Date In: 2/2/16-1/4-142	Services.		Date & Time Complete	ed	Done	pv.
Date In: 2/2/18-14:42	Jeb description		Date to Timo Genipion	-	200	•
Res No: NA INCIPUOSIFA ZY	SAS e-filing			+		-
Veh No: SGN7883R	E-mail (within 8)	irs, AIC 2hrs)		1		
D.O.A : 1/2/18 - 08:70	i-Motor Clain	Form	MT 0980776	7/2/	18 1	1:19
OD : TR / Randows Culu	I-Motor W/O	(Within: OD 2hrs	(TP 4hrs)			a - • • •
OD / TP / Reporting Only	i-Photo Uploa	ded	1			*
22.3	Assessment/Sur	vey Report				
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (T.		Tel:	Fax:		
TP Particulars: Veh No: SLAT	11419	INC ()/Non-INC()	, ,		
Owner / Driver: (Tel:)	
Policy No: () Perio	od: ()	Cover Type: ().	
Confirmed by : (Date:	Time:	- A)	
Insured/Driver Liability: (%) [No	ote-Est. Status (W	O): N: 0-20	%; P: 21-79%. P: 9	0-100%]		
Year of Registration: () W	arranty: YES ()/NO()			
Excess: (\$) Loading: \$1,000	0()/\$2,000()				
General Remarks:		* 8Y/Y 1		3334,000	21.	y Hu
() Walk-In Customer : Customer's inform	The second second second	fidential & Str	ictly NO refer of repair	er.		
() Total Loss Case : to e-mail Insurer			, Tari j	1993		
Drive-In ()/ Towed-In (); Invoice:	CONTRACTOR OF THE PARTY OF THE	O(); To	owing Co: (*)
			Date& Time Complets	286 / Tab	Done	hay
temarks: (INC hodine: 6788 6616)		and the second	Dates time Complets	And Andrews	VISIONO,	
	urtesy Car ()	<u> </u>	*		17.02 E.S.	
2) QC Check / Post Repair Inspection	()		·			
	()	T 02	- 76			
o) Optoba Resultey Filoto [Repair Cost > 350	00] ()		-			
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Injury: Pate/Time Actions A[8vo734	1	1) AR : Accident	Reporting (\$30);		Sec. 25. 32.31.	F. S. *
Alfvo734	1	1) AR : Accident 2) DA : Damage	Reporting (\$30); Assessment (\$100); IN	C (\$80)	Sec. 25. 32.31.	F. S. *
Injury: Pate/Time Actions A(Pvo734 aimant's Particulars:-	•	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T	Reporting (\$30); Assessment (\$100); IN	C (\$80) \$40/\$45 \$120	Sec. 25. 32.31.	A
Injury: Pate/Time: Actions A/Pvo73 4 mimant's Particulars:	•	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T	Reporting (\$30); Assessment (\$100); IN ee brough Survey brough Survey (Resurvey)	C (\$80) \$40/\$45 \$120 \$30	Sec. 25. 32.31.	A
Injury: Pate/Time: Actions A(Pvo73 9) atimant's Particulars:- iver/Owner: ntact No:	1	1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-inspec	Reporting (\$30); Assessment (\$100); IN ee brough Survey brough Survey (Resurvey) gainst INC Only (wef 10 Jan	C (\$80) \$40/\$45 \$120 \$30 \$2005) \$75	Sec. 25. 32.31.	A
Injury: Pate/Time: Actions A(Pvo73 9) atimant's Particulars:- iver/Owner: ntact No:	1	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-inspec 7) N1 : Idac DA	Reporting (\$30); Assessment (\$100); IN ee brough Survey brough Survey (Resurvey) gainst INC Only (wef 10 Jan stion SMRT Survey	C (\$80) \$40/\$45 \$120 \$30 2005)	Sec. 25. 32.31.	A
Injury: Date/Time Actions A(Pvo73 9 mimant's Particulars: iver/Owner: ntact No: maged Portion:	1	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-inspec 7) N1 : Idae DA 8) NTUC Additio	Reporting (\$30); Assessment (\$100); IN ee brough Survey brough Survey (Resurvey) reinst INC Only (wef 10 Jan stion SMRT Survey onal Services:-	C (\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160	Sec. 25. 32.31.	F. S. *
Injury: Date/Time Actions A(Pvo73 9 aimant's Particulars: iver/Owner: ntact No: maged Portion:	1	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-inspec 7) N1 : Idac DA 8) NTUC Addition OD* *N5: Courtesy	Reporting (\$30); Assessment (\$100); IN es brough Survey brough Survey (Resurvey) gainst INC Only (wef 10 Jan stion SMRT Survey brail Services: Car / Tpt Allowance	C (\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160	Sec. 25. 32.31.	A
Injury: Date/Time Actions Actions Injury: Injury: Actions Injury: Injury: Actions Injury: In	1	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-inspec 7) N1 : Idae DA 8) NTUC Additio OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep	Reporting (\$30); Assessment (\$100); IN es brough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan stion + SMRT Survey anal Services:- Car / Tpt Allowance co-ordination air Inspection	C (\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160 \$5 \$10 \$25	Sec. 28. 38.31.	A
Injury: Date/Time Actions Actions Injury: Injury: Actions Injury: Injury: Actions Injury: In	1	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-inspec 7) N1 : Idac DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Coi	Reporting (\$30); Assessment (\$100); IN es brough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan stion F SMRT Survey anal Services: Car / Tpt Allowance co-ordination air Inspection lect Excess Coordination	C (\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160 \$5 \$10 \$25 \$5	Sec. 28. 38.31.	A
Date/Time Actions		1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-inspec 7) N1 : Idac DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Coi	Reporting (\$30); Assessment (\$100); IN es brough Survey brough Survey (Resurvey) gainst INC Only (wef 10 Jan stion FSMRT Survey brail Services. Car / Tpt Allowance boordination air Inspection lect Excess Coordination (Non INC) against INC	C (\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160 \$55 \$510 \$525 \$520 \$30	A B ii S	Add Bi

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as 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 aforesaid.

The little of th	ACCIDENT STATEMENT
Date Of Report	02/02/2018 14:42

Date Of Accident 01/02/2018 08:20

Exact Location Of Accident JUNC LOR 25 GEYLANG & SIMS AVE

Country/State of Loss SINGAPORE

DETAILS	OF OWN	VEHICLE

Vehicle Registration Number SGN7883R

Insured/Policyholder

Name Of Registered Owner TAN JUN BEI, NRIC No S7931545A Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-90402256

 Alternative Phone No
 OFFICE-90402256

Vehicle Particulars

Manufacturer TOYOTA

Model TOYOTA COROLLA ALTIS 1.6L CVT

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY

NO

PRIVATE USE

If No, Please state action to be taken REPORTING ON 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 5088440774

Cover Note Number

Driver

Name of Driver TAN JUN LIANG (CHEN JUNLIANG)

 NRIC No
 \$8203906F

 Date Of Birth
 15/02/1982

 Occupation
 INDOOR

 Date Of Driving Pass
 05/05/2001

Driving Experience 16 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94569122

Fax Number

Contact Number OFFICE-94569122

EMail Address NOEMAIL

Address 42 LORONG G TELOK KURAU

Postcode 426214

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

Vehicle Registration Number of Driver's Own

Vehicle

*

Insurance Company of Driver's Own Vehicle

•

NO

NO

1

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

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)

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?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TURNING FROM LOR 25 GEYLANG TWDS SIMS AVE. SUDDENLY VEHICLE B STOPPED ALONG THE JUNCTION OF SIMS AVE. IN A RESULT I SCRETCH ONTO VEHICLE B REAR 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 SLN7141P

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)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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	A = 56N 7883 R
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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.:









eBao Tech		200							Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage	Change Passwo	rd • Log Out
My Desktop	Polic	cy Query		*						
Notice of Loss	Policy N	lo.				Date of Acc	ident	01/02	/2018 08:20	
	Vehicle	No.(For Mator)	SGN7883R							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5088440774	TAN JUN BEI, BERNICE	57931545A	GPC	drivo PREMIUM	SGN7883R	SGN7883F	09/03/2017	08/03/2018
				980	1	Continue				

Policy No.	5088440774	Policyholder Name	TAN JUN BEI, BERNICE	Policyholder NRIC	S7931545A
Address	BLK 147 #24-336 LORONG 2 TO	A PAYOH SIN	GAPORE 310147		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N.
Policy ssue Date	08/03/2017	Effective Date	09/03/2017 00:00	Expiry Date	08/03/2018 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	CHUA CHUN HAUR (CAI JUNHAC	Agent Tel.		GST Flag	Y
Co- insurance Flag Open Policy Info Certificate Info	No		*		
Address 1	nolder Mailing Address BLK 147 #24-336	Address 2	LORONG 2 TOA PAYOH	Address 3	SINGAPORE 310147
Address 4	BER 147 #24 330	Address Type	Singapore address	Post Code	310147
Unit No.		Related Policy Number	5088440774		
ETO'S VILL	d Object: SGN7883R				
Sequen	201 Partie W.	Endorse	ement Type Endor	rsement Status	Endorsement Content
			*		Thank you for giving us the opportunity to serve you. We confirm that from 09 Mar 2017, this policy is extended to include NCD protection and is subject to Endorsement Menclosed. In view of this amendment, an additional premium of \$90.60 (inclusive of GST) is payable under you policy. Please ignore this premium payment request if you have since made
1	09/03/2017 00:00	Basic Inforr Endorseme		nt Take Effective	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, credit card or NETS.

ccident MT/0980736				- 10				
relicy No.	5088440774	Vehicle No.	SGN7883R		ST Registration No.			
folicyholder Name	TAN JUN 881, BERNICE			P	okcynoider NRIC		37931545A	
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	L	oading		0	
Contact No.(Mobile)	90402256	Contact No.(Office) =		C	ontact No.(Home)			
mail Address		Special Remark		*	Code		N. V	
OFK	® No ⊜Yes	TCA	® No ○ Yes	-	Code Reason			
ICD Protection	Yes	NCD Entitlement(%)	50	p	rivate Hire		No	
Accident Details								
Report Date	02/02/2018 17:02	Accident Report Within 24 hrs	Yes	- A	coldent Type		Collision - Cr	oss Junction
Date of Accident	01/02/2018	Time of Accident Inh:mm	08:20	C	ountry of Accident		Singapore	
Reporting Centre		Orange Force		10	CM No.			
	JUNC LOR 25 GEYLANG & SIMS AVE							
Accident Location	TOTAL DOWN TO GET DATE OF STATE WATER							
9 Benefits								
Trees.			10.00		Control Toronto			100.00
Own damage Excess	600.00	Additional Excess	0.00		Vindscreen Excess			200.00
Innamed Driver Excess	500.00	Dutside Singapore OD Excess	600,00					
Third Party Excess	9.00	Outside Singapore TP Excess	0.00					
♥ GST Registered Informa	stion							
ST Registered	No.		GST Registration Date		Vec			
IST Registration No.			GST Status Verified		Yes			
Audification History								
♥ Policyholder Mailing Ad	dress							
Address 1	BLK 147 #24-336	Address 2	LORDING 2 TOA PAYOH		ddress 3		SINGAPORE	310147
Address 4		Address Type	Singapore address	P	ost Code		310147	
Unit No.		Related Policy Number	5088440774					
OI Driver Info								
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver					
Unnamed driver Name	TAN JUN LIANG (CHEN JUNLIAN	Driver NRIC	S8203906F	0	Driver DOB		15/02/1982	
		Driver Age	75		oriving Experience		16	
Register Date of Driver License	05/05/2001	Contact No.(Office)			Contact No.(Home)			
Contact No.(Mobile)	AN A CREATE OF THE OWN HURALI	Adoress 2	SINGAPORE 426214		Address 3			
Address 1	42 LORONG G TELOK KURAU				Post Code		426214	
Address 4		Address Type	Singapore address		- Day Come		420224	
Unit No.					92			
unit No. Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		9	Oriver Insurer Compi	any		
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		9	Oriver Insurer Compi	any		
Does he own a Singapore Registered car? Declaration Breathwysier or Blood Test			○ Yes ® No	9	Oriver Insurer Compa	arty		
Does he own a Singapore Registered car? Declaration	○ Yes ® No 0 mg	Driver Vehicle No. Any injury?	○ Yes ® No	5	Oriver Insurer Compi	any		
Does he own a Singapore Registered car? Declaration Breathwysier or Blood Test			○ res ® No	6	Driver Insurer Compa	any		
Does he own a Singapore Registered car? Declaration Breathwysier or Blood Test			○ res ® No	,	Oriver Insurer Comp.	any		
Does he own a Singapore Registered car? Declaration Breathwater or Blood Test Reading? Modification History			○ res ® No	5	Oriver Insurer Comp.	any		
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?			○ res ® No	· ·	Oriver Insurer Comp.	any		
Does he own a Singapore Registered car? Declaration Breathwhyser or Blood Test Reading? Modification History			○ res ® No			any		
Does he own a Singapore Registered car? Declaration Breathwayser or Blood Test Reading? Modification History Claim 602 New			TAN JUN BIES, BERNICE		insured NRIC	any	\$7931545A	
Does he own a Singapore Registered car? Declaration Breathwater or Blood Test Reading? Modification History	0 mg	Any injury?			Insured NRIC Contact No.(Office)	any		
Does he own a Singapore Registered car? Declaration Breatharyser or Blood Test Reading? Modification History Claim 602 New Claim 1ype * Comact No.(Hobile)	0 mg	Any injury?	TAN JUN BIES, BERNICE		onsured NRIC Contact No. (Office) FP Vehicle Number		\$7931545A	
Does he own a Singapore Registered car? Declaration Breatharyser or Blood Test Reading? Modification History Claim 602 New Chaim Type * Comact No.(Hobile) Email Address.	0 mg	Any injury? Insured Name Concact No.(Home)	TAN JUN BEL, BERNICE 62583006		Insured NRIC Contact No.(Office)			
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 602 New Claim 502 New Claim 506 Contact No. (Hobile) Email Address Claim Description Preferred Workshop Contact	O mg OO-Mot Not Damice.tan.2000@tojsiness.smi	Any injury? Insured Name Concact No.(Home)	TAN JUN BEL, BERNICE 62583006		onsured NRIC Contact No. (Office) FP Vehicle Number			
Does he own a Singapore Registered car? Declaration Breatharyser or Blood Test Reading? Modification History Claim 602 New Claim 502 New Claim 4ddress Claim 4ddress Claim 50500 Preferred Workshop Contact No.	0 mg DO-POX NOL Demice.tan.2000@bysiness.smi SGN7863R / SLN7141P ON 1 Feb 2018	Any injury? Discrete Name Contact No. (Home) Of Vehicle Number	TAN IUN BEG, BERNICE 62593006 SGN7663R		onsured NRIC Contact No. (Office) FP Vehicle Number			
Does he own a Singapore Registered car? Declaration Breatharyser or Blood Test Reading? Modification History Claim 602 New Claim 502 New Claim 4 Address Claim 4 Address Claim 5 Description Preferred Workshop Contact No. Require Finalisation	0 mg DO-MOX W NOL	Any injury? Describe Name Contact No. (Home) Of Vehicle Number Insured Datality * * Preferend Repair Option	TAN IUN BIES, BERNICE 62583006 SGN7863R Partially at Fault	v v	insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W		SLN7141F	V
Does he own a Singapore Registered car? Declaration Breathwayser or Blood Test Reading? Modification History Claim 602 New Claim 502 New Claim 40dres Cornect No. (Hobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	0 mg DO MV	Any injury? Discrete Name Contact No. (Home) Of Vehicle Number	TAN IUN BIES, BERNICE 62583006 SGN7863R Partially at Fault	v v	oreured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report		SLN7141P	V
Does he own a Singapore Registered car? Declaration Breathwayser or Blood Test Reading? Modification History Claim 602 New Claim 602 New Claim 506 Claim 606 Claim Fype * Cornsot No. (Hobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken by	0 mg DO-MOX W NOL	Any injury? Describe Name Contact No. (Home) Of Vehicle Number Insured Datality * * Preferend Repair Option	TAN IUN BIES, BERNICE 62583006 SGN7863R Partially at Fault	v v	oreured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report		SLN7141P	V
Does he own a Singapore Registered car? Declaration Breathwayser or Blood Test Reading? Modification History Claim 602 New Claim 502 New Claim 40dres Cornect No. (Hobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	0 mg DO MV	Any injury? Describe Name Contact No. (Home) Of Vehicle Number Insured Datality * * Preferend Repair Option	TAN IUN BEIT, BERNICE 52563006 SGN7683R Parcally at Fault Preferred Workshop, Name unknown	v v	oreured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report		SLN7141P	V
Does he own a Singapore Registered car? Declaration Breathwayser or Blood Test Reading? Modification History Claim 602 New Claim 602 New Claim 506 Claim 606 Claim Fype * Cornsot No. (Hobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken by	0 mg DO MV	Any injury? Describe Name Contact No. (Home) Of Vehicle Number Insured Datality * * Preferend Repair Option	TAN IUN BIES, BERNICE 62583006 SGN7863R Partially at Fault	v v	oreured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report		SLN7141P	V
Does he own a Singapore Registered car? Declaration Breathabyser or Blood Test Reading? Modification History Claim 602 New Claim 602 New Claim 506 Contact No. (Hobite) Email Address Claim Description Freferred Workshop Contact No. Require Finalization Date Registered Report Taken By	0 mg DO MV	Any injury? Describe Name Contact No. (Home) Of Vehicle Number Insured Datality * * Preferend Repair Option	TAN IUN BEIT, BERNICE 52563006 SGN7683R Parcally at Fault Preferred Workshop, Name unknown	v v	oreured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report		SLN7141P	V
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Video List	NAC_PAYA_UBI_800601(NA	(I)ONAL ASSESSMENT CENTRE SERVICES) on 02 Fe b 2018 19:19	Photos		Normal	Photos 2018-2-2	Ed
	NAC_PAYA_URI_800601(NA	IONAL ASSESSMENT CENTRE SERVICES) on 02 Fe b 2018 19:19	Photos		Normal	Photos 2018-2-2	Ed
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100 Ft	NAC_PAYA_UBI_800501(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 02 Fe b 2018 19:20	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-2-2	Ed
Attachment		uploaded By/Date	Category	P	urgency	Description	Seric? Acti (CO)