NATIONAL Assessment Centre	Services			-	
Date In: 24/1/18- 16:51	Jeb description		Date & Time Completed	1 Don	e pi.
Ref No: Na INCIS 001761 24	SAS e-filing				
Veh No: SCHSYYM	E-mail (within 8	hrs, AIC 2hrs)			4
D.O.A : 29118-19:30	i-Motor Clain	Form	MT/0979977	39/1/18 1	8:00
	i-Motor W/O	(Within: OD 2hrs,			
OD (TP) Reporting Only	i-Photo Uploa	ded		21	
	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax/Hand to	Owner/Wksp		77.
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	-1,000
TP Particulars: Veh No: 623	386	. INC()/Non-INC().	(4)	
Owner / Driver: (Tel:)	
Policy No: () Perio	od: ()	Cover Type: (),	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	ote-Est. Status (W	O): N: 0-20	%; P: 21-79%. P: 80	-100%]	
Year of Registration: () W	arranty: YES ()/NO()			
Excess: (\$) Loading: \$1,000	0()/\$2,000()			
General Remarks:	to the backs	* 8 Y) * 1	。	100 mm	
() Walk-In Customer: Customers inform	TO THE RESERVE TO THE PERSON OF THE PERSON O	CA - 2 OF S - HOAR - S - S - S			
() Total Loss Case : to e-mail Insurer			N 4		
	OKOLIII.				1
Drive-In ()/Toyed-In (): Invoice:	YES () / NO) () ; To	wing Co: (- 1
Drive-In () / Towed-In (); Invoice: Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Cor 2) QC Check / Post Repair Inspection			wing Co: (Date& Lime Completed	Don	bby
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Co	ourtesy Car ()			Don	bby
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30] Injury:	ourtesy Car ()			Don	b hy
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30	ourtesy Car ()			Don	èhy
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30] Injury:	ourtesy Car ()			Don	b)by
Remarks: (INC harline: 6788 6616) 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30] Injury:	ourtesy Car ()			Don	b)by
Remarks: (INC harline: 6788 6616) 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30] Injury:	ourtesy Car ()			Don	s by
Remarks: (INC harline: 6788 6616) 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30] Injury:	ourtesy Car ()			Don	bby
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Cor 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions	ourtesy Car () () () () ()		Date& Firme Completed		
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30] Injury:	ourtesy Car () () () () ()			Don Aut(S)	Am
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Com 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300] Injury: Date/Time: Actions N4/80063	() (00) ()	Invoice Prep:	Date& Time Completed oraclion Checklist. sporting (\$30);	Ant (S)	Am
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Com 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time: Actions N4/80063 Claimant's Particulars:	() (00) ()	Invoice Prep: 1) AR: Accident R 2) DA: Damage A: 1) TF: Towing Fee	Date& Time Completed ration Checklist. sporting (\$30); sessment (\$100); INC	Ant(S) (\$80) (\$40/\$45	Am
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Cor 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions	() (00) ()	Invoice Prep: 1) AR: Accident R 2) DA: Damage A: 3) TF: Towing Fee 4) FT: Follow-Thr	Date& Time Completed ration Checklist. eporting (\$30); sessment (\$100); INC	Ant (S) [\$t.Bill (\$80) \$40/\$45 \$120	Am
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Com 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time: Actions N4/80063 Claimant's Particulars:	() (00) ()	Invoice Preparation of the Prepa	Date& Time Completed ration Checklist. sporting (\$30); sessment (\$100); INC	(\$80) \$40/\$45 \$120 \$30	Am
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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.

Any false reporting may be referred to the Police for investigation.

- 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

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Date Of Report

29/01/2018 16:51

Date Of Accident

26/01/2018 19:30

Exact Location Of Accident

JUNC THOMSON RD & MOULMEIN RD

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLH544M

Insured/Policyholder

Name Of Registered Owner

CONNECT4CAR PTE LTD

Co Reg No

201411459M

Email Address

NOEMAIL

Mobile Phone No

Alternative Phone No.

OFFICE-89999999

Vehicle Particulars

Manufacturer

NISSAN

Model

SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR

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

PRIVATE HIRE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

YES

Policy Number

5068994860-03

Cover Note Number

Driver

Name of Driver

KOH HOO KWEE

NRIC No

S1776519A

Date Of Birth

25/04/1966

Occupation

OUTDOOR

Date Of Driving Pass

07/11/1984

Driving Experience

33 YEARS AND 2 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-97612657

Fax Number

Contact Number

OFFICE-97612657

EMail Address

NOEMAIL

BLK 172B EDGEDALE PLAINS Address

#09-494 822172

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CROSS JUNCTION Type Of Accident

RAINING Weather Conditions WET 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?

Was any injured conveyed to hospital by

ambulance?

NO

YES

2

YES Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police? NQ

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?

YES

Was there any video captured by Car Camera?

NÓ

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GZ338G

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

EDDISON TAN JUN HAO

NRIC/Passport Number

S9619750J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

KOH HOO KWEE Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK, SHOULDER & BACK

SLH544M

YES

NO

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 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>.
- 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)

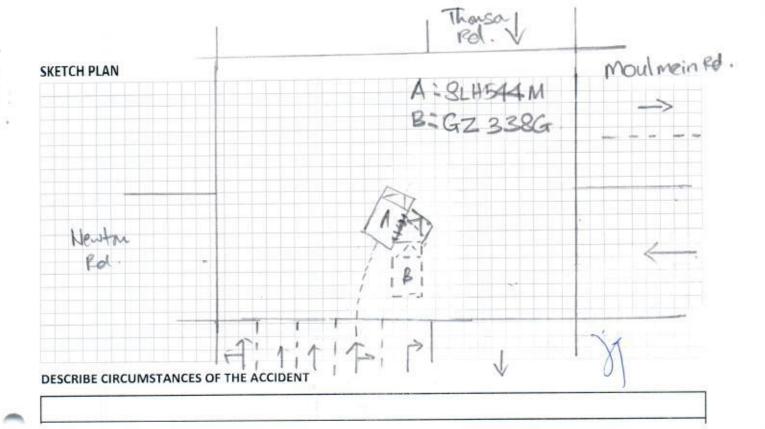
I understand, acknowledge, agree and consent that:

- (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:
 - 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.

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:



My car was travelling along Thomson Road towards Moulmein Road. At the point of the time, the traffic light was green with green arrow in my favour and I was at the second right turn lane and vehicle B was on the first right turn lane. After I ensure that the traffic was clear, I gradually make a right turn towards Moulmein Road with my right signal on. All of a sudden, I felt an impact on the right side portion of my car along with scratches sound on the right side portion. Within seconds of the first impact, I felt another impact on my right side front portion again. I got off my car and found that vehicle B had hit onto my car. I wish to state that my entire right side portion were with dents, scratches and damages due to the accident, and my right side front portion, right side passenger door are dent, the two front and rear rims and the right side mirror are also damaged. After the accident, the driver of vehicle B had stated to me that he was travelling straight towards Thomson Road and I have a recording with regards to the conversation.

DECLARATION

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

Policyholder's Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Persannel'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.
- 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 of accident	26.01.2018			(DD/MM/YY)
Time of accident	19 30			(HH:MM)
Exact location of accident	Junction of Thomas Road	and	Mounvein	lord.

	DETAILS OF VEHICLE
Vehicle registration number	SLH544 M
Vehicle make and model	
Type of vehicle	Saloon MPV CRV Van CRV Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes No if no, please select: Reporting only

THE REAL PROPERTY.	INSURANCE INFO	ORMATION	CAT DESCRIPTION OF
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

	INSURED / POLICY HOLDER		
Name	CONNECT4CAR PTE LTD	Male □	Female 🗆
NRIC / Fin / Passport number	201411459M		
Contact			
Address	53 UBI AVENUE 1 #01-23 PAYA UBI IN SINGAPORE 408934	IDUSTRIAL PARK	

DRIVER	SAME AS INSURED ABOVE (SKIP)	TO D.O.B)	
Name	KOH HOO KWEE	Male	Female 🗆
NRIC / Fin / Passport number	C177 6519 A		
Contact	9761 2657 / 922,00079	(wife)	
Address	9761 2657 / 922,00079 BIK 1728 Edgedale Plains #09-491 \$ (822172)	+	
Email address			
Date of birth	25.04.1966		
Occupation	Indoor Outdoor		
Driving date pass	07.11.1984.		

G	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes 🗆 No 🗷
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes D No D
Weather condition	Clear Raining Others:
Road surface	Dry 🗆 Wet 🗷
No of passenger	(Inclusive of driver)
	PASSENGER 1
Name	
Gender	Male Female
A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
	PASSENGER 2
Name	/
Gender	Male Female
The state of the s	
PERSONAL PROPERTY.	PASSENGER 3
Name	
Gender	Male Female
	PASSENGER 4
Name	
Gender	Male Female
Gerraer	
Edition of the American State of the Control	PASSENGER 5
Name	
Gender	Male Female
	PASSENGER 6
Name	
Gender	Male Female
Gender	Wate d Telliale dy
	OTHER INFORMATION
Was anybody injured?	Yes No a
Was other vehicle damaged?	Yes D No D
THE TOTAL PROPERTY OF THE PARTY.	DETAILS OF POLICE ACTION
Reported to police?	Yes No If yes, please state which police station.
Police station name	Tes a rioga in yes, preuse state times pener states
1 Once station name	
	WITNESS 1
Name	
Hame	
	WITNZSS 2
Name	The state of the s
Name	

Vehicle registration number	THIRD PARTY VEHICLE 1
	Tunota.
Vehicle make model	
Name	Eddison Tan Jun Hao
NRIC / Fin / Passport number	596197505
Contact	

	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	/
Name	
NRIC / Fin / Passport number	Z
Contact	

THIRD PARTY VEHICLE 4		
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

THE RESERVE AS A SECOND OF THE PARTY OF THE	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7					
Vehicle registration number					
Vehicle make model					
Name					
NRIC / Fin / Passport number					
Contact					

	INJURED PERSON 1
Name	KOH HOD KWEE
Injuries sustained	Neck, shoulder, Back.
Which vehicle person in?	SLHSYYM
Were seat belts worn?	Yes No 🗆
Was injured conveyed to	Yes No P
hospital by ambulance?	
CONTRACTOR OF THE PARTY OF THE	INJURED PERSON 2
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes No No
Was injured conveyed to	Yes No
hospital by ambulance?	
THE RESERVE TO SERVE THE PARTY OF THE PARTY	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes No
hospital by ambulance?	
	INJURED PERSON 4
Name	
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 No
Was injured conveyed to	Yes □ No □
hospital by ambulance?	
	INJURED PERSON 6
Name	
Injuries sustained	
Which vehicle person in?	
	Yes D No D
Which vehicle person in?	Yes No Yes No







VOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES PASS DATE Of Nov 1984 Of Nov 1984 Of Feb 1988 Class 5 Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms Class 5 Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms License No: \$1778519A

eBao Tech								E LEGIS	Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage	Change Passwo	ord + Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	io.	(Date of Acc	ident	26/01	/2018 19:30	3
	Vehicle	No.(For Motor)	SLH544M							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5068994860- 03	CONNECT4CAR PTE, LTD.	201411459M	GFT	drivo PREMIUM	SLH544M	SLH544M	04/12/2017	
						Continue				

Policy No.	5068994860-03	Policyholder	CONNECT4CAR PTE. LTI	D. Policyholder NRIC	201411459M
Policy No.		Name		INIC	
Address	53 UBI AVENUE 1 #01-23	PAYA UBI INDUSTRIA	AL PARK SINGAPORE 40		
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	23/11/2017	Effective Date	04/12/2017 00:00	Expiry Date	03/12/2018 23:59
Third Party Excess	1000.00	Own damage Excess	1000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	1000.00	Outside Singapore TP Excess	1000.00		
Agent	SOONG WAI SAN	Agent Tel.	65471154	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info			e.		
Policyl	older Mailing Address		Neti.		
Address 1	53 UBI AVENUE 1	Address 2	#01-23 PAYA UBI IND	USTRIAL Address 3	SINGAPORE 408934
Address 4	(+)	Address Type	Singapore address	Post Code	408934
Unit No.	01-23	Related Policy Number	5087771369-01		
▶ Insure	d Object: SLH544M				
	ements		*		
▼ Endors					
Sequen	ce Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
01007/03250	Date of Endorsement 04/12/2017 00:00	Endorsement Type Basic Information Endorsement		Endorsement Status Endorsement Take Effective	internal endt - vehicle usage change from Rental vehicle (less than 12 mths) to Private Hire (Self Drive or Chauffeur)

				CET 8	
licy No.	\$068994850-03	Vehicle No.	SLHS44M	GST Registration No.	201411459M
licyholder Name	CONNECTACAR PTE. LTD.			Policyholder NRIC	0
ouct Code	PLEET INSURANCE	Cover Type	drive PREMIUM	Loading Contact No.(Home)	0
tact No.(Mobile)	D	Contact No.(Office)	0		No V
nii Address		Special Remark	6. 6.	eCode eCode Reason	110-2
	® No ○ Yes	TCA	® No ⊜Yes	Private Hire	Yes
Protection	No.	NCD Entitlement(%)	0	PIRALE PIRE	3225
Accident Details					
ort Date	29/01/2018 17:58	Acadent Report Within 24 hrs	Yes	Acadent Type	Collision - Cross Junction
of Acodent	26/01/2018	Time of Accident hindren	19:30	Country of Accident	Singapore
orting Centre	2017/01/19	Orange Force		ICM No.	
dent Location	JUNC THOMSON RD & MOULMEIN RD				
Benefits					
Excess					William
damage Excess	1,000.00	Additional Excess	0.00	Windscreen Except	100.00
arned Driver Excess		Outside Singapore OD Excess	1,000.00		
nd Party Excess	3,000.00	Outside Singapore TP Excess	1,008.00		
GST Registered Informa	stion				
Registered	No		GST Registration Date	Make .	
Registration No.			GST Status Verified	Yes	
ofication History					
Policyholder Hailing Ad		recent to the	#01-23 PAYA UBI INDUSTRIAL	Address 3	SINGAPORE 408934
ivess 1	53 UBI AVENUE I	Address 2		Post Code	408934
dress 4		Address Type	Singapore address	The same	
it No.	01-23	Related Policy Number	5087771369-01		
OI Driver Info	//////////////////////////////////////	Driver Type	Unnamed Driver		
ver Name	Unnamed Driver	Driver NRIC 5	51776519A	Driver DOB	25/04/1966
named driver Name	07/11/1984	Driver Age	51	Driving Experience	33
gaster Date of Driver License	97612657	Contact No. (Office)	0	Contact No.(Home)	o.
ntact No.(Mobile)		Address 2	EDGEDALE PLAINS	Address 3	SINGAPORE 822172
idress 1	BLK 1728	Address Type	Singapore address	Post Code	622172
idress 4	527152	wenters sign	SCORE PARENTA		
nit No.	09-494	120 C000 000 418		Driver Insurer Company	
oes he own a Singapore egistered car?	○ Vec ® No	Driver Vehicle No.			
claration					
eathelyser or Blood Test	0	Any injury?	® Yes ○ No		
	0 mg		3.75%		
ading?					
eading?					
edification History		27.			
dification History		27.			
Sification History		2.			
Sfication History	[manus 100]	50.	CONNECTACAS PTF. LTO.	Insured NRIIC	201411459M
dification History Claim 001 New Im Type *	00-MX 🔽	Insured Name	CONNECT4CAR PTE, LTD.		2014114594
ofication History Claim 001 New wm Type * msact No.(Mobile)	00-MK V	Insured Name Contact No.(Home)		Contact No.(Office)	+
chication History Claim 001 Next Him Type * mack No.(Mobile) nail Address	92959989	Insured Name	CONNECT4CAR PTE, LTD.	Contact No.(Office) TP Vehicle Number	+ GZ3386
chilen oos New Mem min Type * mack No. (Mobile) mail Address am Description		Insured Name Contact No.(Home) OI Vehicle Number	SUISIAN	Contact No.(Office)	+ GZ3386
cialm 001 Nem am Type * imact No.(Mobile) hall Address am Description eferred Workshop Contact	92959989 SLHS44M / GZ338G CN 26 Jan 2018	Insured Name Contact No.(Home) OI Vehicle Number	SUNS44M Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Works	G2339G
citient History Claim 001 Next aim Type * mact No.(Mobile) mail Address aim Description eferred Workshop Contact 2.	92959989	Insured Name Contact No.(Home) OI Vehicle Number	SUISIAN	Contact No. (Office) TP Venicle Number Name of Preferred Works GIA report	+
claim 001 New arm Type + mart No.(Mobile) mail Address arm Description referred Workshop Contact because Finalisation	92959989 SLHS44M / GZ338G CN 26 Jan 2018	Insured Name Contact No.(Home) OI Vehicle Number	SUNS44M Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Works	G2339G
cidication History Claim 001 Next arm Type * Imact No. (Mobile) mail Address arm Description referred Workshop Contact or square Finalisation are Segistered	92959989 SLHS44M / GZ338G ON 26 Jan 2018 Yes	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferenced Repair Option	SUNS44M Not at Fault	Contact No. (Office) TP Venicle Number Name of Preferred Works GIA report	+
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dification History	92959989 SLHS44M / GZ338G CN 26 Jan 2018 Yes 29/01/2018 18:00	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferenced Repair Option	SUNS44M Not at Fault	Contact No. (Office) TP Venicle Number Name of Preferred Works GIA report	+
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em Type * mack No.(Mobile) mail Address and Description effective Workshop Contact congure finalization tee Registered inport Taken By 3 Print AK letter	92959989 SLHS44M / GZ338G CN 26 Jan 2018 Yes 29/01/2018 18:00	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferenced Repair Option	SUNSAMM Not at Pault Preferred Workshop, Name unknown	Contact No. (Office) TP Venicle Number Name of Preferred Works GIA report	+
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ofication History Claim 001 New Im Type * mack No.(Mobile) half Address sum Description referred Workshop Contact or require Finalisation res Registened sport Taken By 3 Print AK letter Attachment	92959989 SLHS44M / GZ338G CN 26 Jan 2018 Yes 29/01/2018 18:00 Jackson MT/0979977	Insured Name Contact No. (Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Data Claim No. Upload Data	Substant Not at Fault Preferred Workshop, Name unknown Save Submit 001 28/01/2018 18:01 Category *	Contact No. (Office) TP Vericle Number Name of Preferred Works GlA report Date Received Confidential	Feculved 29/01/2018 00:00
ofication History Claim 001 New Im Type * mack No.(Mobile) half Address sum Description referred Workshop Contact or require Finalisation res Registened sport Taken By 3 Print AK letter Attachment	92959989 SLHS44M / GZ338G CN 26 Jan 2018 Yes 29/01/2018 18:00 Jackson MT/09/79977 © Yes ○ No	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Data &	Substant Not at Fault Preferred Workshop, Name unknown Save Submit OOL 28/01/2018 18:01 Casegory *	Contact No. (Office) TP Vericle Number Name of Preferred Works GlA report Date Received Confidential No. No.	Fecurved 29/01/2018 00:00
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cidention History Claim 001 New Image * Image No. (Mobile) Intel Address Intel Description eferred Workshop Contact Intel Section ster Registered Import Taken By \$ Print AK Histor Attachment \$\text{\tex{\tex	92959989 SLHS44M / GZ338G CN 26 Jan 2018 Yes 29/01/2018 18:00 Jackson MT/09/79977 © Yes ○ No	Insured Name Contact No. (Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Data Claim No. Upload Data Brown	Substant Not at Fault Preferred Workshop, Name unknown Save Submit 001 29/01/2018 18:01 Category * Clear Flease Select	Contact No. (Office) TP Vericle Number Name of Preferred Works GIA report Date Received Confidential V NO V Nor V NO V Nor V NO V Nor	Faceword 29/01/2018 00:00
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	Uploaded By/Date	Polder Date	File Name	9	Source	Action
Video List						
	NAC_PAYA_US1_80060)(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 29 Ja in 2018 18:00	Photos	Normal	Photos 2018-1-29	
	NAC_PAVA_UBL_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 29 la n 2018 18:00	Photos.	Normal	Photos 2018-1-29	
0	NAC_PAYA_UBI_B00601(NATIO	NIAL ASSESSMENT CENTRE SERVICES) on 29 Ja n 2018 18:00	Photos	Normal	Photos 2018-1-29	
	NAC_PAYA_UBI_BOOGO1[NATIO	NAL ASSESSMENT CENTRE SERVICES) on 29 Ja n 2018 18:00	Photos	Normal	Photos 2018-1-29	
	NAC_PAYA_UBI_800601(NATIO	INAL ASSESSMENT CENTRE SERVICES) on 29 Ja n 2018 18:90	Photos	Normal	Photos 2018-1-29	
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	NAC_PAYA_UBI_BOOGOT(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 29 to n 2018 18:01	Photos	Normal	Protos 2018-1-29	
0	NAC_PAYA_UBI_BOOKO1(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 29 Ja n 2018 18:01	Photos	Normal	Photos 2018-1-29	
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200		NAL ASSESSMENT CENTRE SERVICES) on 29 Ja n 2018 16:01	NR3C/ Driving License	recrimal		
hment		ploaded By/Dele			NRJC/ Driving License 2018-1-29	(co)