Date In: 31/1/18-16:49	Jeb description	1	Date & Time Completed	Done	0,
Res No: NA / NCI POO 1955/24	SAS e-filing				
Veh No: SLV1251C	E-mail (within	8hrs, AIC 2hrs)		college des ave test	
D.O.A : 29/1/18-18145	i-Motor Clai	m Form	MT/0980354	21/1/18 17:	29
	i-Motor W/C	(Within: OD 2hr	s, 7'P 4brs)		
OD / TP / Reporting Only	i-Photo Uplo	aded			
TP Insurer:	Assessment/St	arvey Report	i .		
IF Insurer.	Ass't Report b	y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp /	QW; (		Tel:	Fax:	
TP Particulars: Veh N	io: Bicy clist .	, INC(	)/Non-INC( )		(0====
Owner / Driver: (		**************************************	Tel:	)	
Policy No: (	) Period: (	)	Cover Type: (	) .	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: (	%) [Note-Est. Status (V	WO): N: 0-2	0%; P: 21-79%. F: 30-	100%]	
Year of Registration: (	) Warranty: YES (	)/NO(	)		
	ing:\$1,000( )/\$2,000	( )		Alexander .	
General Remarks:-				1000	7
( ) Walk-In Customer : Custon	ner's information strictly Co	nfidential & St	rictly NO refer of repairer.		
( ) Total Luss Case : to e-ma			· · · · · · · · · · · · · · · · · · ·		
Drive-In ( )/ Towed-In ( )	; Invoice: YES ( ) / N	10( );T	owing Co: (		)
temarks: (INC hotline: 6788	(6)		Date&Time Completad	Done	1V -
cematica:- (114): normect of 60	0010)	SALES STORE FRANCISCO CONTRA	(2) 工具并为的内容主义和4 (2) (2) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	" Wordship Aus Smarkers ages in	-
		* ************************************			777
1) Apply for Transport Allowance (	) / Courtesy Car (	)	1		
Apply for Transport Allowance (     QC Check / Post Repair Inspection	) / Courtesy Car ( on ( )	)			70
Apply for Transport Allowance (     QC Check / Post Repair Inspection	) / Courtesy Car ( on ( )	)			
Apply for Transport Allowance (     QC Check / Post Repair Inspection	) / Courtesy Car ( on ( )	)			
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury:	) / Courtesy Car ( on ( )	)			(COL)
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury:  Injury:	) / Courtesy Car ( on ( )	)			TX OUT
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury:	) / Courtesy Car ( on ( )	)			1
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury:	) / Courtesy Car ( on ( )	)			
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury:	) / Courtesy Car ( on ( )	)			1.000
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury:  Pate/Time Actions	) / Courtesy Car ( on ( )	)			14 CC L
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury:  Pate/Time Actions	) / Courtesy Car ( on ( )	)			Ami
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury:  Pate/Time Actions	) / Courtesy Car ( on ( )	)			- T- 1
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury:  Pate/Time Actions  VA 180068 (	) / Courtesy Car ( on ( )	Invoice Pro	paration Checklist.	Ant(S)	- T- 1
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury:  Date/Time Actions  NA / Poo 6 P ©	) / Courtesy Car ( on ( )	Invoice Pro  1) AR: Accident 2) DA: Darrage 3) TF: Towing F	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$700)	Ant (S) Tr Bill 10/545	- T.
Apply for Transport Allowance (2) QC Check / Post Repair Inspections) Upload Resurvey Photo [Repair Conjury:  Onte/Time Actions  NA / Poo 6 PC	) / Courtesy Car ( on ( )	Invoice Pro  1) AR: Accident 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T	paration Checklist.  Reporting (530); Assessment (5100); INC (570);  Reporting (540); INC (570); IN	#nr(S) fr.Bill 10/545 \$120	- T.
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury:  Date/Time Actions  NA (Poofe Conjury:  District Profe Profe Conjury:  District Profe	) / Courtesy Car ( on ( )	Invoice Pra  1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a	paration Checklist: Reporting (330); Assessment (5100); INC (3 Ree See See See See See See See See See	Ant (S) Tr Bill 10/545 \$120 \$30	
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury:  Date/Time Actions  NA / Poo 6 P & Conjury:  District No:	) / Courtesy Car ( on ( )	Invoice Pra  1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T For claiming a 6) TR: Re-inspe	paration Checklist Reporting (330); Assessment (5100); INC (3 Record Survey Read Survey Read Survey Resurvey) Read INC Only (wef 10 Jan 200 ction	Ant (S) Tr Bill 10/545 \$120 \$30 \$5) \$75	
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury:  Date/Time Actions  NA / Poo 6 P & Conjury:  District No:	) / Courtesy Car ( on ( )	Invoice Pra  1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a	paration Checklist.  Reporting (330); Assessment (5100); INC (3 fee 54 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 200 chion + SMRT Survey	Ant (S) Tr Bill 10/545 \$120 \$30	
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury :  Date/Time Actions  NA / Poo 6 P W  alimant's Particulars :- iver/Owner: intact No: imaged Portion:	) / Courtesy Car ( on ( )	Invoice Pro  1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T For claiming 6 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Addition	paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$700; Assessment (\$100); INC (\$700	#mc(\$) fr.Bill 580) 40/\$45 \$120 \$30 \$5) \$75 \$160	
Apply for Transport Allowance (2) QC Check / Post Repair Inspections) Upload Resurvey Photo [Repair Conjury:  Oute/Time Actions  NA / Poo 6 P W  Administrative Particulars:  iver/Owner:  Intact No:  Imaged Portion:	) / Courtesy Car ( on ( )	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing It 4) FT: Follow-T 5) FT: Follow-T For claiming 9 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD.* *N5: Courtes)	paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$700); Reporting (\$100); INC (\$100); Reporting (\$100); INC (\$100); Reporting	Ant (S) FREIII 580) 10/545 \$120 \$30 25) \$75 \$160	
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection)  3) Upload Resurvey Photo [Repair Conjury :  Date/Time Actions  NA / Poo 6 P W  aimant's Particulars :- iver/Owner: intact No: imaged Portion:  Checked by (Engr-In-Charge):	) / Courtesy Car ( on ( )	Invoice Pre  1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T For claiming 6 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD*  *N6: Repair C *N7: Fost Rep	paration Checklist: Reporting (\$30); Assessment (\$100); INC (\$700); Present (\$100); INC (\$700); Reporting (\$100); INC (\$700); Reporting (\$100); INC (\$700); Reporting (\$100);	#mc(\$) ##Bill \$80) \$0/\$45 \$120 \$30 \$5) \$75 \$160	
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspections) Upload Resurvey Photo [Repair Conjury:  Date/Time Actions  WA / Post & Conjury:  Date/Time Actions  Sumant's Particulars:  iver/Owner:  maged Portion:  Checked by (Engr-In-Charge):  ditors' Comments:	) / Courtesy Car ( on ( )	Invoice Pre  1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T For claiming 6 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD*  *N5: Courtesy  *N6: Repair C  *N7: Fost Rep  *N8: DV / Co	paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$50); Free Survey Frough Survey (Resurvey) Egainst JNC Only (wef 10 Jan 200) Cotion  + SMRT Survey Conal Services  Conf Tpt Allowance Condination Inspection  Heat Excess Coordination	### Ant (S)   FREIII	'Amu'i 'Add'E
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury :  Date/Time Actions  NA / Poo 6 P W  alimant's Particulars :- iver/Owner: intact No: imaged Portion:	) / Courtesy Car ( on ( )	Invoice Pre  1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T For claiming 6 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD*  *N5: Courtesy  *N6: Repair C  *N7: Fost Rep  *N8: DV / Co	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) Through Survey T	\$80) \$10/\$45 \$120 \$30 \$5) \$75 \$160 \$25 \$35 \$20 30	

# 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

	ACCIDENT STATEMENT
Date Of Report	31/01/2018 16:49
Date Of Accident	29/01/2018 18:45
Exact Location Of Accident	SLIP RD AMK AVE 8 TWDS AMK AVE 1
Country/State of Loss	SINGAPORE
A TOTAL PROPERTY OF THE PARTY O	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV1251C
Insured/Policyholder	
Name Of Registered Owner	SJ MOTOR ENTERPRISE
Co Reg No	52838801X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96611118
Alternative Phone No	OFFICE-96611118
Vehicle Particulars	
Manufacturer	HONDA
Model	¥
Exact Purpose for which vehicle was being u time of accident	sed at COMMERCIAL
Are you claiming under your own insurance p for repair to your vehicle?	policy NO
If No, Please state action to be taken	REPORTING ONLY
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	5075301428-02
Cover Note Number	20
Driver	
Name of Driver	JOSEPH JOB HO
NRIC No	S7325723I
Date Of Birth	19/07/1973
Occupation	OUTDOOR
Date Of Driving Pass	21/10/2005
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98484886
Fax Number	
Contact Number	OFFICE-98484886
EMail Address	NOEMAIL

Address

BLK 292 BISHAN STREET 22

#15-71

6

Postcode

570292

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

6

Insurance Company of Driver's Own Vehicle

\*\*

General Information of the Accident

Type Of Accident

COLLIDED INTO BICYCLIST

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

YES

Was any body injured in the Accident?
Was any injured conveyed to hospital by

TI CAROLA

ambulance?

NO

Was any other material or property damaged?

YES

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

NÓ

Number of Passengers (Including Driver)

3

Passenger 1

trivia pro-

NAME:

: MALE

Passenger 2

NAME:

GENDER:

.

1 -

GENDER:

: MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY:

SINGAPORE

Police Station Address
Police Station Contact

TEL NO: 1800-2448999 - FAX NO: 62446558

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180129/2163.

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

BICYCLIST

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

Page 2 of 18

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name

ANG MEI GEE

Approximate Age Injuries Sustain

RIGHT ELBOW

Injured person in which vehicle?

BICYCLIST

Were seat belts worn?

NO

Was this injured conveyed to hospital by

ambulance?

Address Postcode

Page 3 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.
- 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudlate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for Investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. 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:

- My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims:
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the malling 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/mall 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
- 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.
- my Personal Information will also be collected and used to complie 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.

PolicyhaldersSign ature

Date & Time

s Signature

(If driver is not the policyholder)

Date & Time;

Reporting Centre Personnel's Signature

NRIC/FIN No.:

GIARNIC SketchPlandorm, V.

Policyholder Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMS StatchPlanform V4

ACCID	ENT DATE: 29/	1 / 18 )(DD/MM/YYYY), TI	ME: ( 18 . 45 )	(HH:MM) .	
LOCAT	ION Stip Rd Ami	Ave 8 twols Ame Ave			
10					
1.	DETAILS OF VEHIC	ER: STANS SLVIDSIC	m)1/4.	• •	
	b)INSURANCE CO	MPANY: NTUC	. 1.	77.	
	LOCK OV LULLIDE	5075301428-02		Ž.	
	CIPOLICY TYPE: 10	OMPREHENSIVE / THIRD PARTY	THIRD PARTY FIRE	&THEFT)	
			**************************************		
	e)MAKE & MODEL	COUPE / MPV /VAN / LORRY /	MOTORCYCLE / O	THERS)	
	I)TYPE:(SALOON /	ORY: (PRIVATE / COMMERCIAL	/ MOTORCYCLE)		
	g) VEHICLE CATEG	ORT: (PRIVATE) COMMUNICIONE	ammercial		
	h)PURPOSE OF US	NG AT ACCIDENT TIME:			
	JAKE YOU CLAIM	ATE (THIRD PARTY CLAIM / REP.O	RTING ONLY)		
220	INSURED / POLICY	HOLDER		56 % 50	
2	AINIAME . ST	Motor Enterprise	(MALE / FE	MALE)	
	HINRIC/FIN/PASSE		CONTACT: 9 661	1118 (1340) 0.	
	c) ADDRESS:		******	× Ho of	
96				Jascenger (Including o	Į
	* CONTINUE TO 3.	IF DRIVER ALSO POLICY HOLD	ER	(7)	
3.	DRIVER .				
	a) NAME: JOSEP	1 Job 40	MALE / FE	184886	
	b) NRIC/FIN/PASSP	OK1	CONTACT.	292/	
	CIADDRESS: BIC	292 Bishan Hreef 22	7/12-11. (2)		
	-	1917/973 HDD/MM			
•	*d)DATE OF BIRTH:	The second second			
	e)OCCUPATION: (	NDOOR / OUTDOOR)	5 (days 3)	- 8	
,	WAS DOTVED AN	EMPLOYEE OF THE INSURED	S COMPANY? (YE	S / (NO)	5
4.	TE NO RELATION	SHIP OF THE DRIVER WITH I	NSURED: NECT		
5.	alWEATHER CONE	MON: (CLEAR / RAINING / OTH	IERS		
	BIROAD SURFACE	(DRY / WET / OTHERS		So . dilate	
		GRED (YES) NO) - Aight (	mg mis all)	- 12ml 012m.	
	LESS COTED TO DE	LICE DECY LICI		Lax .	
	IF YES, PLEASE ST.	ATE WHICH POLICE STATION:	Redde feath	NTC.	
8. 1	THIRD PARTY VEHIC	LE		*No of pass	'n
	a) VEHICLE NUM		MODEL:		
	b) DRIVER'S NAM		CONTACT:	Claduding d	r
	c) NRIC/FIN/PAS		CONTACT.	(+)	
9. 1	HIRD PARTY VEHIC		MODEL:		
	d) VEHICLE NUMI e) DRIVER'S NAM		VIODELI,	* No of pass	ļ
	Application of the state of the	PORT:	CONTACT:	(Including	d
	f) NRIC/FIN/PAS	FORT.		( )	
		⊗•		().	
	0.80	<b>*</b>	i		
		amail = grant661	1000 1101	1. com	
	50 GE 2	email = 31917661	5 man		
		120		N. C.	

fax = simutor @ sing net. com sig



T/20180129/2163

1 of 4

Report No. T/20180129/2163

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

REPORT OF	A TRAFFIC	ACCIDENT
-----------	-----------	----------

Date/Time Report Made: 29/01/2018 20:51				Vide Report No.:	Station Diary No.: 42		
Informa	nt's Partic	ılars					
Name of Informant: JOSEPH JOB HO				Address: APT BLK 292 BISHAN STREET 22 #15-71 SINGAPORE 570292			
ID Type / ID No.: NRIC NO / S7325723I				Contact No.: Home/Office: Mobile: 98484886			
National SINGAP	lity: PORE CITIZ	EN		Email:			
Sex: Male				Type of Informant: Driver			
Race: Chinese	1			Language:	Institution / School Name:		
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,3  Date of Expiry:				

General Informa	ation of the Ac	cident				
Type of Accident:	Injury Pedestrian	/ Cyclist	Drink Drive: No	Date/Time of Accident: 29/01/2018 18:45	Type of Location: Straight Road	
	VENUE 8 VENUE 1	e at Ang mo k		g towards Ang mo kio	ave 1	
Weather: Clear		Dry	ad Surface:		Road Speed Limit:	
Traffic Flow: One Way		100000000000000000000000000000000000000	ffic Control: Controlled		Traffic Volume: Light	
Type of Collisio Moving Vehicle		ers		· (i	Anyone conveyed by ambulance: No	

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
SLV1251C	Car	HONDA *	VEZEL HYBRID 1.5X AUTO	Silver	No Damage	2		

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 4

Report No. T/20180129/2163

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045

Tel No: 1800-2448999

CONTINUATION OF REPORT

Driver							
Name	JOSEPH .	JOB HO	3.5		ID No		S7325723I
Related Vehicle	SLV12510	C(Car)			Conta	ct No.	98484886
Hospital/Clinic	NIL		F		Class Drivin Licend Expiry	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		W1 (1 (170 pc	Date Disc	charge	NIL	
No. of Days granted Medical Leave		Leave	NIL Degree of		of Injury NIL		
Cyclist							
Name	ANG MEI	GEE		1/2	ID No		NIL
Related Vehicle	NIL	9			Contact No.		96455015
Hospital/Clinic	NIL	49			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL			Date Dis	charge	NIL	
No. of Days gran	ted Medica	Leave	NIL	Degree o	of Injury	Sligh	t

## Brief Details.

On the 29/01/2018 at about 1845hrs I was driving on my vehicle bearing, (SLV1251C) together with 2 other passengers travelling along Ang Mo Kio avenue 8 going towards Ang Mo Kio avenue 1. I then reached the filter lane to turn left towards Ang Mo Kio avenue 1. However there was a Zebra-crossing at the filter lane as such I stopped my vehicle and looked out for pedestrians before I decided to make the left turn. As I accelerated slowly forward pass the zebra-crossing suddenly I noticed that a female cyclist riding her bicycle at a fast speed from the right coming towards the Zebra-crossing. As such I immediately applied the brakes.

However I was not able to stop my vehicle on time as such the left side of the bicycle had hit onto the front right side of my vehicle. I then noticed that the female cyclist had fell onto the ground due to the accident. I then quickly got down from my vehicle and helped her out. I asked the female cyclist if she needed me to call for the ambulance but she mentioned to me that she was fine and did not need the ambulance. I then assist to bring her to the pavement on the left. I noticed the female cyclist had abrasion at her right elbow. I asked the cyclist a few times if she needed me to bring her to the clinic however she informed me that she was okay.

I then gave her my handphone number. The female cyclist refused to give me her particulars and informed me that she would give me a call. A passer-by then took her bicycle which was in the zebracrossing and placed it at the left side of the road. A few mintues later the female cyclist got onto her bicycle and rode off the said location. After noticing that cyclist was getting back to her bicycle to cycle back I then left the said location. I am not sure if there was camera at the said accident location. I do not have in car camera installed in my vehicle. The two passengers in my vehicle namely, pearl(90075370) and Shayln Chan(96276337) had witnessed the entire incident. I am lodging this report for record purpose.





3 of 4

Report No. T/20180129/2163

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

CONTINUATION OF REPORT





4 of 4

Report No. T/20180129/2163

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

CONTINUATION OF REPORT

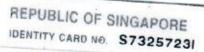
# Sketch Plan

Informant is not able to	provide sketch	plan
--------------------------	----------------	------

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Reports G / Sgt 1 SARVESHVERAN S/O JAGATHESA	. 0
Signature Of Interpreter: Not applicable	Date/Time: 29/01/2018 20:51
Officer In Charge Of Case: TR / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476423	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	









JOSEPH JOB HO



CHINESE Date of birth 19-07-1973 Country/Place of birth

SINGAPORE

Sex M



5846304

VOIJ ARE LICENSED TO DRIVE MEMICLES IN THE FOLLOWING CLASSIES).

FASC NATE

One 28

Class 28

Monorcycles = < 260 CC

One 3 Monorcycles = < 260 CC

One 4 Monor cars = < 260 CC

One 5 Monor cars = < 260 CC

One 6 Monor cars = < 260 CC

One 7 Monorcycles = < 260 CC

One 7 Monor



NAIC No. S73257231



03-01-2018

Address

APT BLK 292 BISHAN STREET 22 #15-71 SINGAPORE 570292

eBaoTech								GeneralClaim		
Hello, NAC_PAYA_UBI_800	0601					9.0	Change Lan	guage	Change Passwo	rd • Log Out
My Desktop	Poli	cy Query		*						
Notice of Loss	Policy N	io. No.(For Motor)	SLV1251C			Date of Accident		29/01	29/01/2018 18:45	
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Search Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5075301428- 02	S) MOTOR ENTERPRISE	52838801X	GFT	drivo CLASSIC	SLV1251C	SLV1251C	21/12/2017	
				-		Continue				

	y Information		2		
Policy No.	5075301428-02	Policyholder Name	SJ MOTOR ENTERPRISE	Policyholder NRIC	52838801X
Address	170 UPPER BUKIT TIMAH RO	AD #03-50 BUKIT	TIMAH SHOPPING CENTE	RE SINGAPORE 58817	79
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	30/10/2017	Effective Date	28/10/2017 00:00	Expiry Date	27/10/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	24464.96		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	INSMART (INSURANCE) AGE	NC' Agent Tel.	68420766	GST Flag	Υ
Co- insurance Flag Open Policy Info Certificate Info	No		**		
Policyh	older Mailing Address	own Agenture in	CONTRACTOR OF THE CONTRACTOR O		4000 section - 400 contribution of con-
Address 1	170 UPPER BUKIT TIMAH RO	DAD Address 2	#03-50 BUKIT TIMAH SI	HOPPIN( Address 3	SINGAPORE 588179
Address 4		Address Type	Singapore address	Post Code	588179
Unit No.		Related Policy Number	5097062117		
▶ Insure ♥ Endors	d Object: SLV1251C				
₩ Endors				90 SUNS	SA VA TANDA VINA MARA
Sequence	Endorsement	indorsement Type	Number	Endorsement Status	Endorsement Content  Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SKB3057B 30-10-2017 \$1,401.94 In view of this amendment, an additional premium of \$1,401.94 (Inclusive of GST) is payable under your policy. Please ignor
1	30/10/2017 00:00	asic Information ndorsement	000001286683344	Endorsement Take Effective	this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
					Thank you for giving us the opportunity to serve you. We

premium on this policy has n ident MT/0980354	ot been collected.									
100000000000000000000000000000000000000	5075301428-02		Vehicle No.	5LV1251C	G	ST Registration No.				
Top India	S) MOTOR ENTERPR	rise			Pr	olicyholder NRTC	3	52838801X		
(a)			Cover Type	drivo CLASSIC		Loading		0		
3, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	io.(Mobile) 96611118		Contact No.(Office)	a		ontact No.(Home)		0		
			Special Remark	*		eCode		The O		
ail Address			TCA	® No ⊜Yes		eCode Reason		90		
•			NCD Entitlement(%)	0	p	rivate Hire	3	res		
D Protection	No		NCD Entitlement(w)	*:						
Accident Details				- CARE-S		CONTRACTOR OF THE PARTY	-	Collided into Cycl	er	
ort Date	31/01/2018 17:27		Accident Report Within 24 hrs	Yes	A	codent Type	- 3	Counted auto exec		
e of Accident	29/01/2018		Time of Accident hh;mm	18:45	0	ountry of Accident	3	Singapore		
	Otto Control		Orange Force		10	CM No.				
orting Centre	-0112-22-2010-01-01-01-01-01-01-01-01-01-01-01-01-	Carrier Carriers	535(1)(4)2)							
ident Location	SLIP RD AMK AVE	5 TWDS AMK AVE 1								
Benefits										
Excess									480.00	
damage Excess		2,000.00	Additional Excess		0.00 W	Vindscreen Excess			100.00	
armed Driver Excess			Outside Singapore CO Excess		2,000.00					
nd Party Excess		1,500.00	Outside Singapore TP Excess		1,500.00					
GST Registered Informa	tion				MONIFORM SALE					
Registered	No			GST R	egistration Date					
Registered Registration No.					tatus Verified	Yes				
afication History										
Policyholder Mailing Ado	dress									
		TIMAH BOAD	Address 2	#01-50 BUKT	T TIMAH SHOPPINI A	Address 3		SINGAPORE 588	179	
dress 1	170 UPPER BUKIT	TANKE BANK		Singapore ad		Post Code		588179		
dress 4			Address Type			4,000				
R No.			Related Policy Number	5097062117						
OI Driver Info			P							
ver Name	Unnamed Driver		Driver Type	Unnamed Dri				V2541.0302		
named driver Name	305EPH 108 HO		Driver NRIC	873257231		Driver DDB		19/07/1973		
jster Date of Driver License			Driver Age	44		Driving Experience		12		
ntact No.(Mobile)			Contact No. (Office)	0		Contact No.(Home)		0		
	BLK 292		Address 2	BISHAN STREET 22		Address 3		BESHAN HEIGHT	rs.	
dress 1		Sen .		Singapore address		Post Code 570292				
dress 4	SINGAPORE 570292		Address Type	ress repe						
0,000 4				White the						
it No.	15-71			Dishebasie.		0 8 2				
es he own a Singapore			Oriver Vehicle No.	W.Lesson	ī	Driver Insurer Comp	апу			
it No. es he own a Singapore	15-71		Oriver Vehicle No.			Driver Insurer Comp	апу			
nt No. nes he own a Singapore gistered car?	15-71		Oriver Vehicle No.		ı	Driver Insurer Comp	any			
et No.  ses he own a Singagore gestered car?  cleration eathalyser or Blood Test	15-71		Oriver Vehicle No.  Any Injury?	Yes ○ No	500	Oriver Insurer Comp	any			
nt No.  ses he own a Singapore gathered car?  cleration eathalyser or Blood Test	15-71 ○ Yes <b>®</b> No		**************************************	in beneve.	500	Oriver Insurer Comp	any			
nt No.  ses he own a Singapore gathered car?  cleration eathalyser or Blood Test	15-71 ○ Yes <b>®</b> No		**************************************	in beneve.	500	Driver Insurer Comp	any			
nt No. nes he own a Singapore gottered car? claration eachalyser or Blood Test ading?	15-71 ○ Yes <b>®</b> No		**************************************	in beneve.	500	Driver Insurer Comp	any			
it No. es he own a Singapore gatered car? cleration eathalyser or Blood Test ading?	15-71 ○ Yes <b>®</b> No		**************************************	in beneve.	500	Driver Insurer Comp	мпу			
es he own a Singapore gatered Car? deration echalyser or Blood Test ading?	15-71 ○ Yes <b>®</b> No		**************************************	in beneve.	500	briver Insurer Comp	чапу			
t No.  es he own a Singapore patered Car?  Jeration athalyser or Blood Test dding?	15-71 ○ Yes <b>®</b> No		**************************************	in beneve.	500	Driver Insurer Comp	any			
e No.  es he own a Singapore gatered car?  deration cathalyser or Blood Test ading?  sincation History  Claim 001 New	15-71 ○ Yes ® No O mg		Any injuny?	Yes ○ No		Driver Insurer Comp	iany	52835801X		
es he own a Singapore gatered car?  Jeration eschalyser or Blood Test ading?  Claim 001 New  wm Type *	15-71 ○ Yes <b>®</b> No	¥	Any injury? 2	in beneve.	NTERPRISE	Insured NR3C	iany	52838801X 64403100		
e No.  es he own a Singapore gatered car?  deration esthalyser or Blood Test ading?  Claim 001 New  ent Type *  ntact No. (Mobile)	15-71 ○ Yes ® No O mg		Any injury? 2.  Insured Name  Corract No.(Home)	® Yes O No	NTERPRISE	Insured NRIC Contact No.(Office)	ату	64403100		
e No.  es he own a Singapore gatered car?  deration esthalyser or Blood Test ading?  Claim 001 New  ent Type *  ntact No. (Mobile)	15-71  Yes ® No Omg	¥	Any injury? 2	Yes ○ No	NTERPRISE	Insured NRIIC Contact No.(Office) TP Vehicle Number	00000			
es he own a Singapore getered car?  deration eachelyser or Blood Test ading?  dification History  Claim 001 New  entited No. (Mobile) half Address ent Description	15-71  Yes ® No Omg		Any injury? 2.  Insured Name  Corract No.(Home)	® Yes O No	NTERPRISE	Insured NRIC Contact No.(Office)	00000	64403100		
es he own a Singapore gatered car?  deration esthalyser or Blood Test ading?  Claim 001 New  sen Type * mail Address sent Description eferred workshop Contact	15-71  Yes ® No Omg	¥	Any injury? 2.  Insured Name  Corract No.(Home)	® Yes O No	NTERPRISE	Insured NRIIC Contact No.(Office) TP Vehicle Number	00000	64403100		
es he own a Singapore gatered Car?  deration  deration  deration  deration  deration  History  Claim 001 New  writer ho. (Mobile)  neal Address  sim Description  efemed workshop Contact	15-71 O Yes ® No O mg Ob-MX SLV1251C / BICKO	¥	Any injury? 2  Insured Name Contact No. (Home) Of Vehicle Number	S) MOTOR E SLV1251C	NTERPRISE	Insured NRIIC Contact No.(Office) TP Vehicle Number	00000	64403100	Y	
es he own a Singapore gatered Car?  deration  eschalyser or Blood Test ading?  Claim 001 New  ern Type * nitiet ho. (Mobile) half Address gem Description efermed workshop Contact outre Finalisation	15-71 O Yes ® No O mg OD-MX SLV1251C / BICYC	CLIST ON 29 Jan 2018	Any injury?  Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preference Repair Option	S) MOTOR E SLV1251C	NTERPRISE	Insured NRIIC Contact No.(Office) TP Vehicle Number Name of Preferred V	00000	84403100 BICYCLIST		
es he own a Singapore gatered car?  deration  eschalyser or Blood Test ading?  claim 001 New  sum Type = ntact No. (Mobile) half Address sum Description feferred workshop Contact could be Finalisation tee Registered	15-71  O Yes ® No  O mg  OD-MX  SLV1251C / BICYC  Yes  3LV01/2018 17:24	CLIST ON 29 Jan 2018	Any injury?  Insured Name Contact No.(Home) Of Vehicle Number Insured Liability *	S) MOTOR E SLV1251C	NTERPRISE	Insured NRIIC Contact No.(Office) TP Vehicle Number Name of Preferred V GIA report	00000	88CYCLIST Received		
es he own a Singapore gatered car?  deration esthalyser or Blood Test ading?  distribution History  Claim 001 New  arm Type = ntact No. (Mobile) hall Address sem Description referred workshop Contact quire Finalsetion te Registered port Taken By	15-71 O Yes ® No O mg OD-MX SLV1251C / BICYC	CLIST ON 29 Jan 2018	Any injury?  Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preference Repair Option	S) MOTOR E SLV1251C	NTERPRISE	Insured NRIIC Contact No.(Office) TP Vehicle Number Name of Preferred V GIA report	00000	88CYCLIST Received		
es he own a Singapore gatered car?  deration esthalyser or Blood Test ading?  distribution History  Claim 001 New  arm Type = ntact No. (Mobile) hall Address sem Description referred workshop Contact quire Finalsetion te Registered port Taken By	15-71  O Yes ® No  O mg  OD-MX  SLV1251C / BICYC  Yes  3LV01/2018 17:24	CLIST ON 29 Jan 2018	Any injury?  Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preference Repair Option	S) MOTOR E SLV1251C	NTERPRISE	Insured NRIIC Contact No.(Office) TP Vehicle Number Name of Preferred V GIA report	00000	88CYCLIST Received		
es he own a Singapore gatered car?  deration  eschalyser or Blood Test ading?  claim 001 New  sum Type = stact No. (Mobile) half Address sum Description efemed workshop Contact four Finalsation site Registered uport Taken By	15-71  O Yes ® No  O mg  OD-MX  SLV1251C / BICYC  Yes  3LV01/2018 17:24	CLIST ON 29 Jan 2018	Any injury?  Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preference Repair Option	S) MOTOR E SLV1251C	NTERPRISE	Insured NRIIC Contact No.(Office) TP Vehicle Number Name of Preferred V GIA report	00000	88CYCLIST Received		
es he own a Singapore gatered Car?  deration  deration  athelyser or Blood Test ading?  Claim 001 New  arm Type * nited ho. (Mobile) half Address gam Description fetered workshop Contact quire Finalsaction te Registared port Taken thy Print AK letter	15-71  O Yes ® No  O mg  OD-MX  SLV1251C / BICYC  Yes  3LV01/2018 17:24	CLIST ON 29 Jan 2018	Any injury?  Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preference Repair Option	S) MOTOR E SLV1251C Fishy at Faul Preferred W	NTERPRISE	Insured NRIIC Contact No.(Office) TP Vehicle Number Name of Preferred V GIA report	00000	88CYCLIST Received		
es he own a Singapore gatered Car?  deration  deration  athelyser or Blood Test ading?  Claim 001 New  arm Type * nited ho. (Mobile) half Address gam Description fetered workshop Contact quire Finalsaction te Registared port Taken thy Print AK letter	15-71  O Yes ® No  O mg  OD-MX  SLV1251C / BICYC  Yes  3LV01/2018 17:24	CLIST ON 29 Jan 2018	Any injury?  Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preference Repair Option	S) MOTOR E SLV1251C Fishy at Faul Preferred W	NTERPRISE	Insured NRIIC Contact No.(Office) TP Vehicle Number Name of Preferred V GIA report	00000	88CYCLIST Received		
es he own a Singapore gatered Car?  deration  deration  athelyser or Blood Test ading?  Claim 001 New  arm Type * nited ho. (Mobile) half Address gam Description fetered workshop Contact quire Finalsaction te Registared port Taken thy Print AK letter	15-71  O Yes ® No  O mg  OD-MX  SLV1251C / BICYC  Yes  3LV01/2018 17:24	CLIST ON 29 Jan 2018	Any injury?  Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preference Repair Option	S) MOTOR E SLV1251C Fishy at Faul Preferred W	NTERPRISE	Insured NRIIC Contact No.(Office) TP Vehicle Number Name of Preferred V GIA report	00000	88CYCLIST Received		
es he own a Singapore gatered car?  deration  esthelyser or Blood Test ading?  dification History  Claim 001 New  win Type * mittet No. (Mobile) half Address sem Description referred workshop Contact  Courie Finalisation hite Registered aport Taken By  Priet AK letter  Attechment	15-71 O Yes ® No O mg OD-MX SLV1251C / BICY Yes 3L/01/2018 17:21	CLIST (NN 29 Jan 2018	Any ingury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Liabitay * Preferend Repair Option Claim Close Date	S) MOTOR E SLV1251C Fishy at Faul Preferred W	NTERPRISE	Insured NRIIC Contact No.(Office) TP Vehicle Number Name of Preferred V GIA report	00000	88CYCLIST Received		
es he own a Singapore guteration eschalyser or Blood Test adding?  diffication History  Claim 001 New  ann Type *  Intact No. (Mobile) half Address sers Description eferred workshop Contact point Taken By  Print AK letter  Attachment	15-71 O Yes ® No O mg OD-MX SLV1251C / BICYC Yes 3L/01/2018 17:21 Dackson	CLIST ON 29 Jan 2018	Any injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date	S) MOTOR E SLV1251C Fishy at Faul Preferred W	NTERPRISE	Insured NRIIC Contact No.(Office) TP Vehicle Number Name of Preferred V GIA report	00000	88CYCLIST Received		
es he own a Singepore gatered car?  deration leichelyser or Blood Test ading?  dification History  Claim 001 New  with Type * intact No. (Mobile) half Address sers Description eferred workshop Contact	15-71 O Yes ® No O mg OD-MX SLV1251C / BICY Yes 3L/01/2018 17:21	CLIST ON 29 Jan 2018	Any ingury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Liabitay * Preferend Repair Option Claim Close Date	S) MOTOR E SLV1251C Fishy at Faul Preferred W	orkshop, Name unknown V  orkshop, Name unknown V  ookshop, Name unknown V	Insured NRIIC Contact No.(Office) TP Vehicle Number Name of Preferred V GIA report Date Received	Vorkshop	8403100 BICYCLIST Received 31/01/2018 00	.00	
es he own a Singapore gatered car?  deration leichalyser or Blood Test ading?  sincation History  claim 001 New  and Type * Intact No. (Mobile) half Address leich Description referred workshop Contact Quire Finalisation te Registered port Taken thy Print AK letter  Attachment	15-71 O Yes ® No O mg OD-MX SLV1251C / BICYC Yes 3L/01/2018 17:21 Dackson	CLIST ON 29 Jan 2018	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date  Claim No. Upload Date	SJ MOTOR B SLV1251C Fidly at Faul Preferred W	orkshop, Name unknown v  orkshop, Name unknown v  ant v  con v  c	Insured NRIC Centact No.(Office) TP Vehicle Number Name of Preferred V GIA report Date Received	Vorkshop	8403100 BICYCLIST Received 31/01/2018 00		
es he own a Singapore patered Car?  leration  eshalyser or Blood Test ading?  sheation History  claim 001 New  int Type *  ntoct No. (Mobile)  tail Address  int Description ferred workshop Contact  quire Finalisation  te Registared port Taken thy  Priest AK letter  Attechment  P  Cident No.	15-71 O Yes ® No O mg OD-MX SLV1251C / BICYC Yes 3L/01/2018 17:21 Dackson	CLIST ON 29 Jan 2018	Any injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date	S) MOTOR B SLV1251C Fully at Faul Preferred W	NTERPRISE   DOTASHOP, Name unknown   OO1  31/O1/2016 17:30  Category *  [Please Select   [Please Select   Very large of the content of the co	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred V GIA report Date Received	Vorkshop Urgeno Normal	8403100 8)CYCLIST Received 31/01/2018 00	.00	
es he own a Singapore patered Car?  leration  eshalyser or Blood Test ading?  sheation History  claim 001 New  int Type *  ntoct No. (Mobile)  tail Address  int Description ferred workshop Contact  quire Finalisation  te Registared port Taken thy  Priest AK letter  Attechment  P  Cident No.	15-71 O Yes ® No O mg OD-MX SLV1251C / BICYC Yes 3L/01/2018 17:21 Dackson	CLIST ON 29 Jan 2018	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date  Claim No. Upload Date	S) MOTOR B SLV1251C Fully at Faul Preferred W	NTERPRISE   DOTASTOP, Name unknown   OIL 31/01/2016 17:30  Category *  Please Seect   Please See	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred V GIA report Date Received	Vorkshop	8403100 BICYCLIST Received 31/01/2018 00	.00	
es he own a Singepore gatered car?  deration leichelyser or Blood Test ading?  dification History  Claim 001 New  with Type * intact No. (Mobile) half Address sers Description eferred workshop Contact	15-71 O Yes ® No O mg OD-MX SLV1251C / BICYC Yes 3L/01/2018 17:21 Dackson	CLIST ON 29 Jan 2018	Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability * Preferent Repair Option Claim Close Date  Claim No. Upload Date  *Brows Brows	S) MOTOR E SLV1251C Fully at Faul Preferred W Save Subn G Open	orkshop, Name unknown v  orkshop, Name unknown v  at 21/01/2016 17:30  Category *  Please Select v	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred V GIA report Date Received  Confidential	Vorkshop Urgeno Normal	8403100 8)CYCLIST Received 31/01/2018 00	.00	
es he own a Singapore guteration eschalyser or Blood Test adding?  diffication History  Claim 001 New  ann Type *  Intact No. (Mobile) half Address sers Description eferred workshop Contact point Taken By  Print AK letter  Attachment	15-71 O Yes ® No O mg OD-MX SLV1251C / BICYC Yes 3L/01/2018 17:21 Dackson	CLIST ON 29 Jan 2018	Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability * Preferented Repair Option Claim Close Date  Claim No. Upload Date  Brows Brows Brows	SJ MOTOR B SLV1251C  Fully at Faul Preferred W  Save Subn  Co. Oesr C. Oesr	orkshop, Name unknown v  orkshop, Name unknown v  at 21/01/2016 17:30  Category *  Please Select v  Please Select v	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred V GIA report Date Received  Confidential	Vorkshop  Urgeno [Normal Normal	8403100 8)CYCLIST Received 31/01/2018 00	.00	
es he own a Singapore guteration eschalyser or Blood Test adding?  diffication History  Claim 001 New  ann Type *  Intact No. (Mobile) half Address sers Description eferred workshop Contact point Taken By  Print AK letter  Attachment	15-71 O Yes ® No O mg OD-MX SLV1251C / BICYC Yes 3L/01/2018 17:21 Dackson	CLIST ON 29 Jan 2018	Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability * Preference Repair Option Claim Close Date  Claim No. Upload Date  Brows Brows Brows Brows	S) MOTOR E SLV1251C  Fidly at Faul Preferred W  Save Subn  a. Cear	NTERPRISE   DOTASHOP, Name unknown  OO1  31/01/2016 17:30  Category *  Please Select	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred V GIA report Date Received  Confidential  NO Y NO Y NO Y NO Y	Vorkshop  Urgeno Normal Normal	8403100 8)CYCLIST Received 31/01/2018 00	.00	
nt No.  Jes he own a Singapore  gottered car?  claration  eachayser or Blood Test adding?	15-71 O Yes ® No O mg OD-MX SLV1251C / BICYC Yes 3L/01/2018 17:21 Dackson	CLIST ON 29 Jan 2018	Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability * Preferented Repair Option Claim Close Date  Claim No. Upload Date  Brows Brows Brows	S) MOTOR E SLV1251C  Fidly at Faul Preferred W  Save Subn  a. Cear	NTERPRISE	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred V GIA report Date Received  Confidential  NO Y NO Y NO Y NO Y	Vorkshop  Urgeno [Normal Normal	8403100 8)CYCLIST Received 31/01/2018 00	.00	

100	NAC PAYA_UBI_B00601( NATIONAL ASSESSMENT n 2018 17:30		SAS	Normal	SAS 2018-1-31 Photos 2018-1-31	Ed
	NAC PAYA_UBI_BOGGOI( NATIONAL ASSESSMENT n 2018 17:30 NAC PAYA_UBI_BOGGOI( NATIONAL ASSESSMENT n 2018 17:30		Photos	Normal	Photos 2018-1-31	te
•	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT in 2018 17:30	CENTRE SERVICES) on 31 Ja	Photos	Normal	Photos 2018-1-31	E
4	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT n 2018 17:29	CENTRE SERVICES) on 31 Ja	Photos	Normal	Photos 2018-1-31	8.
7	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT n 2018 17:29	CENTRE SERVICES) on 31 Ja	Photos	Normal	Photos 2018-1-31	
	NAC_PAYA_UBI_BOOKOL[ NATIONAL ASSESSMENT n 2018 17:29	CENTRE SERVICES) on 31 Ja	Photos	Normal	Photos 2018-1-31	E
0	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT n 2018 17:29	CENTRE SERVICES) on 31 Ja	Photos	Normal	Photos 2018-1-31	E
M	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT n.2018 17:29		Photos	Normal	Photos 2018-1-31	E
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT n 2018 17:29	CENTRE SERVICES) on 31 34	Photos	Normal	Photos 2018-1-31	E
♥ Video List	Uploaded By/Date Folder	Date 2	File Name	9	Source	Action

Display in New Window Scan and uploading