NATIONAL Assessment C	Entre Services	(wel 1 Jan'05) N	WA118018058			
Date In: 5/3/18-18:49	Jeb description	n	Date & Time Com	pleted	Don	ie py
Ref No: NA INICIDO 2287/24	SAS e-filing		Ī			
Veh No: SLOTITIP	E-mail (withi	a Shrs, AIC 2hrs)				No.
D.O.A: 3/2/18-08:20	i-Motor Cla	im Form	MT/0981065	15	12/15 10	1:06
00 : 70 ( 0	i-Motor W/	O (Within: OD 2hrs	-			
OD / TP-/ Reporting Only	i-Photo Upl	oaded				
TDI	Assessment/S	Survey Report		1		
TP Insurer:	Ass't Report	by Fax / Hand to	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QV	V: (		Tel:	Fax		
TP Particulars: Veh No:	SLM5090X .	. 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	<b>%</b> ]	ħ!
Year of Registration: (	) Warranty: YES (		)			
	:\$1,000()/\$2,000	100 Hall 100 100 100 100 100 100 100 100 100 1		-	1	
( ) Walk-In Customer: Customer ( ) Total Loss Case : to e-mail I	nsurer URGENTLY.		N -a - g			
Drive-In ( )/ Towed-In ( ); In	rvoice: YES ( ) / 1	NO ( ) ; To	wing Co: (	i.	¥	1
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost	t > \$3000] (	)	- Ma.1			
Injury:	<del></del>				9	- 40-
Date/Time Actions		ing the contract of the party		COME DE	2 3 . A . W	
1.55			BOLD MAN BORON FILL TO THE CANADA		620727.334	
11						
				70.	<del>enar ea</del>	
141800765		Invoice Pren	aration Checklist		Anit (S)	Arit (
1010 101			Compression & A. A. Antikali		The Bill	Add B
umant's Particulars :-	t garage and the second	1) AR : Accident R 2) DA : Damage A		INC (\$80)		
iver/Owner:		3) TF : Towing Fee 4) FT : Follow-Thr		\$40/\$45	The second second	77 11 = 1
ntact No:		5) FT : Follow-Thr	ough Survey (Resurvey)	\$30		
		6) TR : Re-inspecti	inst INC Only (wef 10 J	an 2003) \$75		
maged Portion:		7) N1 : Idao DA + 3	SMRT Survey	· \$160		
		8) NTUC Addition	al Services:-			
Checked by (Engr-In-Charge):		*N5: Courtesy C	Car / Tpt Allowance	\$5		
NOVE SANCTONIA LOCALISTA CONTRACTORIO DE LA CONTRAC	sansandenskapilatek	*N6: Repair Co- *N7: Fost Repair		\$10 \$25		
ditors' Comments :-	Past Harris Line		ct Excess Coordination	55	The Conv.	Shall Say
1;	Colon Salar Colon Address 2 An St. Comp. 216.13		Con INC) INC	520		
	Canada Caractar Caractar Services		Non INC) against INC	\$20 30		
2/3;		TP (N11): TP ()		30 norged		ata)

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

ACCIE	JE N I	DIAI	1	

05/02/2018 18:49 Date Of Report 03/02/2018 08:20 Date Of Accident

JUNC YIO CHU KANG FLYOVER & YIO CHU KANG RD Exact Location Of Accident

SINGAPORE Country/State of Loss

# DETAILS OF OWN VEHICLE

SLD7177P Vehicle Registration Number

## Insured/Policyholder

INFINITE DRIVE PTE LTD Name Of Registered Owner

201606831H Co Reg No NOEMAIL Email Address

(LOCAL) +65-91419714 Mobile Phone No OFFICE-91419714 Alternative Phone No.

#### Vehicle Particulars

MAZDA Manufacturer

MAZDA3 SP Model

Exact Purpose for which vehicle was being used at PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY If No, Please state action to be taken

COMMERCIAL VEHICLE Vehicle Category

## **Insurance Company**

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

YES Fleet Policy

5081467455-01 Policy Number

Cover Note Number

### Driver

TAN TUAN WEI Name of Driver S9448310G NRIC No 25/12/1994 Date Of Birth

INDOOR Occupation 26/02/2015 Date Of Driving Pass

2 YEARS AND 11 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-97819416 Mobile Number

Fax Number

OFFICE-97819416 Contact Number

NOEMAIL **EMail Address** 

BLK 365 TAMPINES STREET 34 Address

#05-159

520365 Postcode

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

3

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.

NO

Number of Passengers (Including Driver)

5

Passenger 1

NAME:

GENDER:

: MALE

Passenger 2

NAME:

9 8

GENDER:

GENDER:

: MALE

Passenger 3

NAME:

: MALE

Passenger 4

NAME:

GENDER:

: MALE

**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

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SLM5090X

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category

Page 2 of 15

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

NIKKI GOH KHENG LIN

S9627328B

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

PA9648C

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

BUS

Name of Driver

MD ESRAFIL

NRIC/Passport Number

G6686338M

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 3 of 15

## SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature

Date & Time:

PIVED

Driver's Signature

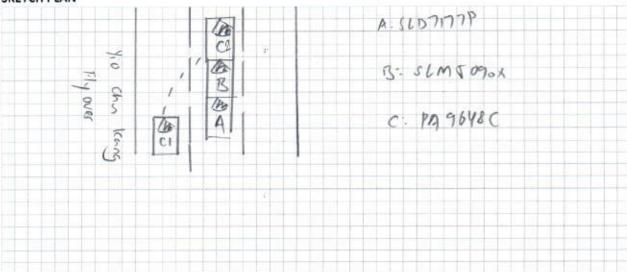
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

THE CONTRACT OF THE CONTRACT O		le and	time, 1	was trai	relling n	hng )	lio Ohn	
king My	your. f	addenly v	ehicle c	favelling	g along	me	3 trying	
to kilder	to 10	me.2. In	a remit,	veh:cle	13 jam	bruke	and hif	onto
vehicle K	Har b	orgion. In	n same	v4y, 1	widig	brala	in time	and
of onto	by ve	hide B 1	war portio	^ -				
			e					
			8					

# DECLARATION

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

UEN: 201606831H) Policyholder 9 Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

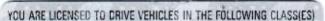
GIARMC SEED, RPUMFORM\_V3

# ACCIDENT STATEMENT

ACCI	IDENT DATE: 3. / 2 / 18 )(DD/MM/YYYY), TIME:	( 0 F: 20 ) (HH:MM)	. 1
200	ATION: June You Che long Plyour	L yis chy king !	24
•	allon		
1.	DETAILS OF VEHICLE	M	•
	GIVEHICLE NUMBER:	15	186
200	DINSURANCE COMPANY: NTUC		
	C)POLICY NUMBER: 508 1467475 - 61  d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / TH	IRD PARTY FIRE &THEFT)	
	- MARKE & MODEL:		**
	6)MAKE & MODEL: f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MO	TORCYCLE / OTHERS)	
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / M	OTORCYCLE) ·	100
	h)PURPOSE OF USING AT ACCIDENT TIME: Prover	e nse	
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE	(YES/NO)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REP.ORTH	NG ONLY)	
2	INSURED / POLICY HOLDER		
2.	ANAME: Intitie Dove MC 44	[MALE / FEMALE)	1 5233886
53	b)NRIC/FIN/PASSPORT: 70 16 06 8 314 CO	NTACT: 9 9 9 9	X Ho of
	c) ADDRESS:		bosconger
			. (Including a
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER		(5)
3.	DRIVER a) NAME: Tan Tuan Wei	(MALE / FEMALE)	6
	b)NRIC/FIN/PASSPORT: 594443/04 CO	NTACT: 978 1 9 9	6
		K OT-119 (52315)	, s
	CJADDRESS.		
	*d)DATE OF BIRTH: ( ) 1994 ) (DD/MM/Y)	(YY)	
	eloccupation: (INDOOR / OUTDOOR)	att 1).	98
	ELVENDS OF DRIVING EXPREPIENCE 10 17 PIG (0)	MAT A)	89
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S C	OMPANY? (YES / NO)	
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSI	JRED:	)
5.	DIWEATHER CONDITION: (CLEAR / RAINING / OTHERS		נ
,	WAS ANYBODY INJURED (YES / NO)		
6.	a)REPORTED TO POLICE (YES / NO)	33 549	* 2
1.	IF YES, PLEASE STATE WHICH POLICE STATION:		
8.	THIRD PARTY VEHICLE	- 3	٨
	a) VEHICLE NUMBER: JUMGO 90X MO	DEL:	*Ho of pass
	b) DRIVER'S NAME: NICIG GOL LLING UN	Car 2 +378	Clududing d
	C) NAIC/III4/I ASSI CALL	NTACT: 596 7770	(-)
9.	THIRD PARTY VEHICLE	DEL.	
	di verilotti romania and the section	DEL	* Ho of pass
	0 DATE 1 / / / / / / / / / / / / CO	NTACT:	(Including
	f) NRIC/FIN/PASSPORT: & 66665316 CO	MINO!	( )
	* *	8	LJ .
	F	i	
	W M	** B	
	OWN - TANTUANWEI@ICH	DUD COM /	
	Qmail = MANNOANWELECTE	Comment of	







EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 26 Feb 2015 of the driver; and other motor vehicles =< 2500kg

NP 428A

4452293



No. S9448310G

25-08-2009

APT BLK 365 TAMPINES STREET 34 #05-159

SINGAPORE 520365

<b>eBao</b> Tech	1									Gene	eralClaim
Hello, NAC_PAYA_UE	81_800601						*	Change Lar	guage	· Change Passwo	ord • Log Out
My Desktop		Policy Query									
Notice of Loss		Policy No. Vehicle No.(For		SLD7177P	7.		Date of Accident		03/0	2/2018 08:20	8
							Search				
		Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		0	5081467455- 01	INFINITE DRIVE PTE. LTD.	201606831H	GFT	drivo CLASSIC	SLD7177P	SLD7177F	20/06/2017	
						1	Continue				

Policy No.	5081467455-01	Policyholder Name	INFINITE DRIVE PTE. L	TD. Policyholder NRIC	201606831H
Address	1 COLEMAN STREET #10	-06 THE ADELPHI SIN	IGAPORE 179803		
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	14/06/2017	Effective Date	20/06/2017 00:00	Expiry Date	19/06/2018 23:59
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00		
Agent	COWELL INSURANCE (AG	GENCY) Agent Tel.	63392592	GST Flag	Y
Co- insurance Flag Open Policy Info Certificate Info			ř.		
Policyh	older Mailing Address			20 10 10 10 10 10 10 10 10 10 10 10 10 10	
Address 1	1 COLEMAN STREET	Address 2	#10-06 THE ADELPHI	Address 3	SINGAPORE 179803
Address 4		Address Type	Singapore address	Post Code	179803
Jnit No.	05-03	Related Policy Number	5092012368		
Ten out to see	Object: SLD7177P				
▼ Endorse	SCORE STATE OF STATE				and the second s
Sequence	Date of Endorsement  17/08/2017 00:00	Endorsement Type  Basic Information Endorsement	Endorsement Number  000001286621474	Endorsement Status  Endorsement Take Effective	Endorsement Content  Thank you for giving us the opportunity to serve you. We confirm that the following 1 vehicle have been deleted fron this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1.  SKG4679Z 17-08-2017 \$1,438.52 In view of this amendment, a refund of \$1,438.52 (inclusive of GST) will be adjusted against the
2	05/09/2017 00:00	Basic Information Endorsement	000001286647378	Endorsement Take Effective	outstanding premium.  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.  SJF1900X 05-09-2017  \$1,034.91 In view of this amendment, an additional premium of \$1,034.91 (inclusive of GST) is payable under your policy. Please ignor this premium payment request if you have since made payment. Otherwise, we would

ccident MT/0981065								
olicy No.	5081467455-01	Vehicle No.	SLD71778		GST Registration No			
sscytoider Name	INFINITE DRIVE PTS. LTD.		CONTROL WALL		Policyhalder NRIC		20160683	ISH:
oduct Code	PLEET INSURANCE	Cover Type	drivo CLASSIC		Loading		0	
ncact No.(Mobile)	91419714	Contact No.(Office)	0		Contact No.(Home)		0	
7/6	71419714	10 N			70 E		how.	
sel Address		Special Remark	2 2		eCode		Inc.	
*	® No ○ Yes	TCA	® No ○ Yes		eCode Reason			
D Protection	No.	NCD Entitlement(%)	0		Private Hire		No	
Accident Details								
port Date	05/02/2018 19:04	Accident Report Within 24 hrs	Yes		Accident Type		Chain Coll	ision
te of Accident	03/02/2018	Time of Accident hhomm	06:20		Country of Accident		Singapore	
	500 450 450 450		50.20				an gapera	
orting Centre		Orange Force			ICM No.			
ident Location	JUNC YIG CHU KANG FLYOVER & YIG CH	J KANG RD						
Benefits								
Excess								
n damage Excess	2,000.00	Additional Excess	0.00		Windscreen Excess			100.00
	2000							18021604
named Driver Excess		Outside Singapore OD Excess	2,000.00					
rd Party Evcess	1,500.00	Outside Singapore TP Excess	1,500.00					
GST Registered Inform	nation							
Registered	No		GST Registration Date					
Registration No.			GST Status Venfed		Yes			
ification History								
Policyholder Mailing A							and the second second	
ress 1	1 COLEMAN STREET	Address 2	#10-06 THE ADELPHI		Address 3		SINGAPOR	RE 179803
tress 4		Address Type	Singapore address	*	Post Code		179803	
t No.	05-03	Related Policy Number	5092012368					
OI Driver Info			-2/10/00/00/00					
	10000020000	A						
ver Name	unnamed Driver	Driver Type	Unnamed Driver				Name and State of the State of	
arned driver Name	TAN TUAN WEI	Driver NRIC	59448310G		Driver DOB		25/12/199	94
ister Date of Driver Licens	= 26/02/2015	Driver Age	23		Driving Experience		2	
tact No.(Mobile)	97619416	Contact No.(Office)	0		Contact No.(Home)		0	
tress 1	BLK 365	Address 2	TAMPINES STREET 34		Address 3		SINGAPOR	NE 520365
yess 4		Address Type	Singapore address		Post Code		520365	
t No.	05-159	HE-DUDTSHEW TV					25/2/20	
I. NO.								
is he own a Singapore	O Yes <b>®</b> No	Driver Vehicle No.		ı	Driver Insurer Comp	eny		
s he own a Singapore intered car?		Driver Vehicle No.			Driver Insurer Comp	eny		
is he own a Singapore intered car? aration	○ Yes <b>③</b> No	3.00#55470m3			Driver Insurer Comp	sarry		
is he own a Singapore intered car? aration intelligence or Blood Test		Driver Vehicle No.  Any injury?	○ Yes ® No		Driver Insurer Comp	eny		
es he own a Singapore pistered car? laration schalyser or Blood Test	○ Yes <b>③</b> No	3.00#55470m3	○ Yes ® No		Driver Insurer Comp	eny		
es he own a Singapore pistered car? deration deration exhalyser or (Bood Test ading)?	○ Yes <b>③</b> No	3.00#55470m3	○ Yes <b>®</b> No		Driver Insurer Comp	oeny		
is he own a Singapore astered car? aration achiever or Blood Test ding?	○ Yes <b>③</b> No	3.00#55470m3	○ Yes <b>®</b> No		Driver Insurer Comp	eny		
s he own a Singapore stered car? eration schalyser or Blood Test drig?	○ Yes <b>③</b> No	3.00#55470m3	○ Yes <b>®</b> No		Driver Insurer Comp	eny		
in he own a Singapore stered car? wation chalyer or Blood Test ang?	○ Yes <b>③</b> No	3.00#55470m3	○ Yes <b>®</b> No		Driver Insurer Comp	eny		
s he own a Singapore stered car? bration schelyser or Blood Test drig? fication History aim 001 New	○ Yes <b>®</b> No © mg	3.00#55470m3	○ Yes  No  INFINITE DRIVE PTE, LTD.		Driver Insurer Comp	any	20150683	201
s he own a Singapore intered car?  aration intralyser or Blood Test drig?  fication History aim 003 New	○ Yes <b>③</b> No © mg	Any injury?			mound NRIC	eany	20160683	IH.
s he own a Singapore intered car?  aration intralyser or Blood Test drig?  fication History aim 003 New  In Type * tact No.(Mobile)	○ Yes <b>®</b> No 0 mg	Any injury?  Insured Name Contact No.(Home)	INFINITE DRIVE PTE, LTD.		moured NRIC Contact No. (Office)	eny		
s he own a Singapore intered car?  aration intelyser or Blood Test drig?  fication History aim 001 New  In Type * tact No. [Mobile] if Address	OD-MK ▼  91410714	Any injury?		1	imured NRIC Contact No. (Office) IP Vehicle Number		20160683 SLM5090X	
s he own a Singapore stered car?  aration  chalyser or Blood Test drug?  fication History  aim 003 New  n Type *  sact No.(Mobile)  al Address  n Description	○ Yes <b>®</b> No 0 mg	Any injury?  Insured Name Contact No.(Home)	INFINITE DRIVE PTE, LTD.	1	moured NRIC Contact No. (Office)			
s he own a Singapore stered car?  aration coalyser or Blood Test sing?  fication History aim 001 New  in Type * act No.(Mobile) if Address in Description	OD-MK ▼  91410714	Any injury?  Insured Name Contact No.(Home)	INFINITE DRIVE PTE, LTD.	1	imured NRIC Contact No. (Office) IP Vehicle Number			
s he own a Singapore stered car?  bration  chalyser or Blood Test  drig?  fication History  aim 001 New  n Type *  cact No.(Mobile)  if Address  n Description  erred Workshop Contact	○ Ves	Any injury?  Insured Name Contact No. (Home): OI Venice Number  Insured Liability *	ENFINITE DRIVE PTE, LTD.  SLD7177P  Fully at Foult	1	imured NRIC Contact No. (Office) IP Vehicle Number Name of Preferred W		SLM5090X	
s he own a Singapore stered car?  aration  chalyser or Blood Test ding?  fication History  aim 001 New  or Type *  act No.(Mobile)  of Address  n Description  prescription  are Gwisshop Contact  whe Finalisation	OD-MK   □ 1419714  SLD7177P / SLM5090X ON 3 Peb 2018  Ves   □ 1419714	Any injury?  Insured Name Cortact No.(Home) Of Venice Number  Insured Liability * Preference Repair Option	ENFINITE DRIVE PTE, LTD.  SLD7177P  Fully at Foult		imured NRIC Contact No. (Office) IP vehicle Number Name of Preferred W		SLM5090X	•
s he own a Singapore stered car?  aration  chalyser or Blood Test drop?  fication History  aim 001 New  in Type *  lact No.(Mobile)  if Address in Description  ared Workshop Contact  wire Finalisation  Registered	Other ( No	Any injury?  Insured Name Contact No. (Home): OI Venice Number  Insured Liability *	ENFINITE DRIVE PTE, LTD.  SLD7177P  Fully at Foult		imured NRIC Contact No. (Office) IP Vehicle Number Name of Preferred W		SLM5090X	•
is the own a Singapore stered car?  aration  consyster or Blood Test  arm 001  New  In Type *  act No.(Mobile)  If Address In Description  arm Workshop Contact  wire Finalisation  Registered  int Taken By	OD-MK   □ 1419714  SLD7177P / SLM5090X ON 3 Peb 2018  Ves   □ 1419714	Any injury?  Insured Name Cortact No.(Home) Of Venice Number  Insured Liability * Preference Repair Option	ENFINITE DRIVE PTE, LTD.  SLD7177P  Fully at Foult		imured NRIC Contact No. (Office) IP vehicle Number Name of Preferred W		SLM5090X	•
s he own a Singapore stered car?  aration  consequer or Blood Test dire?  fication History  aim 003 New  11 Type *  tact No.(Mobile)  ail Address  in Description  erred Workshop Contact  user Finalisation  is Registered  pirt Taken By	Other ( No	Any injury?  Insured Name Cortact No.(Home) Of Venice Number  Insured Liability * Preference Repair Option	ENFINITE DRIVE PTE, LTD.  SLD7177P  Fully at Foult		imured NRIC Contact No. (Office) IP vehicle Number Name of Preferred W		SLM5090X	•
s he own a Singapore stered car?  aration  consequer or Blood Test dire?  fication History  aim 003 New  11 Type *  tact No. (Mobile)  ai Address  in Description  erred Workshop Contact  user Finalisation  is Registered  pirt Taken By	Other ( No	Any injury?  Insured Name Contact No. (Home) OI Venice Number  Insured Liability * Preference Repair Option Claim Close Date	INFINITE DRIVE PTE, LTD.  SLD7177P  Fully at Fault:		imured NRIC Contact No. (Office) IP vehicle Number Name of Preferred W		SLM5090X	•
the dwn a Singapore stered car?  ration  charyer or Blood Test ing?  incation History  sim 001 New  1 Type *  act No.(Mobile)  I Address  1 Description  red Workshop Contact  ive Finalisation  Registered  it Taken By  Writt AX letter	Other ( No	Any injury?  Insured Name Contact No. (Home) OI Venice Number  Insured Liability * Preference Repair Option Claim Close Date	ENFINITE DRIVE PTE, LTD.  SLD7177P  Fully at Foult		imured NRIC Contact No. (Office) IP vehicle Number Name of Preferred W		SLM5090X	•
the own a Singapore stered car?  ration  charyoer or Blood Test ling?  incation History  sim 001 New  1 Type *  act No.(Mobile)  I Address  1 Description  red Workshop Contact  ive Finalisation  Registered  it Taken By  Writt AX letter	Other ( No	Any injury?  Insured Name Contact No. (Home) OI Venice Number  Insured Liability * Preference Repair Option Claim Close Date	INFINITE DRIVE PTE, LTD.  SLD7177P  Fully at Fault:		imured NRIC Contact No. (Office) IP vehicle Number Name of Preferred W		SLM5090X	•
in the carn a Singapora stered car?  pration chalyser or Blood Test leng?  fication History alim 001 New  In Type * act No.(Mobile) If Address In Description pred Workshop Contact wire Finalisation Registered Int Taken By Print AK letter	Other ( No	Any injury?  Insured Name Contact No. (Home) OI Venice Number  Insured Liability * Preference Repair Option Claim Close Date	INFINITE DRIVE PTE, LTD.  SLD7177P  Fully at Fault:		imured NRIC Contact No. (Office) IP vehicle Number Name of Preferred W		SLM5090X	•
s he own a Singapore stered car?  eration  chalyser or Blood Test  brig?  fication History  aim 001 New  n Type *  sact No.(Mobile)  el Address  n Description  erred Workshop Contact  over Finalisation  Registered  out Taken By  Print AK letter	OD-MX   93419714    SLD7177P / SLMS090X ON 3 Feb 2018    Yes	Any injury?  Insured Name Contact No. (Home) Of Venice Number  Insured Liability * Preference Repair Option Claim Close Date	SLD7177P  Fully at Fault  Preferred Workshop, Name unknown  Save Submit		imured NRIC Contact No. (Office) IP vehicle Number Name of Preferred W		SLM5090X	•
s he own a Singapore intered car?  aration  inchalyser or Blood Test dirig?  fication History  aim 001 New  In Type *  sact No. [Mobile]  ail Address  In Description  erred Workshop Contact  wire Finalisation  in Registered  out Taken By  Print AK letter  Ittachment	OD-MX  93419714  SLD7177P / SLMS990X CN 3 Feb 2018  Ves   05/02/2018 19:06  Jackson	Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preferenced Repair Option Claim Close Date	SLD7177P  Fully at Fault  Preferred Workshop, Name unknown  Save Submit		imured NRIC Contact No. (Office) IP vehicle Number Name of Preferred W		SLM5090X	•
s he own a Singapore intered car?  aration  inchalyser or Blood Test dirig?  fication History  aim 001 New  In Type *  sact No. [Mobile]  ail Address  In Description  erred Workshop Contact  wire Finalisation  in Registered  out Taken By  Print AK letter  Ittachment	OD-MX	Any injury?  Insured Name Contact No. (Home) Of Venice Number  Insured Liability * Preference Repair Option Claim Close Date	Fully at Fault  Freferred Workshop, Name unknown  Save Submit  001  05/02/2018 19:07		mured NRIC Contact No. (Office) IP Verticle Number Name of Preferred W SIA report Date Received	forkshop	SLM5090X Seceives 05/02/201	8 00 00
is he own a Singapore stered car?  aration chelyser or Blood Test bright fication History aim 001 New  In Type * act No.(Mobile) ai Address in Description are d Workshop Contact bright Enalisation Registered art Taxen By Print AK letter	OD-MX  93419714  SLD7177P / SLMS990X CN 3 Feb 2018  Ves   05/02/2018 19:06  Jackson	Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preferenced Repair Option Claim Close Date	SLD7177P  Fully at Fault  Preferred Workshop, Name unknown  Save Submit		imured NRIC Contact No. (Office) IP vehicle Number Name of Preferred W		SLM5090X Seceives 05/02/201	•
in the own a Singapore stered car?  In a series of the ser	OD-MX	Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preferenced Repair Option Claim Close Date	Fully at Fault  Freferred Workshop, Name unknown  601  05/02/2018 19:07  Category *		moured NRIC Contact No. (Office) IP Vehicle Number Name of Preferred W SIA report Date Received  Confidential	forkshop	SLM5090X Seceives 05/02/201	8 00 00
is he own a Singapore stered car?  aration chelyser or Blood Test bright fication History aim 001 New  In Type * act No.(Mobile) ai Address in Description are d Workshop Contact bright Enalisation Registered art Taxen By Print AK letter	OD-MX	Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preferenced Repair Option Claim Close Date  Claim No. Upload Date	Fully at Fault  Freferred Workshop, Name unknown  Save Submit  C01  05/02/2018 19:07  Category *  Clear Piezse Select		moured NRIC Contact No. (Office) IP Verticle Number Name of Preferred W SIA report Date Received  Confidential	Urgency Normal	SLM5090X   Received   O5/02/201	8 00 00
s he own a Singapore intered car?  aration  inchalyser or Blood Test dirig?  fication History  aim 001 New  In Type *  sact No. [Mobile]  air Address  In Description  erred Workshop Contact  wire Finalisation  in Registered  out Taken By  Print AK letter  Ittachment	OD-MX	Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preferenced Repair Option Claim Close Date  Claim No. Upload Date  Browse.  Browse.	Fully at Fault  Freferred Workshop, Name unknown  Save Submit  C01  05/02/2018 19:07  Category *  Clear Please Select		moured NRIC Contact No. (Office) IP Verticle Number Name of Preferred W SIA report Date Received  Confidential	Urgency Normal Normal	Received   O5/02/201	8 00 00
is he own a Singapore intered car?  aration  achaiyser or Blood Test ding?  fication History  laim 001 New  In Type *  tact No. (Mobile)  all Address  in Description  erred Workshop Contact  uire Finalisation  a Registered  out Taken By  Print AK letter  ttachment	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number  Insured Liability * Preferenced Repair Option Claim Close Date  Claim No. Uplead Date  Browse. Browse.	Super Submit  Super Submit  Super Submit  Super Submit  Super Submit  Super Submit  Super Submit Super Super Super Super Submit Super Submit Super Submit Super Su		Confidential	Urgency Normal Normal	Received   Od/02/201	8 00 00
is he own a Singapore patered car? laration achiever or (lood Test ding?	OD-MX	Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preferenced Repair Option Claim Close Date  Claim No. Upload Date  Browse.  Browse.	Fully at Fault  Freferred Workshop, Name unknown  Save Submit  C01  05/02/2018 19:07  Category *  Clear Please Select		Confidential	Urgency Normal Normal	Received   O5/02/201	8 00 00
is the own a Singapore intered car?  aration  achalyser or Blood Test ding?  infication History  laim 001 New  In Type * tact No. (Mobile)  all Address  in Description  erred Workshop Contact  oure Finalisation  a Registered  out Taxen By  Print AK letter  ttachment	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number  Insured Liability * Preferenced Repair Option Claim Close Date  Claim No. Uplead Date  Browse. Browse.	Super Submit  Super Submit  Super Submit  Super Submit  Super Submit  Super Submit  Super Submit Super Super Super Super Submit Super Submit Super Submit Super Su		Confidential  Confidential  Confidential	Urgency Normal Normal	Received   Od/02/201	8 00 00
is the own a Singapore intered car?  aration  achalyser or Blood Test ding?  infication History  laim 001 New  In Type * tact No. (Mobile)  all Address  in Description  erred Workshop Contact  oure Finalisation  a Registered  out Taxen By  Print AK letter  ttachment	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number  Insured Liability * Preferenced Repair Option Claim Close Date  Growse. Browse. Browse. Browse.	Fully at Fault  SLD7177P  Fully at Fault  Preferred Workshop, Name unknown  G01  G6/02/2018 19:07  Category *  Clear Please Select		Confidential  Confidential  Confidential  Confidential  Confidential  Confidential  Confidential	Urgency Normal Normal	Received   Od/02/201	8 00 00

	Uploaded By/Date	Folder Date	File Name		9	Source	Action
ideo List		b 2018 19:06	Photos	Nom	181	Photos 2018-2-5	Ed
	NAC_PAYA_UBI_800601/ NA	TIONAL ASSESSMENT CENTRE SERVICES) on 05 Fe		9000	20		24
	NAC_PAYA_UBI_800601( NA	TIONAL ASSESSMENT CENTRE SERVICES) on 05 Fe B 2018 19:06	Photos	Norm	nai	Photos 2018-2-5	Ed
	NAC_PAYA_UBI_800501{ NA	TIONAL ASSESSMENT CENTRE SERVICES) on 05 Fe b 2018 19:06	Photos	Norm	nai	Photos 2018-2-5	Ed
2	NAC_PAYA_UBI_800601( NA	TIONAL ASSESSMENT CENTRE SERVICES) on DS Fe D 2018 19:06	Photos	Norn	nat	Photos 2018-2-5	Es
4	NAC_PAYA_UBI_800601( NA	TIONAL ASSESSMENT CENTRE SERVICES) on 05 Fe b 2018 19:06	Photos	Nom	nal	Photos 2018-2-5	E
3	NAC_PAYA_UB1_800601( NA	TIONAL ASSESSMENT CENTRE SERVICES) on 05 Fe b 2018 19:06	Photos	Nom	nal	Photos 2018-2-5	
4	NAC_PAYA_US1_800601( NA	TIONAL ASSESSMENT CENTRE SERVICES) on 05 Fe b 2018 19:07	Photos	Norm	nat	Photos 2018-2-5	
	NAC_PAYA_USI_800601( NA	TIONAL ASSESSMENT CENTRE SERVICES) on 05 Fe b 2018 19:07	Photos	Norm	naí	Photos 2018-2-5	
	NAC_PAYA_UB1_800501( NA	TIONAL ASSESSMENT CENTRE SERVICES) on 05 Fe b 2018 19:07	Photos	Nom		Photos 2018-2-5	E.
8		TIONAL ASSESSMENT CENTRE SERVICES) on 03 Fe b 2018 19:07	Photos	Nom	net	Photos 2018-2-5	E
1	NAC_PAYA_UBI_800601( NA	TIONAL ASSESSMENT CENTRE SERVICES) on US Fe b 2018 19:07	SAS	Nort	mat	SAS 3018-2-5	
24-	NAC_PAYA_UBI_800601( NA	TIONAL ASSESSMENT CENTRE SERVICES) on 05 Fe b 2018 19:07	NR3C/ Driving License	Nort		NR3C/ Driving License 2018-2-5	
ttachment 250 v.+		Uploaded By/Date	Category	T Linge	in-y	Description	Sent? Ac (CD)