NATIONAL Assessment Ce.	ntre Services. Wells	MNA/18014716	
Date In: 30 1 18- (4: 2)	Jeb description	Date &Time Completed	Done by
Res No: NA/INC18001806/24	SAS e-filing		
Veh No: STLS189A	E-mail (within 8hrs, Ale	C 2hrs)	
D.O.A : 331/18-10:30	i-Motor Claim For	m MT/0980136	30/1/18 14:44
OD TP Reporting Only	i-Motor W/O (Within	: OD 2hrs, TP 4brs)	
OB TP Reporting Only	i-Photo Uploaded		
TP Incorpor	Assessment/Survey R	eport	
TP Insurer:	Ass't Report by Fax	Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:)
TP Particulars: Veh No:	1×7944×	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%. P: 80	-100%]
Year of Registration: ()	Warranty: YES ()/N	0()	
Excess: (\$) Loading: \$	S1,000 ()/\$2,000 ()		
General Remarks:			
() Walk-In Customer : Customer's	and will will return you in a contract while the same of the	al & Strictly NO refer of repaire	r.
() Total Loss Case : to e-mail Ins		S C C C C C C C C C C C C C C C C C C C	
	pice: YES () / NO (); Towing Co: (
Remarks: (INC hotline: 6788 6616	Contract of the Contract of th	Date&Time Completed	Done by
Apply for Transport Allowance ()	/ Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
Upload Resurvey Photo [Repair Cost >	\$3000] ()	1 1 · · · · · · · · · · · · · · · · · ·	The state of the s
Injury:			
			Company of the Company of the Company
Date/Time Actions			Reselica ar
	(20)		· · · · · · · ·
	_ +		
			Anyon horners NAC GLIFF
NA1800651	Invei	ce Preparation Checklist	Amt (S) Amt (S)
luimant's Particulars :-	CONTRACTOR AND ADMINISTRATION OF A STREET AND ADMINISTRATION O	Accident Reporting (\$30);	
		Damage Assessment (\$100); INC (Fowing Fee S	\$80) 40/\$45
iver/Owner:	4) FT : 1	Follow-Through Survey	\$120
ontact No:	5) PT : 1	follow-Through Survey (Resurvey) siming against INC Only (wef 10 Jan 20)	\$30
maged Portion:	6) TR:	Re-inspection	\$75
		dae DA + SMRT Survey C Additional Services:-	\$160
Charlest by (G Y. Ch	OD.		
Checked by (Engr-In-Charge):		Courtesy Car / Tpt Allowance	\$5 \$10
North Sant 1784 house or control of the sant	•N7:	Repair Co-ordination Fost Repair Inspection	\$25
iditors' Comments :-	*N8:	DV / Collect Excess Coordination	\$5
Ji.		III) : TP (Non INC) against INC Idao Mobile	30
2/3:	Invoice	dated Fee Charges	MARINE VALUE
00000144	Invoice	dated Fee Charges	MAILE

Figure 1 Car

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.
 Information provided must be as <u>truthful and accurate</u> 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.

By the lodgement of this report to the insurers, yo aforesaid.	ru hereby consent to the archiving of this report at the centre and to copies of the report bein	ng made available
	ACCIDENT STATEMENT	
Date Of Report	30/01/2018 14:21	
Date Of Accident	30/01/2018 10:30	
Exact Location Of Accident	370 THOMSON RD TWDS NOVENA	
Country/State of Loss	SINGAPORE	
Editor of the same	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJL5189A	
Insured/Policyholder		
Name Of Registered Owner	CARZONRENT PTE LTD	
Co Reg No	201605659R	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-91816096	
Alternative Phone No	OFFICE-91816096	

Vehicle Particulars

TOYOTA Manufacturer VIOS J AUTO Model Exact Purpose for which vehicle was being used at COMMERCIAL time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken THIRD PARTY PRIVATE HIRE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

NO

Type Of Coverage COMPREHENSIVE

NO Fleet Policy

5096168254 Policy Number

Cover Note Number

Driver

KANG KWOK LIANG Name of Driver

NRIC No S6905613Z 17/02/1969 Date Of Birth OUTDOOR Occupation 08/06/2007 Date Of Driving Pass

10 YEARS AND 7 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-83638608 Mobile Number

Fax Number

Contact Number OFFICE-83638608

NOEMAIL EMail Address

BLK 330B ANCHORVALE STREET Address

#09-541

542330 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 - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO 2 Number of vehicles involved in the accident Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

GENDER: : MALE

NO

2 "

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SJX7944X

1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE HIRE Vehicle Category ENG HUI KIANG Name of Driver S1755330E NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 18

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 '
 - (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 "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

Reg. No. 2016056591

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

00	stated	date	and fime	I was	travellin	g along	370 71	ndmon	Rd
wds	Nove ng	lane	1 · onf	of the	mdden,	vehide	B from	lane	2
and	he sig	nonlle d	god cut	out o	nto lane	1 wif	hang en	mg tho	Н
vehic	le was	clear	Sebre	cufing	onto my	lone a	id hif	onto m	1
nehicle	e front	141	projon.						
				\$*.					
	0								
				\$0					

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 .:

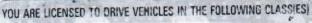
ACCIDENT STATEMENT

ACCI	DENT DATE: 30/ 1/8)(DD/MM/Y)	MYRAG	
OCA	MON: 370 Thomson Rd fuds	NACTI	
1,	DETAILS OF VEHICLE a) VEHICLE NUMBER: STUSIE94	7317/L	-
**	HINSURANCE COMPANY:		
ė.	CIPOLICY NUMBER: 5096168254	THEFT	1
	d)POLICY TYPE: (COMPREHENSIVE / THIRD	PARTY / THIRD PARTY PINE WITHER	
	e)MAKE & MODEL:	THEPS!	
	F)TYPE: (SALOON / COUPE / MPV /VAN / LO	ORRY / MOTORCYCLE, OTHERS)	
	g) VEHICLE CATEGORY: (PRIVATE / COMME	RCIAL / MOTORCTCLE)	*11
	h)PURPOSE OF USING AT ACCIDENT TIME:	(SM MOT COS (NO.)	
	I) ARE YOU CLAIMING UNDER YOUR OWN II	NSURANCE (TESTAC)	
	IF NO, PLEASE STATE (THIRD PARTY CHAIM	/ KEPORTING ONET	**
2.	INSURED / POLICY HOLDER	(MALE / FEMALE)	
	DINRIC/FIN/PASSPORT: 201665659R	CONTACT: 9181 6096	_ 0
	b) NRIC/FIN/PASSPORT: 4010000 15		- X HO OF
	c)ADDRESS:		hscenger.
120	* CONTINUE TO 3.4 IF DRIVER ALSO POLICY	HOLDER	. (Including
,	DRIVER		$(\frac{1}{2})$
3.	DINAME: Kang Kwok Ligg	(MALE / FEMALE)	
	b)NRIC/FIN/PASSPORT: S69096132	CONTACT: \$365 8608	
	CIADDRESS: BIK 330B Angrothe C	necess there \$ 09-241 (2)	1 2333)
	*d)DATE OF BIRTH: (17 / 2 / (969)(0	DOWN WYYYI .	
	SIVE ARE OF DRIVING EVPPEPIENCE	2007 (dass 3)	8.0
4.	WAS DRIVER AN EMPLOYEE OF THE INS	URED'S COMPANY? (YES / NO)
	IF NO. RELATIONSHIP OF THE DRIVER V	WITH INSURED:	
5.	DI WEATHER CONDITIONS (CLEAR / RAINING	OTHERS	
100	DIROAD SURFACE: (DRY / WET / OTHERS_		
6.	WAS ANYBODY INJURED (YES / NO)	(0)	
7.	a) REPORTED TO POLICE (YES (NO)	(20)	*
	IF YES, PLEASE STATE WHICH POLICE STATE	ON:	
8.	THIRD PARTY VEHICLE	private Aire	- * Ho of pass
	a) VEHICLE NUMBER: SJX 7944X	MODEL:	1,000,000
	b) DRIVER'S NAME BAG HUI MANY	CONTACT:	- Clududing a
22	c) NRIC/FIN/PASSPORT: S 1755330 E	CONIACI	- (-1)
9.	THIRD PARTY VEHICLE	MODEL:	
	d) VEHICLE NUMBER:		- * Ho of pas
	e) DRIVER'S NAME:	CONTACT:	- (Including
,	f) NRIC/FIN/PASSPORT:	CONIACI	()
	₽ *	NI NI	() .
			70. 100

amil = daniel-kang@hotmail.com fax = jasonyapcar@gmail.com







08 Jun 2007

20-01-1992 APT BLK 330B ANCHORVALE STREET #09-541 SINGAPORE 542330 NRIC No: \$8905813Z Date: 23/12/2014

eBao Tech							GeneralClaim			
Hello, NAC_PAYA_UBI_80	0601		and the second			1.0	Change Lan	guage '	Change Passwo	rd • Log Out
My Desktop	Polic	y Query								
Notice of Loss	Policy N	0.				Date of Acc	ident	30/01/	2018 10:30	23
	Vehicle	No.(For Motor)	SJL5189A							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096168254	CARZONRENT PTE LTD	201605659R	GPC	drivo CLASSIC	SJL5189A	S3L5189A	23/11/2017	28/11/2018
						Continue				

Sequen	ce Date of Endorsement	Endone	ement Type Endorseme	nt Status	Endorsement Content
	sements				
) Insure	d Object: SJL5189A	Hamber			
Unit No.	04-10	Related Policy Number	5097695269		
Address 4		Address Type	Singapore address	Post Code	408898
Address 1	61 UBI AVENUE 2	Address 2	#04-10 AUTOMOBILE MEGAMAN	Address 3	SINGAPORE 408898
	nolder Mailing Address				
Certificate Info			me.		
Open Policy Info			₹.		
Co- insurance Flag	No				
Agent	GI-SHOP	Agent Tel.	68411279	GST Flag	Υ
Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Excess Outside	0	Premium	*		
Excess Additional	0	os	0		
Third Party	1500	Own damage Excess	2000	Windscreen Excess	100
Policy ssue Date	23/11/2017	Effective Date	23/11/2017 00:00	Expiry Date	28/11/2018 23:59
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Address	61 UBI AVENUE 2 #04-10 AUT	OMOBILE MEGA	MART SINGAPORE 408898		
Policy No.	5096168254	Name	CARZONRENT PTE LTD	NRIC	201605659R

ccident MT/0980136		Vehicle No.	SILSIBOA	-	SST Registration No.	8		
Telicy No	5096168254	Venice No.	O. C. C. C. C. C.		Policyhalder NR3C		2016056596	1
Policyholder Name	CARZONAENT PTE LTD	5)					0	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSI	100	oading .			
Contact No (Mobile)	91816096	Contact No. (Office)	0		Contact No.(Home)		0	
Email Address		Special Remark			Code	0	NC V	
CFK.	® No ○ Yes	TCA	No ○Yes	8	Code Reason			
NCD Protection	THO	NCD Entitlement(%)	10	1	Private Hire		Yes	
♥ Accident Details								
	30/01/2018 14:40	Academ Report Within 24 hrs	Yes	9	Accident Type		Collision - C	hange / Cross lane
Report Date	300132010 14.40				Country of Accident		Singapore	
Date of Accident	30/01/2018	Time of Accident hh:mm	10:30				-	
Reporting Centre		Orange Force			ICM No.			
Accident Location	370 THOMSON RD TWOS NOVENA							
⇒ Benefits								
₩ Excess								
Own demage Excess	2,000.00	Additional Excess		0.00	Windscreen Excess			100.00
	2,000.00			2,000.00				
Unnamed Driver Excess		Outside Singagore OD Excess		1,500.00				
Third Party Excess	1,500.00	Outside Singapore TP Excess		1,500.00				
□ GST Registered Informa	ition							
SST Registered	No			Registration Date	2000			
GST Registration No.			GST:	Status Venfied	No			
Hodification History								
♥ Policyholder Mailing Ad	dress							
Address 1	61 UBI AVENUE 2	Appress 2	#04-10 AUT	OMOBILE MEGAHAI	Address 3		SINGAPOR	408898
Address 4		Address Type	Singapore as	ddress	Post Code		400898	
Unit No.	04-10	Related Policy Number	5097695261					
OI Driver Info	77.77							
	Constant Deliver	Driver Type	Unnamed Dr	river				
Driver Name	Unnamed Driver KANG KWOK LIANG	Driver NRIC	S6905613Z		Driver 0.08		17/02/196	
Unnamed driver Name			48		Driving Experience		10	
Register Date of Driver License	08/06/2007	Driver Age					n.	
Contact No.(Mobile)	83638608	Contact No. (Office)	0		Contact No.(Home)			. F. LUADI PET
Address 1	BUK 330B	Address 2	ANCHORVA	LE STREET	Address 3		ANCHORVA	LE HARVEST
Address 4	SINGAPORE \$42330	Address Type	Singapore a	doress	Post Code		542330	
		Address Type	Singapore a	deress	Post Code		542330	
Address 4 Unit No. Does he own a Singapore Registered car?	SINGAPORE 542330 09-541 ○ Yes ⊕ No	Address Type Driver Vehicle No.	Singapore a	deress	Post Code Oniver Insurer Comp	any	542330	
Unit No. Does he own a Singapore Registered car?	09-541	Driver Vehicle No.	Singapore a	ddress		any	542330	
Unit No. Does he own a Singapore	09-541	Driver Vehicle No.	Singapore a			any	542330	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	09-541 ○ Yes ® No	Driver Vehicle No.				any	542330	
Unit No. Does he own a Singapone Registered car? Declaration Breathalyser or Blood Test Reading? Modification History	09-541 ○ Yes ® No	Driver Vehicle No.				any	542130	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	09-541 ○ Yes ® No	Driver Vehicle No.				any	542330	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001. New	09-541 ○ Yes ® No	Driver Vehicle No.		е		any	20160565	18
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001. New	09-541	Driver Vehicle No.	○ Yes ® N	е	Oriver Insurer Comp	any		5R
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Coreact No. (Mobile)	09-541 ○ Yes ® No D mg	Driver Vehicle No.	○ Yes ⑧ N	е	Driver Insurer Comp Driver Insured NRIC Contact No. (Cffice)	any	20160565	FR.
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001. New	09-541 ○ Yes ® No 0 mg	Driver Vehicle No.	○ Yes ® N	е	Driver Insurer Comp Driver Insured NRIC Contact No. (Office) TP Vehicle Number		20160565	iR
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Coreact No. (Mobile)	09-541	Driver Vehicle No.	○ Yes ⑧ N	NT PTE LTD	Driver Insurer Comp Driver Insured NRIC Contact No. (Cffice)		20160565	in and a second
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Mostication History Claim 001 New Claim Type * Coreact No. (Mobile) Email Address Claim Decryption Preferred Workshop Contact	09-541 ○ Yes ® No 0 mg	Driver Vehicle No.	○ Yes ⑧ N	NT PTE LTD	Driver Insurer Comp Driver Insured NRIC Contact No. (Office) TP Vehicle Number		20160565	5R
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Corract No. (Mobile) Email Address Claim Description Preferred Workshop Contact No.	09-541 ○ Yes ® No 0 mg	Any injury? Any injury? Insured Name Contact No. (Home) OI Vehicle Number	CARZONRE SILSIBRA Not at Faul	NT PTE LTD	Driver Insurer Comp Driver Insured NRIC Contact No. (Office) TP Vehicle Number		20160565 NIL SJX7944X	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Corract No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	09-541	Driver Vehicle No. 2* Any injury? Insured Name Contact No.(Home) OI Vehicle Number 2* Insured Liability *	CARZONRE SILSIBRA Not at Faul	NT PTE LTD	Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V		20160565 NIL SJX7944X	
Unit No. Does he own a Singapone Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Concact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalistation Date Registered	09-541	Driver Vehicle No. Any injury? Insured Name Contact No.(i+one) OI Vehicle Number Insured Liability • Preference Repair Option	CARZONRE SILSIBRA Not at Faul	NT PTE LTD	Driver Insurer Comp Drisured NRIC Corract No. (Office) TP Vehicle Number Name of Preferred W GIA report		20160565 NIL SJX7944X	
Unit No. Does he own a Singapone Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Coreact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalization Date Registered Report Taken By	09-541	Driver Vehicle No. Any injury? Insured Name Contact No.(i+one) OI Vehicle Number Insured Liability • Preference Repair Option	CARZONRE SILSIBRA Not at Faul	NT PTE LTD	Driver Insurer Comp Drisured NRIC Corract No. (Office) TP Vehicle Number Name of Preferred W GIA report		20160565 NIL SJX7944X	
Unit No. Does he own a Singapone Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Concact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalistation Date Registered	09-541	Driver Vehicle No. Any injury? Insured Name Contact No.(i+one) OI Vehicle Number Insured Liability • Preference Repair Option	CARZONRE SILSIBSA Not at Faul	NT PTE LTD	Driver Insurer Comp Drisured NRIC Corract No. (Office) TP Vehicle Number Name of Preferred W GIA report		20160565 NIL SJX7944X	
Unit No. Does he own a Singapone Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Coreact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalization Date Registered Report Taken By	09-541	Driver Vehicle No. Any injury? Insured Name Contact No.(i+one) OI Vehicle Number Insured Liability • Preference Repair Option	CARZONRE SILSIBRA Not at Faul	NT PTE LTD	Driver Insurer Comp Drisured NRIC Corract No. (Office) TP Vehicle Number Name of Preferred W GIA report		20160565 NIL SJX7944X	
Unit No. Does he own a Singapone Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Coreact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalization Date Registered Report Taken By	09-541	Driver Vehicle No. Any injury? Insured Name Contact No.(i+one) OI Vehicle Number Insured Liability • Preference Repair Option	CARZONRE SILSIBSA Not at Faul	NT PTE LTD	Driver Insurer Comp Drisured NRIC Corract No. (Office) TP Vehicle Number Name of Preferred W GIA report		20160565 NIL SJX7944X	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Mostication History Claim 001. New Claim 1998 * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	09-541	Driver Vehicle No. Any injury? Insured Name Contact No.(i+one) OI Vehicle Number Insured Liability • Preference Repair Option	CARZONRE SILSIBSA Not at Faul	NT PTE LTD	Driver Insurer Comp Drisured NRIC Corract No. (Office) TP Vehicle Number Name of Preferred W GIA report		20160565 NIL SJX7944X	
Unit No. Does he own a Singapone Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Prine AK letter	09-541	Any injury? Any injury? Insured Name Contact No. (Heme) OI Vehicle Number 3 Insured Liability * Preference Repair Option Claim Close Date	CARZONRE SILSIBSA Not at Faul	NT PTE LTD R Workshop, Name unknown	Driver Insurer Comp Drisured NRIC Corract No. (Office) TP Vehicle Number Name of Preferred W GIA report		20160565 NIL SJX7944X	
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Unit No. Does he own a Singapone Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Coreact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	09-541	Any injury? Any injury? Insured Name Contact No. (Heme) OI Vehicle Number Preferenced Repair Option Claim Close Date Claim No. Upload Date	CAAZONRE SILS189A Not at Faul Preferred V	NY PTE LTD R Workshop, Name unknown Oot 30/01/2018 14:45 Category *	Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GSA report Date Received Confidential	Workshop	20160565 NIL SJX7944X Received 30/01/201	8 00 00
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	Uploaded By/Date	Folder Date	File Name		9	Source	Action
♥ Video List							
	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 30 Ja n 2018 14:44	Photos		Normal	Photos 2018-1-30	Edi
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3	NAC_PAYA_UBI_800501(NAT	DONAL ASSESSMENT CENTRE SERVICES) on 30 3a n 2018 14:45	Photos		Normal	Photos 2018-1-30	Edit
153	NAC_PAYA_UBI_800601(NAT	TONAL ASSESSMENT CENTRÉ SERVICES) on 30 Ja n 2018 14:45	Photos		Normal	Photos 2018-1-30	Edit
-	NAC_PAYA_LIE3_800603(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 30 Ja n 2018 14:45	Photos		Normal	Photos 2018-1-30	Edit
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NO ECT.	NAC_PAYA_UBI_800501[NAT	IONAL ASSESSMENT CENTRE SERVICES) on 30 Ja n 2018 14:45	NRIC/ Driving License		Normel	NRIC/ Driving License 2018-1-20	Edit
Attachment		i uploaded By/Date	Category	9	Urgency	Description	Msg Sent? Action (CD)