		PP1 410811AM	
Date In: 29/1/18/1627	Jeb description	Date & Time Completed	Done by
Ref No: NA/INC/800173/24	SAS e-filing		
Veh No: Sky93022	E-mail (within 8hrs, AIC 2hrs)	
D.O.A : 29/18-10:05	i-Motor Claim Form	M10979992	29/1/18 19:41
	i-Motor W/O (Within: OD	2hrs, TP 4hrs)	
OD (TP) Reporting Only	i-Photo Uploaded		
TRI	Assessment/Survey Repor	t	
TP Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW	:(Tel:	Fax:
TP Particulars: Veh No:	SLQ 2652 INC	()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: ().
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0	-20%; P: 21-79%. F: 80-	100%]
Year of Registration: () Warranty: YES ()/NO ()	
Excess: (\$) Loading:	\$1,000()/\$2,000()		
General Remarks:			130m S
() Walk-In Customer: Customer's	THE PARTY OF THE P		100 March 11
() Total Loss Case : to e-mail In	nsurer URGENTLY.	5	
Drive-In ()/Towed-In (); In	voice: YES () / NO ()	Towing Co: (.)
		- 3	THE CHIEF THE PARTY OF
Remarks:- (INC hodine: 6788 661		Date&Time Comple ad	Done by
1) Apply for Transport Allowance ()/Courtesy Car ()	10 Control	
	// Courtesy Car (/		
2) QC Check / Post Repair Inspection	• ()	-	
	• ()		
2) QC Check / Post Repair Inspection	• ()		
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost Injury:	> \$3000] ()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost	> \$3000] ()		
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time: Actions MA1800635 aimant's Particulars:	() > \$3000] () Invoice P	reparation Ghecklist ent Reporting (\$30); ge Assessment (\$100); INC (\$1	Anit (\$) Amit
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions Actions sumant's Particulars:	() > \$3000] () Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow	reparation Checklist: ent Reporting (\$30); ge Assessment (\$100); INC (\$1 g Fee \$40.7-Through Survey	Anit (\$) Arit fit Bill Add 30) 0/\$45 \$120
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time: Actions NA/800635	Invoice P Invo	ent Reporting (\$30); ge Assessment (\$100); INC (\$100);	Ant (\$) Ant fit Bill Add 0/\$45 \$120 \$30
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time: Actions Actions aimant's Particulars: iver/Owner:	Inverce P Inve	ent Reporting (\$30); ge Assessment (\$100); INC (\$100); ge Fee \$40 -Through Survey -Through Survey (Resurvey) gegainst INC Only (wef 10 Jan 200); pection	Anit (\$) Anit (\$) Anit (\$) \$0) \$0/\$45 \$120 \$30 \$)) \$75
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time: Actions Actions aimant's Particulars: iver/Owner:	Invoice P Invo	reparation Checklist. ent Reporting (\$30); ge Assessment (\$100); INC (\$100); INC (\$100); g Fee \$40 7-Through Survey 7-Through Survey (Resurvey) g against INC Only (wef 10 Jen 200); pection (A + SMRT Survey)	Anit (\$) Amit 15t Bill Add 80) 0/\$45 \$120 \$30
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions Limant's Particulars: iver/Owner: ntact No: maged Portion;	Inverce P	cent Reporting (\$30); ge Assessment (\$100); INC (\$100)	Anit (\$) Arat 15t Bill Add 80) 0/\$45 \$120 \$30 5) \$75 \$160
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions Actions Aimant's Particulars: iver/Owner:	Invoice P	ceparation Checklist ent Reporting (\$30); ge Assessment (\$100); INC (\$6 g Fee \$4 -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 200) pection A + SMRT Survey litional Services:-	Ant (\$) Am 16 Bill Add 80) 0/545 \$120 \$30 5) \$75 \$160
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions aimant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	Invoice P	cent Reporting (\$30); ge Assessment (\$100); INC (\$100)	Anit (\$) Arat 15t Bill Add 80) 0/\$45 \$120 \$30 5) \$75 \$160
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions aimant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	Inverce P	reparation Checklist. ent Reporting (\$30); ge Assessment (\$100); INC (\$6 g Fee \$40 -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 200) pection A + SMRT Survey litional Services. csy Car / Tpt Allowance r Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC	Anit (\$) Amit (\$) Amit (\$) Amit (\$) Add (\$) Add (\$) \$00 \$0/\$45 \$120 \$30 \$)) \$75 \$160 \$\$\$ \$100 \$25

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 aforesaid.

AC	CID	ENT	 ΔTE	MENT
AU	GIU		-115	

Date Of Report 29/01/2018 16:27
Date Of Accident 29/01/2018 10:05

Exact Location Of Accident SIMS VISTA MARKET & FOOD CENTRE CARPARK

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKV9302Z

Insured/Policyholder

Name Of Registered Owner GOUK SOK SIAM

NRIC No S2635674A
Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-96750318

 Alternative Phone No
 OFFICE-96750318

Vehicle Particulars

Manufacturer MITSUBISHI

Model ASX 2.0 CVT ABS D/AIRBAG 2WD

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

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 5085457400-01

Cover Note Number

Driver

Name of Driver GOUK SOK SIAM NRIC No S2635674A

 Date Of Birth
 18/03/1967

 Occupation
 INDOOR

 Date Of Driving Pass
 06/05/1997

Driving Experience 20 YEARS AND 8 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96750318

Fax Number

Contact Number OFFICE-96750318

EMail Address NOEMAIL

BLK 101 CLEMENTI STREET 14 Address

120101 Postcode

Was driver an employee of the Insured's Company OWNER

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

NO

NO

1

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?

Was any injured conveyed to hospital by

ambulance?

YES 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

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

ON STATED DATE AND TIME, I WAS STATIONARY STOPPED ALONG SIMS VISTA MARKET & FOOD CENTRE CARPARK. SUDDENLY VEHICLE B REVERSED AND HIT ONTO MY VEHICLE FRONT LEFT PORTION.

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

SL'Q2652Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 13

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 <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:
 - (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.

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

Name:

NRIC/FIN No .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ze for f	o statement.

DECLARATION

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

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.:

GIARMC SketchPlanForm, V.

ACCIDENT STATEMENT

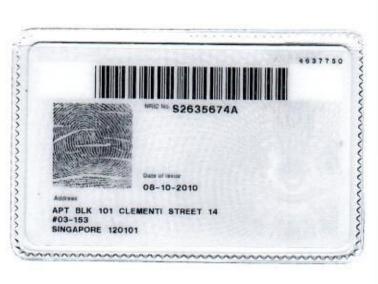
CII	DENT DATE: (29/01/2018) (DD/MM/YYYY).		
A	MON: Sims Place Hawker	Centre Car Park.	
	DETAILS OF VEHICLE	w .	
1.	-INFLUENCE MILIMARED. SKV YOUR E	<u>~1)*/Ł</u>	
•	LINGIPANCE COMPANY:		
8	IDOLOVALIMADED: COVY TS 1 TO 0	-0[.	32
	DEPOLICY TYPE: (COMPREHENSIVE / THIRD PART)	Y / THIRD PARTY FIRE &THEFT)	9
	- WILLIAM ON THE STATE OF THE S	20 CONTRACTOR OF THE PROPERTY	
	TITYPE-ISALOON / COUPE / MPV /V AN / LORRY .	/ MOTORCYCLE / OTHERS)	
	GIVEHICLE CATEGORY (PRIVATE / COMMERCIA	L/MOTORCYCLE)	0.400
	HIPURPOSE OF USING AT ACCIDENT TIME:		
	HARF YOU CLAIMING UNDER YOUR OWN INSUR	ANCE (YES/NO)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REP.	ORTING ONLY)	: 2
2.	INSURED / POLICY HOLDER	THE SEEMALE	1.5
	A)NAME: GOUK SOK SIAM	(MALE (FEMALE)	
ě)	b) NRIC/FIN/PASSPORT: \$ 2635674A	_CONTACT: 1642 0 310	X HO O.
	c)ADDRESS:		pasceng!
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOL	DER	. (Includ:
	DRIVER		()
٥.	a)NAME:	(MALE / FEMALE)	
	b)NRIC/FIN/PASSPORT:	CONTACT:	
	c)ADDRESS:		() ()
	THE WAY STATE OF THE STATE OF T		
	*d) DATE OF BIRTH: (18/03/1967) (DD/M	IM/YYYY)	
	eloccupation: (INDOOR) / OUTDOOR)		
	f)YEARS OF DRIVING EXPRERIENCE: 25	SALE COMPANYS CARE (NO.)	140
1.	WAS DRIVER AN EMPLOYEE OF THE INSUREI IF NO, RELATIONSHIP OF THE DRIVER WITH	THE LIBED:	
	a) WEATHER CONDITION: (CLEAR) RAINING / O	THERS)
	b)ROAD SURFACE: (DRY / W.ET / OTHERS		7
	WAS ANYBODY INJURED (YES / NO)		
	aJREPORTED TO POLICE (YES / NO)	101	
•	IF YES, PLEASE STATE WHICH POLICE STATION:		
	THIRD PARTY VEHICLE		٨
	a) VEHICLE NUMBER: 1636512	_MODEL:	*No of p
	b) DRIVER'S NAME:		Clududin
	c) NRIC/FIN/PASSPORT:	_CONTACT:	(4)
	THIRD PARTY VEHICLE	SECTION AT IN IN	
	d) VEHICLE NUMBER:	_MODEL:	* Ho of
10	e) DRIVER'S NAME:	COUTACT	(Indudi
	f) NRIC/FIN/PASSPORT:	CONTACT:	1543

Qmail = fax =









eBao Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage ,	Change Passwo	rd + Log Out
My Desktop	Poli	cy Query								•
Notice of Loss Policy No.		lo.				Date of Acc	cident	29/01	2018 10:05	
	Vehicle	No.(For Motor)	SKV9302Z							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5085457400- 01	GOUK SOK SIAM	S2635674A	GPC	drivo CLASSIC	SKV9302Z	SKV9302Z	28/10/2017	27/10/2018
						Continue				

Policy No.	5085457400-01	Policyholder Name	GOUK SOK SIAM	Policyholder NRIC	S2635674A
Address	BLK 101 #03-153 CLEMENTI S	TREET 14 SING	APORE 120101		
Product Name	PRIVATE CAR INSURANCE	Plan	21	Group Policy Flag	N
Policy ssue Date	28/10/2017	Effective Date	28/10/2017 00:00	Expiry Date	27/10/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	NG SHU XIAN	Agent Tel.	83835605	GST Flag	Υ
Co- insurance Flag Open Policy Info Certificate Info	No				
Policyl	nolder Mailing Address		*		
Address 1	BLK 101 #03-153	Address 2	CLEMENTI STREET 14	Address 3	SINGAPORE 120101
Address 4		Address Type	Singapore address	Post Code	120101
Unit No.		Related Policy Number	5085457400-01		
D Insure	d Object: SKV9302Z				
	sements		ę.		
			ement Type Endor	sement Status	Endorsement Content

ocident MT/0979992		(4)			
Policy No.	5085457400-01	Vehicle No.	SKV93022	GST Registration No.	S2635674A
Noncyholder Name	GOUR SOK SIAM	Cover Type	drivo CLASSIC	Policyholder NRIC Loading	0
Product Code	PRIVATE CAR INSURANCE 96750318	Contact No.(Office)	0	Contact No.(Home)	0
Contact No.(Mobile)	90750310	Special Remark	~	eCode	[ht V
Email Address KFK	® No ⊜Yes	TCA	® No ⊜Yes	eCode Reason	Processor S
NCD Protection	No.	NCD Entitlement(%)	10	Private Hire	No
	NO.	10.0			
Accident Details	29/01/2018 19:39	Accident Report Within 24 hrs	Yes	Academ Type	Damaged whilst parked
Report Date		Time of Accident hh:mm	10:05	Country of Accident	Singapore
Date of Accident	29/01/2018	44	10,08	JCM No.	170761076
Reporting Centre		Orange Force		1077 700	
Accident Location	SIMS VISTA MARKET & FOOD CENTRE C	ARPARK			
** Benefits					
♥ Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
Own damage Excess Unnamed Driver Excess	0.00	Outside Singapore OO Excess	600.00		
Trivid Party Excess	0.00	Outside Singapore TP Excess	0.00		
19 GST Registered Inform					
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
		k*			
□ Policyholder Mailing Ac				1000000	700000000000000000000000000000000000000
Address 1	BUK 101 #03-153	Address 2	CLEMENTI STREET 14	Address 3	SINGAPORE 120101
Address 4		Address Type	Singapore address	Post Code	120101
UNIE NO.		Related Policy Number	5085457400-01		
□ OI Driver Info		110002000	2000/2000		
Driver Name	GUOK SOK SIAM	Driver Type	Main Driver	Driver DOB	18/03/1987
Unnamed driver Name	AL HELIANS	Driver NRIC Driver Age	52635674A 50	Driving Experience	50
Register Date of Driver License	e 06/05/1997 96750318	Contact No.(Office)	0	Contact No. (Home)	0
Consact No. (Mobile)		Address 2	CLEMENTI STREET 14	Address 3	SINGAPORE 120101
Address 1	BLK 101		Singapore address	Post Code	120101
Address 4		Address Type	singapore address		******
	02.472				
Unit No. Does he own a Singapore Registered car?	03-153 ○ Yes No	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?		8		Driver Insurer Company	
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.	∴ Yes ® No	Driver Insurer Company	
Does he own a Singapore Registered car? Declaration		8	○ Yes ® No	Driver Insurer Company	
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	○ Yes ® No	Driver Vehicle No.	○ Yes ® No	Driver Insurer Company	
Does he own a Singapore Registered car? Declaration Bresthalyser or Blood Test Reading?	○ Yes ® No	Driver Vehicle No.	○ Yes ® No	Driver Insurer Company	
Does he own a Singapore Registered car? Declaration Bresthalyser or Blood Test Reading? Modification History Claim 001 New	○ Yes ® No	Driver Vehicle No. Any injury?			
Does he own a Singapore Registered car? Declaration Bresthalyser or Blood Test Reading? Claim 001 New Claim Type *	O mg OD-MX Ves No	Driver Vehicle No. Any injury? Insured Name	GOUK SOK STAM	Insured NRIC	S2635674A
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 903 New Claim Type * Coreact No. (Mobile)	Ob-MX ▼	Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	GOLK SOK SIAM 67785453	Insured NRIC Contact No. (Office)	52635674A
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 903 New Claim Type * Coreact No. (Mobile) Email Address	OD-MX Despendent of the company of	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number	GOUK SOK STAM	Insured NRIC Contact No. (Office) TP Vehicle Number	\$2635674A \$LQ26523
Does he own a Singapore Registered Cai? Declaration Breathalyser or Blood Test Reading? Modification History Claim 003 New Claim Type * Concact No. (Mobile) Email Address Claim Description	Ob-MX ▼	Driver Vehicle No. Any Injury? Insured Name Contact No.(Ptome) D1 Vehicle Number	GOUK SOK SIAM 67785453 SXX49302Z	Insured NRIC Contact No. (Office)	\$2635674A \$LQ26523
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 903 New Claim Type * Coreact No. (Mobile) Email Address	OD-MX Despendent of the company of	Driver Vehicle No. Any injury? Insured Name Contact No.(Ptome) OI Vehicle Number Insured Liability *	GOUR SOR STAM 677854\$2 SKY9302Z Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Work	\$2635674A \$4.Q2652Z
Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 901 New Claim Type * Contact No. (Mobile) Emyl Address Claim Description Preferred Workshop Contact	OD-MX 96750318 SSK\$### Qeuk®gma1.com SKV93022 / SLQ16522 ON 29 Jan 2018	Insured Name & Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repay Option	GOUN SOK STAM 677854\$2 SKY9302Z Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Work GIA report	\$2635674A \$UQ2652Z \$Pop
Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Mostification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No.	OD-MX □ 0 mg □ 0 mg □ 00-MX □ 00-M	Driver Vehicle No. Any injury? Insured Name Contact No.(Ptome) OI Vehicle Number Insured Liability *	GOUR SOR STAM 677854\$2 SKY9302Z Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Work	\$2635674A \$4.Q2652Z
Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 1ype * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	OD-MX 96750318 SSK\$### Qeuk®gma1.com SKV93022 / SLQ16522 ON 29 Jan 2018	Insured Name & Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repay Option	GOUR SOR STAM 677854\$2 SKY9302Z Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Work GIA report	\$2635674A \$UQ2652Z \$Pop
Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 19pe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Corract No. Require Finalisation Date Registered	OD-MX □ 0 mg □ 0 mg □ 00-MX □ 00-M	Insured Name & Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repay Option	GOUR SOR STAM 677854\$2 SKY9302Z Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Work GIA report	\$2635674A \$UQ2652Z \$Pop
Does he own a Singapore Registered Cai? Declaration Breathalyser or Blood Test Reading? Modification History Claim 003 New Claim 1996 * Concact No. (Mobile) Email Address Claim Description Preferred Workshop Cornact No. Require Finalisation Date Registered Report Taksn By	OD-MX □ 0 mg □ 0 mg □ 00-MX □ 00-M	Insured Name & Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repay Option	GOUR SOR STAM 677854\$2 SKY9302Z Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Work GIA report	\$2635674A \$UQ2652Z \$Pop
Does he own a Singapore Registered Cai? Declaration Breathalyser or Blood Test Reading? Modification History Claim 003 New Claim 1996 * Concact No. (Mobile) Email Address Claim Description Preferred Workshop Cornact No. Require Finalisation Date Registered Report Taksn By	OD-MX □ 0 mg □ 0 mg □ 00-MX □ 00-M	Insured Name & Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repay Option	GOUK SOK SIAM 677854\$2 SKV9302Z Not at Fault Preferred Workshop, Name unknown	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Work GIA report	\$2635674A \$UQ2652Z \$Pop
Does he own a Singapore Registered Cai? Declaration Bresthalyser or Blood Test Reading? Mostfication History Claim 901 New Claim 1904 New Claim 1904 Price Address Claim Description Preferred Workshop Corract, No. Require Finalisation Date Registered Report Takin By Declaration Price AK letter Attachment	Ob-MX 96750318 Soksiam gouk#gma1.com Skv93022 / SLQ16522 ON 29 Jan 2018 Yes 25/01/2018 19:41 Jackson	Insured Name & Contact No. (Home) OI Vehicle Number Insured Lability * Preference Repair Option Claim Close Date	GOUK SOK SIAM 67785452 Sncr93022 Not at Fault Preferred Workshop, Name unknown Save Subme	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Work GIA report	\$2635674A \$UQ2652Z \$Pop
Does he own a Singapore Registered Cal? Declaration Breathalyser or Blood Test Reading? Mosification History Claim 001 New Claim 191 New Claim 192 Print Address Glaim Description Date Registered Report Taken By D Print AK letter Attachment	Ob-MX ©750318 Seksiam geuk®gma1.com Skv930322 / SLQ26522 ON 29 Jan 2018 Yes 25/01/2018 19:41 Jackson	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) DI Vehicle Number Insured Usbrilly * Preference Repair Option Claim Close Date Claim No.	GOUK SOK SIAM 67785452 Socies 2022 Not at Fault Preferred Workshop, Name unknown Save Subme	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Work GIA report	\$2635674A \$UQ2652Z \$Pop
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Does he own a Singapore Registered Cal? Declaration Breathalyser or Blood Test Reading? Mosification History Claim 001 New Claim 191 New Claim 192 Print Address Glaim Description Date Registered Report Taken By D Print AK letter Attachment	Ob-MX ©750318 Seksiam geuk®gma1.com Skv930322 / SLQ26522 ON 29 Jan 2018 Yes 25/01/2018 19:41 Jackson	Insured Name & Contact No. (Home) OI Vehicle Number Insured Lability * Preference Repay Option Claim Close Date Claim No. Upload Date	GOUK SOK SIAM 67785452 Sncr93022 Not at Fault Preferred Workshop, Name unknown Save Subme 001 29/01/2018 19:42 Category *	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Work GIA report Date Received	\$2635674A \$LQ2652Z \$eceived 29/01/2018 00:00
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Attachment		Iploaded By/Date	Category	8	Urgency	Description	Sent? Action (CO)
100 CT	NAC_PAYA_UBI_800601(NATIO	mAL ASSESSMENT CENTRE SERVICES) on 29 Ja n 2018 19:42	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-1-29	Edit
1	NAC_PAYA_UBI_800603(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 29 Ja n 2018 19:42	SAS		Normal	SAS 2018-1-29	Edit
1	MAC_PAYA_UBI_800803[NATII	INAL ASSESSMENT CENTRE SERVICES) on 29 Ja n 2018 19:41	Photos		Normal	Photos 2018-1-29	Edit
	NAC_PAYA_UB1_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 29 Ja n 2018 19:41	Photos		Normal	Photos 2018-1-29	Edn
	NAC_PAYA_UBI_B00601{ NATIO	NAL ASSESSMENT CENTRE SERVICES) on 29 24 " n 2018 19:41	Photos		Normal	Photos 2018-1-29	Edit
1099	NAC_PAYA_UBI_BOOKOI (NATIONAL ASSESSMENT CENTRE SERVICES) on 29 38 n 2018 19:41		Priotos		Normal	Photos 2018-1-29	Edit
	NAC_PAYA_UBI_800601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 29 Ja n 2018 19:41	Photos		Normal	Photos 2018-1-29	Edit
	NAC_PAYA_UBI_800601(NAYI	ONAL ASSESSMENT CENTRE SERVICES) on 29 Ja n 2018 19:41	Photos		Normal	Photos 2018-1-29	Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Ja n 2016 19:41		Photos		Normal	Photos 2018-1-29	Edit
5	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jac- n 2018 19:41		Photos		Normal	Photos 2018-1-29	Edit
	NAC_PAYA_UBI_800601(NATI	DNAL ASSESSMENT CENTRE SERVICES) on 29 Ja n 2018 19:41	Photos		Normal	Photos 2018-1-29	646
♥ Video List							
	Uploaded By/Date	Folder Date	File Name		9	Source	Action

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