVINSON TAN CHEE BOON

NRIC/Passport Number

S9501107A

Contact Number

91297191

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 15

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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 reguldiate 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 faise reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA flecords Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a loss 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/haw 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 invoive 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")
- all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law tirms, 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:
  - 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

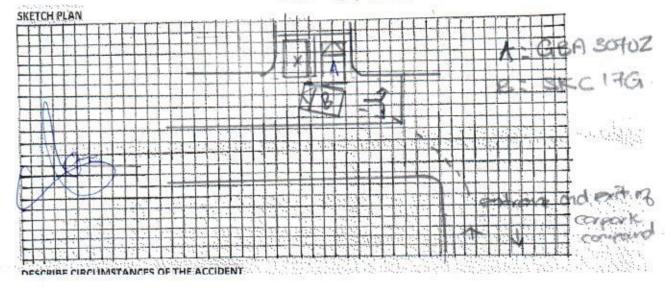
Name:

NRIC/FIN No.:

 $\{a^{ij}(a^{ij})=\{a_{ij},j\}_{i=1}^{n},a^{ij}_{i},a^{ij$ 

orporate Intel

BIK 769. Woodlands Dr. 60.



After ensuring that there are no vehicles travelling along the drive-way compound of Block 769 Woodlands Drive 60, I switched on and engaged my reverse gear and slowly reversed out. While I was reversing out and my van was slightly inching out, from my right mirror I saw vehicle B turning left towards me travelling against the flow of traffic. Hence, I stopped my van as to give-way to him and also to avoid the accident. However due to that the driver of vehicle B made a wide left turn and travelling against the flow of traffic, its right side portion still hit onto my van rear left side.

Policyholder's Signature

Date & Time:

Date & Time:

Delicyholder's Signature

Oate & Time:

Date & Time:

Delicyholder's Signature

Name:

NRIC/FIN No.:

# 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. ٠
- 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	(DD/MM/YY)
Date of accident	28.01.18	(HH:MM)
Time of accident	1745	
<b>Exact location of accident</b>	Open Space Compris	nd in front Bik 769 Weathers

	DETAILS OF VEHICLE
Vehicle registration number	GBA 3070Z
Vehicle make and model	Toyote Harc.
Type of vehicle	Saloon   MPV   CRV   Van   Lorry   Bus   Motorcycle   Others:
Vehicle category	Private   Commercial Motorcycle
Purpose of using at said time	Commercial
Are you claiming under your own insurance company?	Yes  No if no, please select:  Third part claim Reporting only

	INSURANCE IN	FORMATION	
Insurance company	NTUC.		
Policy number		5 0 1 5	TD anhu =
Type of policy	Comprehensive	Third party fire & theft $\square$	TP only 🗆

	INSURED / POLICY HOLDER	Marine States	
Name NRIC / Fin / Passport number	K&T Corporate Interior 53354518L	Male	Female
Contact	and the second trace		
Address	255 Simos Street 1, #07-509 (520255).		

DRIVER	SAME AS INSURED ABOVE (SKIP	TO D.O.B)
Name	Imathan Ian Jian Shan	Male Female 🗆
NRIC / Fin / Passport number	S 8935045Z 91466610 / 9858 0015	
Contact		
Address	BIK 265 Sime: Street 1 #07-509. S(520255)	
Email address	1000	
Date of birth	04.10.1989	
Occupation	Indoor  Outdoor	
Driving date pass	06.02.2009.	

G	ENERAL IN	FORMATION OF	THE ACCIDENT	
Was driver an employee of	Yes□	No		Buss
the insured's company?	If no, rela	tionship of the o	driver and insured: _	aue .
Accident captured by camera?	Yes 🗆	No o		
Weather condition	Clear 🗆	Raining	Others:	
Road surface	Dry 🗆	Wet		ti i i filmal
No of passenger	ØI			(Inclusive of driver)
	20			
		PASSENGER	1	
Name				
Gender	Male 🗆	Female 🗆		
	-1100110-2000			
是 (AOM)		PASSENGER	2	
Name				
Gender	Male □	Female 🗆	S MERCH COLORS	
		PASSENGER	3	
Name				
Gender	Male □	Female □		
		PASSENGER	4	
Name		/		
Gender	Male 🗆	Female 🗆		
		PASSENGER	5	
Name	Contract of the Contract of th			
	Male 🗆	Female		
Gender	IVIAIC D	, cinaio o		
		PASSENGER	86	THE SHAPE OF SHAPE
Name				
Gender	Male 🗆	Female		
Gender				
	THE SECTION	OTHER INFORM	ATION	
Was anybody injured?	Yes 🗆	No p		
Was other vehicle damaged?	Yes□	No		
was other vehicle duringed.	100			
	DE	TAILS OF POLIC	E ACTION	
Reported to police?	Yes 🗆	No □ If y	es, please state whi	ch police station.
Police station name				
rollice station flame				
		WITNESS	1	
No. 2			-	
Name				
		WITNESS	2	
		Williams	4 April 19 A	property of the Wallette and the second of the second of
Name				

THIRD PARTY VEHICLE 1
SKC ITG.
Levinson Tan Chae Boon
99501107A 91297191
91297191
713
THIRD PARTY VEHICLE 2
THIRD PARTY VEHICLE 3
THIRD PARTY VEHICLE 4
THIRD PARTY VEHICLE 5
THIRD PARTY VEHICLE 6
/
THIRD PARTY VEHICLE 7

		INJURED PERSON 1
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	4	
		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?		
		INTERPRETARIO
		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		No. =
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No □
hospital by ambulance?		
		INJURED PERSON 4
Name		INJOINED , Elissis
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes□	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
		INJURED PERSON 5
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes □	No 🗆
Was injured conveyed to	Yes □	No 🗆
hospital by ambulance?		
		INJURED PERSON 6
Name		
Injuries sustained		
Which vehicle person in?	-30-	
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		









GeneralClaim **eBao**Tech · Log Out · Change Password · Change Language Hello, NAC\_PAYA\_UBI\_800601 **Policy Query** My Desktop 28/01/2018 17:40 Date of Accident Notice of Loss Policy No. Vehicle No.(For Motor) GBA3070Z Search Vehicle Insured Object Commence Date Expiry Date Policyholder Name Policyholder NRIC Product Cover Type Policy No. Select 11/06/2018 K&T Comprehensive GBA3070Z GBA3070Z 12/06/2017 CORPORATE INTERIOR 53354518L GCV 5091784301 Continue

#### **Claim Handling**

Manufacture Name	Policy No.	5091784301	Vehicle No.	GBA3070Z	GST Registration No.	3950
Content No.					A CONTRACTOR OF THE PROPERTY O	533
Contact No. (Proble)   Contact No. (Proble)   Contact No. (Proble)		COMMERCIAL VEHICLE INSURA!	Cover Type	Comprehensive	Loading	0
Second Amounts		91466610	Contact No.(Office)		Contact No.(Home)	_
No.   Yes		32100020	Special Remark		eCode	No
NCD Protection   No		■ No Yes	TCA	No Yes	eCode Reason	
### Accident Report Writin 24 hrs			NCD Entitlement(%)	0	Private Hire	No
Accident Page   Accident Pag						
Time of Accident   28/01/2018		29/01/2018 19:09	Accident Report Within 24 hrs	Yes	Accident Type	Sid
Content Location DeFit SPACE COMPOUND INFONT BLK769 WOODLANDS Dit 60  **P Secrets**  **P Secrets		5345 20 5 A S A S A S A S A S A S A S A S A S A	Time of Accident hh:mm	17:45	Country of Accident	Sin
OPEN SPACE COMPOUND INFRONT BLK769 WOODLÓNDS DR 60  **Benefits**  **Penefits**  **Pene		28/01/2018	Orange Force		ICM No.	
▼ Excess  ▼ Excess  ▼ Cares		THE PROPERTY OF THE PARTY OF THE				
Manage Screes		OPEN SPACE COMPOUND INFRONT DER	03 1100000100			
David damage Excess 600.00 Additional Secrets Vindexcreen Excess Vindexcreen Excess Vindexcreen Excess Underwich Diver Excess 5.0.00 Outside Singapore OB Excess Vindexcreen Excess Vindexcreen Excess 5.0.00 Outside Singapore OB Excess Vindexcreen Vindexcreen Excess Vindexcreen Excess Vindexcreen Vindexcreen Excess Vindexcreen Excess Vindexcreen Excess Vindexcreen Excess Vi						
The daments excess			Additional Excess		Windscreen Excess	
Under the Deces		600,00				
### OF PROPERTY OF STREET   No						
SST Registration Date SST Registration Flow. SIMEI STREET 1 Address 3 Address 3 Post Code  Driver Registration Flow. SST Registration Flo			Outside Singapore 17 Excess			
The Registration No.  Policyholder Malling Address  Address 2 SIMEI STREET 1 Address 3  Address 3 Rest Code  Address 4 Address 7 Registration From Policyholder Malling Address 4 Address 7 Rest Code  Unit No. 07-509 Related Policy Number 5091784301  Driver Info  Driver Info  Driver Info  Driver Name Unnamed Driver Driver Name 20Art-HANT TAN JAIAN SHAN Driver MRIC S8930452 Driving Experience Contact No. (Honde) 91-66610 Contact No. (Office) Contact No. (Office) Address 3 Address 3 Address 4 Address 4 Address 5 Singapore address 5 Singapore address 6 Singapore address 7 Post Code  Unit No. 07-509 Driver Name Oriver Driver Name Notice See No Driver Name Oriver Driver Name Notice See No Driver Name Notice	Partie Commence and American			GST Registration Date		
Policybolder Malling Address Address 1 But 255 #07-509 Address 2 Address 2 Address 2 Address 3 Post Code Address 3 Address 4 Address 7ype Singapore address Post Code  Priver Name Unnamed Driver Unnamed Driver Unnamed Driver Unnamed Driver Unnamed Driver Unnamed Driver Driver Name D	Carrier Co.	NO			No	
Policyholder Malling Address  Address 2 SIMEI STREET 1 Address 3 Address 4 Address Type Singapore address Poet Code  Address 799  Related Policy Number 5091784301  Unit No. O7-509  Related Policy Number 5091784301  Driver Name Unnamed Driver Unnamed driver Name DoNATHANT TAN JIAN SHAN Driver RRIC S89350452 Driver DB Driver DB Driver DB Driver Malling Address 3 Address 1 BLK 255 #07-509 Address 2 SIMEI STREET 1 Address 3 Address 3 Address 1 BLK 255 #07-509 Address 2 SIMEI STREET 1 Address 3 Address 4  Unit No.  Un-Support DB Driver Name Poet Code  Driver Name Orice Poet Code  Name of Preferred Workshop, Name unknown  Driver Name Orice Poet Report Name Orice			¢-			
Address 1 BLX 255 #07-509 Address 2 SIMEI STREET 1 Address 3 Address 7 Type Singapore address 5 Post Code  Address 7 Type Singapore address 5 Post Code  Porter Name Unnamed Driver Driver Name Unnamed Driver Driver Name Onto 1 Priver Name Onto 2 Priver Onto 3 Priver Onto 2 Priver Onto 3 Priver O	Modification History					
Address 1 BLX 255 #07-509 Address 2 SIMEI STREET 1 Address 3 Address 7 Type Simpapore address 9 Post Code  Address 7 Type Simpapore address 9 Post Code  Priver Name Unnamed Driver Driver Name Unnamed Driver Driver Name Only 1 September 2004 Priver Name Only 2 September 2 Septembe		440000				
Address 1 bit 25 at 17-509  Address Type Singapore address Post Code  White No. 07-509  Related Policy Number 5091784301  Unit No. 07-509  Unnamed Driver Info  Driver Name Unnamed Driver Driver Name 200ATHAN TAN JIAN SHAN Driver Age 28 Driving Experience Contact No. (Mobile) 9,1466610 Contact No. (Mobile) 9,1466610 Contact No. (Mobile) 200 She own a Singapore Register of Large Name Register of Blood Test Recalled Policy Name No. (Mobile) Nest No. (Mobile) Ne	Policyholder Mailing A	28/19/39500 and 03/20/03/03	Address 2	SIMFI STREET 1	Address 3	S
Related Policy Number 5091784301  Priver Name Unnamed Driver Dobus Driver Info  Unnamed driver Name Unnamed Driver Driver NRIC S8935045Z Driver DoB Unnamed Driver Name Ochres Driver NRIC S8935045Z Driver DoB Univer Name Ochres Ochres No. (Mobile) 91466610 Contact No. (Office) Contact No. (Office) Contact No. (Office) SME STREET 1 Address 3 Address 1 BLX 255 e07-509 Address 2 SIMEI STREET 1 Address 3 Address 3 Address 1 Post Code  Unit No. 07-509 Driver Vehicle No. Driver Vehicle No. Driver Insurer Company Registered car?  Declaration Breatinalyser or Blood Test. Reading?  Claim Type * OD-MX		BLK 255 #07-509			Post Code	5
Unit No.  77-909  79 OI Driver Info  Driver Name  Unnamed Driver  Driver Name  Unnamed Driver  Driver Name  Contact No. (Mobile)  Driver Name  Address 2  SIMEI STREET 1  Address 3  Address 3  Address 4  Driver Name  Address 3  Address 4  Driver Name  Address 4  Driver Name  Driver Name  Driver Name  Name  Driver Name  Name  Name  Name Orienta No. (Mobile)  Driver Insured Name  Name  Name Orienta No. (Mobile)  Driver Insured Name  Name Orienta Name  Driver Insurer Company  Driver Insurer Company  Driver Insurer Company  Name  Driver Insurer Company  Name  Driver Insurer Company  Driver Insurer Company  Name  Driver Insurer Company  Driver Insurer Company  Name  Driver Insurer Name  Driver Name  Dr		770 000				
Driver Name Unnamed Driver Unnamed Driver Unnamed Driver Unnamed driver Name 20NATHAN 1AN JIAN SHAN 20 Driver Name 30NATHAN 1AN JIAN SHAN 20 Driver Age 28 28 28 20 Driving Experience Contact No.(Mobile) 51.666610 Contact No.(Office) Contact No.(Office) SIMEI STREET 1 Address 3 Address 4 Address 4 Address 7type Singapore address Post Code Driver Vehicle No.  Driver Vehicle No.  Driver Vehicle No.  Driver Vehicle No.  Driver Insurer Company  Pres * No  Driver Insurer Company  Any (p)ury?  Claim 001  Next  Claim Type *  Contact No.(Mobile) Contact No.(Notice) The Vehicle Number Name of Preferred Worksho Name of Preferred Worksho Dete Received  Preferred Workshop, Name unknown  Preferred Workshop, Name unknown  Claim Close Date  Save Submit		07-509	netated rolley from the			
Driver Name Uniform Marker Uniform Marker Uniform Marker Uniform Marker Register Date of Driver License Register No.(Mobile) 91406610 Contact No.(Office) 28 Contact No.(Office) Contact No.(Office) Address 1 BLK 255 #07-509 Address 2 Address 3 Address 3 Address 4 Uniform No. 07-509 Does he own a Singapore Registered Carp Registered Carp Registered Carp Registered Carp Registered Priver Vehicle No.  Insured Name RET CORPORATE INTERIOR Insured NRIC Contact No.(Mobile) Insured Name RET CORPORATE INTERIOR Insured NRIC Contact No.(Mobile) Contact No.(Mobile) Insured Name RET CORPORATE INTERIOR Insured NRIC Contact No.(Mobile) Insured Name RET CORPORATE INTERIOR Insured NRIC Contact No.(Mobile) Insured Name RET CORPORATE INTERIOR Insured NRIC Contact No.(Office) Type Vehicle Number Reading? Insured Registered Regain Contact No.(Momel) Insured Liability * Partially at Fault No. Name of Preferred Workshop Date Registered Report Taken By IEW SHAN HUI   Save Submit  Save Submit	National Section of Section 1971	A COUNTY AND CO.	Driver Type	Unnamed Driver		
Unnamed driver Name Register Date of Driver License 09/62/2009 Contact No.(Mobile) 91466010 Contact No.(Office) Contact No.(Office) Contact No.(Home) Address 1 BLX 255 #07-509 Address 2 SIMEI STREET 1 Address 3 Address 3 Address 4 Address Type Singapore address Post Code  Unit No.  Driver Vehicle No.  Driver Vehicle No.  Driver Vehicle No.  Driver Vehicle No.  Driver Insurer Company  Registered car?  Claim Type * Contact No.(Home)  Of Vehicle Number  Contact No.(Home)  Of Vehicle Number  Singapore address  Driver Insurer Company  Registered Car?  Ves ■ No  Registered Car?  Ves ■ No  Registered Name  KET CORPORATE INTERIOR Insured NRIC Contact No.(Home)  Of Vehicle Number  Contact No.(Home)  Of Vehicle Number  Singapore address  Driver Insurer Company  Registered Car?  Ves ■ No  Registered Name  KET CORPORATE INTERIOR Insured NRIC Contact No.(Home)  Of Vehicle Number  Singapore address  Driver Insurer Company  Registered Workshop Confact No.  Require Finalisation  Yes  Insured Liability * Preferred Workshop, Name unknown  Final Address  Of Insured Report Taken By  Insured Liability * Preferred Workshop, Name unknown  GliA report  Date Registered  29/01/2018 19:13  Liew Shan Hu]  Final Address  Save Submit					Driver DOB	0
Contact No.(Mobile) 91466610 Address 1 BLX 255 #07-509 Address 2 Address 2 Address 3 Address 4 Init No. 07-509 Decharation Breathayser or Blood Test. Reading?  Claim 17pe * Contact No.(Mobile) Contact No.(Mobile) Claim 17pe * Contact No.(Mobile)					Driving Experience	8
Address 1 BLX 255 #07-509 Address 2 SIMEI STREET 1 Address 3 Address 4 Unit No. 07-509 Does he own a Singapore Registered care of Blood Test. Reading?  Claim 091 Nex  Claim 1091 Nex  Claim 7ype * Contact No. (Mobile) Co	0.0000000000000000000000000000000000000			20	Contact No.(Home)	
Address 1  Address 4  Unit No.  O7-509  Declaration  Breathalyser or Blood Test. Reading?  Claim 001  Next  Contact No.(Mobile)  Contact No.(Mobile)  Email Address  Claim Description  Freferred Workshop Contact  No.  Require Finalisation  Yes  Preferred Repair Option  Date Registered  29/01/2018 19:13  LEW SHAN HUI  Print AK letter  Save  Submit  Post Code  Driver Vehicle No.  Driver Vehicle No.  Driver Vehicle No.  Insured Name  Kat CORPORATE INTERIOR  Contact No.(Office)  To Vehicle Number  Sea 30702  To Vehicle Number  Sea 30702  Name of Preferred Workshop  Name of Preferred Workshop, Name unknown  GIA report  Date Received  Date Received  Save  Submit	Contact No.(Mobile)			SIMEI STREET 1	Address 3	5
Declaration  Breathalyser or Blood Test Reading?  Claim 001 Next  Claim 19pe * OD-MX Y Insured Name Kat CORPORATE INTERIOR Insured NRIC Contact No. (Mobile)  Email Address  Claim 601 Sexplote No. Sexplote Number GRA30702 TP Vehicle Number  Claim 19pe * OD-MX Y Insured Name Kat CORPORATE INTERIOR Insured NRIC Contact No. (Mobile)  Email Address  Claim 905 Freferred Workshop Contact No. (Mobile)  Email Address  Claim 19pe * OD-MX Y Insured Name GRA30702 TP Vehicle Number  GRA30702 The Vehicle Number GRA30702 Name of Preferred Workshop Contact No. (Mobile)  Date Registered Seyout 29y01/2018 19:13 Claim Close Date  Save Submit  Save Submit	Address 1	BLK 255 #07-509			Post Code	5
Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Claim 001 New  Claim 1ype *  Contact No.(Mobile)  Email Address  Claim 501 Vehicle Number  Claim 501 Vehicle Number  Claim 501 Vehicle Number  Claim 502 SANGE S	Address 4		Address Type	Singapore Doubles		
Declaration  Breathalyser or Blood Test. Reading?  Claim Type * OD-MX		07-509	I William A Toron or Annual Annual		Driver Insurer Company	
Breathalyser or Blood Test. Reading?  Modification History  Claim 001 New  Claim 001 New  Linsured Name Kat CORPORATE INTERIOR Insured NRIC Contact No. (Home) NIL Contact No. (Office) Email Address Ot Vehicle Number GBA3070Z TP Vehicle Number Claim Description GBA3070Z / SKC17G ON 28 Jan 2018 Preferred Workshop Contact No. No. Preferred Workshop Contact No. Require Finalisation Yes Preferred Repair Option Date Registered 29/01/2018 19:13 Report Taken By LIEW SHAN HUI  Any Injury? Yes No  Insured Name Kat CORPORATE INTERIOR Insured NRIC Contact No. (Office) NIL Contact No. (Office) TP Vehicle Number GBA3070Z TP Vehicle Number GBA3070Z TP Vehicle Number  Preferred Workshop Contact No. Claim Close Date  Save Submit	Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Diller Piggies desiring	
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Contact No. (Mobile)  Email Address  Claim Description  GBA30702 / SKC17G ON 28 Jan 2018  Preferred Workshop Contact No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter  Contact No. (Home)  OI Vehicle Number  GBA30702 / SKC17G ON 28 Jan 2018  Insured Liability  Partially at Fault  Preferred Workshop, Name unknown  GIA report  Claim Close Date  Save Submit	SANCTON CHOOSE -	7	Jacured Name	KAT CORPORATE INTERIOR	Insured NRIC	-
Contact No. (Mobile)  Email Address  Of Vehicle Number  GBA30702  TP Vehicle Number  Name of Preferred Worksho  Claim Description  GBA30702 / SKC17G ON 28 Jan 2018  Preferred Workshop Contact No.  Require Finalisation  Yes  TP Vehicle Number  Name of Preferred Workshop  Preferred Workshop, Name unknown  GIA report  Date Registered  29/01/2018 19:13  Claim Close Date  TP Vehicle Number  Name of Preferred Workshop  Preferred Workshop, Name unknown  GIA report  Date Received  Partially at Fault  Preferred Workshop, Name unknown  Freferred Workshop, Name unknown  Freferred Workshop, Name unknown  Save Submit	Claim Type *	OD-MX	4-1-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-		Contact No.(Office)	Ī
Claim Description  Claim Description  Preferred Workshop Contact No.  Require Finalisation  Date Registered  Report Taken By  LIEW SHAN HUI  Save Submit  Name of Preferred Workshop  Partially at Fault  Preferred Workshop, Name unknown  GIA report  Claim Close Date  Save Submit	Contact No.(Mobile)					ĺ
Preferred Workshop Contact No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter  Insured Liability * Partially at Fault  Preferred Workshop, Name unknown   Preferred Workshop, Name unknown   Claim Close Date  Date Received  Save Submit	Email Address		Of venice names	0000000	Name of Preferred Workshop	Î
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77	Attachment	List

Attachment Li	st		T				
Attachment		Uploaded By/Date		Category	9	Urgency	Descrip
909 -	NAC_PAYA_UBI_800601( NAT	TIONAL ASSESSMENT CENTRE Jan 2018 19:14	SERVICES) on 29	NRIC/ Driving License		Normal	NRIC/ Driving Lice
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	Uploaded By/Date	Folder Date		File Name		9	Source

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