Date In: 5/1/18-12:30	Jeb description		Date &Time Completed	Do	ne by
			+		
Ref No: NA   IN C 1800 P) 19/24	SAS e-filing			<del>!</del>	
Veh No: SDT 9397		in Shrs, AIC 2hrs)	1		
D.O.A: 387/18-19:15	i-Motor Cla		M7/2984793	3/7/18 1	8: 11
OD : The Reporting Only		O (Within: OD 2hr	s, TP 4hrs)		
	i-Photo Upl		-		
TP Insurer:	Assessment/S	Survey Report			
	Ass't Report	by Fax / Hand t	o Owner/Wksp		-
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh No: 50.	2196R .	, INC(	)/Non-INC( )		
Owner / Driver: (			Tel:	)	
Policy No: ( ) Po	eriod: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	329900
Insured/Driver Liability: ( %)	[Note-Est. Status (	(WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)	area no an	
	000 ( )/\$2,000				
General Remarks - (5)			PARTY SEASON	7525	
( ) Walk-In Customer : Customer's info					
( ) Total Loss Case : to e-mail Insur	THE RESERVE AND ADDRESS OF THE PARTY OF THE		Notify 140 15101 Of reportors		
				<del></del>	
Daive-In ( )/ / dived-In ( ); Invoice	e: YES( )/1	NO( ); To	owing Co: (	W	
					-
Remarks;- (INC hotline: 6788 6616)	Parada estados		Date&Time Completed	Don	t by
		)	Dates Time Completed	Don	t by
1) Apply for Transport Allowance ( )/(	Courtesy Car (	)	Date&Time Completed *	Don	e by
Apply for Transport Allowance ( )/(     QC Check / Post Repair Inspection	Courtesy Car (	)	Date&Timb Completed *	Don	e by
1) Apply for Transport Allowance ( )/( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3	Courtesy Car (	) )	Date&Time Completed *	Don	e by
Apply for Transport Allowance ( )/(     QC Check / Post Repair Inspection	Courtesy Car (	)	Date&Timb Completed *	Don	e'by
1) Apply for Transport Allowance ( )/( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:  Injury:	Courtesy Car (	)	Date&Time Completed *	Don	eby
1) Apply for Transport Allowance ( )/( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:  Injury:	Courtesy Car (	)	Date&Time Comple ad	Don	b by
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:	Courtesy Car (	)	Date&Time Completed	Don	e by
1) Apply for Transport Allowance ( )/( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:  Injury:	Courtesy Car (	)	Date&Time Completed	Don	s'by
1) Apply for Transport Allowance ( )/( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:  Injury:	Courtesy Car (	)	Date&Time Comple ad *	Don	s'by
1) Apply for Transport Allowance ( )/( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:  Injury:	Courtesy Car (	)	Date&Time Completed	Don	e'by
1) Apply for Transport Allowance ( )/( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:  Injury:	Courtesy Car (	)	Date&Time Comple ad	A CAN	
1) Apply for Transport Allowance ( )/( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:  Injury:  Date/Time / Actions	Courtesy Car (	)		Ant (S)	Am
1) Apply for Transport Allowance ( )/( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:  Injury:  Date/Time Actions	Courtesy Car (	Invoice Prep	aration Checklist.	A CAN	Am
1) Apply for Transport Allowance ( )/( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:  Injury:  Date/Time Actions	Courtesy Car (	Invoice Prep	aration Checklist.	Ant (S)	Am
1) Apply for Transport Allowance ( )/( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:  Injury:  Date/Time Actions  NAISO 1408  Autimant's Particulars:	Courtesy Car (	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe	aration Checklist: teporting (530); ssessment (5100); INC (58	Anit (S) fit Bill 10)	A
1) Apply for Transport Allowance ( )/( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:  Injury:  Date/Time Actions  NAISO 1408  alimant's Particulars:  iver/Owner:	Courtesy Car (	Invoice Prep  1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The	aration Checklist: teporting (530); ssessment (5100); INC (58	Anit (S) fit Bill	Am
1) Apply for Transport Allowance ( )/( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:  Injury:  Date Time Actions  NAISO 1408  nimant's Particulars: iver/Owner:	Courtesy Car (	Invoice Prep  1) AR: Accident I  2) DA: Darrage A  3) TF: Towing Fe  4) FT: Follow-The  5) FT: Follow-The  For claiming age	aration Checklist.  Reporting (530); ssessment (5100); INC (58 sough Survey ough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005)	Ant (S) (\$\frac{1}{2}\text{Fit Bill} (0) (7545 5120 530 )	Am
1) Apply for Transport Allowance ( )/( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:  Injury:  Date Time Actions  NAISO 1408  nimant's Particulars: iver/Owner:	Courtesy Car (	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspect	aration Checklist.  Reporting (530); ssessment (5100); INC (58); sough Survey rough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005) on	Ant(S) fit Bill 10) 1/545 5120 530	Am
1) Apply for Transport Allowance ( )/( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:  Injury:  Date Time Actions  NAISO 1408  alimant's Particulars: iver/Owner:	Courtesy Car (	Invoice Prep  Invoice Prep  I) AR: Accident F  I) DA: Darnage A  I) FT: Follow-The For claiming age  I) TR: Re-inspect  I) NI: Idae DA +  Is NTUC Addition	aration Checklist.  Reporting (530); ssessment (5100); INC (58 sough Survey rough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005) son SMRT Survey	Ant((S))  15t Bill  10) 1/545 5120 530 ) 575	Am
1) Apply for Transport Allowance ( )/( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:  Injury:  Date/Time Actions  NAISO 1408  alimant's Particulars: iver/Owner: intact No: maged Portion:	Courtesy Car (	Invoice Prep  Invoice Prep  I) AR: Accident I  DA: Darnage A  TF: Towing Fe  For claiming age  TR: Re-inspect  NI: Idao DA +  NTUC Addition  OD*	aration Checklist.  Reporting (\$30); ssessment (\$100); INC (\$8 sough Survey rough Survey (Resurvey) rough Survey (Resurvey) rough Survey (Wef 10 Jan 2005 ion SMRT Survey al Sorvices:	Ant (S) (fit Bill  10) (7545 5120 530 ) 575 5160	Am
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:  Date Time Actions  NAISO NOS  alimant's Particulars: iver/Owner: intact No: maged Portion:  Checked by (Engr-In-Charge):	Courtesy Car (	Invoice Prep  Invoice Prep  I) AR: Accident I  DA: Darnage A  TF: Towing Fe  For claiming age  TR: Re-inspect  NI: Idae DA +  NIUC Addition  OD*  NS: Courtesy C  N6: Repair Co-	aration Checklist.  Reporting (\$30); ssessment (\$100); INC (\$8 ough Survey ough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005 on SMRT Survey al Sorvices:  Car / Tpt Allowence ordination	Anit (S) (Sit Bill  100) 1/545 5120 530 ) 575 5160	Am
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:  Date Time Actions  NAISO NOS  alimant's Particulars: iver/Owner: intact No: maged Portion:  Checked by (Engr-In-Charge):	Courtesy Car (	Invoice Prep  Invoice Prep  I) AR: Accident I  DA: Darnage A  TF: Towing Fe  TF: Follow-The For claiming age  TR: Re-inspect  NI: Idae DA +  NTUC Addition  OD*  NS: Courtesy Co  N6: Repair Co  N7: Fost Repair	aration Checklist.  Reporting (\$30); ssessment (\$100); INC (\$8 sough Survey rough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005 son SMRT Survey al Sorvices:  Car / Tpt Allowence ordination r Inspection	Ant((5)) fix Bill  100) 1/545 5120 530 ) 575 5160  \$5 510 \$25	Am
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:  Date Time Actions  NAISO 1408  Alimant's Particulars:  iver/Owner:  ontact No:  maged Portion:  Checked by (Engr-In-Charge):	Courtesy Car (	Invoice Prep  1) AR: Accident I  2) DA: Darrage A  3) TF: Towing Fe  4) FT: Follow-Th  For claiming ag  6) TR: Re-inspect  7) N1: Idac DA +  8) NTUC Addition  OD*  *N5: Courtesy C  *N6: Repair Co-  *N7: Fost Repair  *N8: DV / Colle	aration Checklist.  Reporting (\$30); ssessment (\$100); INC (\$8 ough Survey ough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005 on SMRT Survey al Sorvices:  Car / Tpt Allowence ordination	Anit (S) (Sit Bill  100) 1/545 5120 530 ) 575 5160	Ami
1) Apply for Transport Allowance ( )/( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:  Date/Time Actions	Courtesy Car (	Invoice Prep  1) AR: Accident I  2) DA: Darrage A  3) TF: Towing Fe  4) FT: Follow-Th  For claiming ag  6) TR: Re-inspect  7) N1: Idac DA +  8) NTUC Addition  OD*  *N5: Courtesy C  *N6: Repair Co-  *N7: Fost Repair  *N8: DV / Colle	aration Checklist.  Reporting (\$30); ssessment (\$100); INC (\$8 cough Survey rough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005 on SMRT Survey al Services:  For / Tpt Allowence ordination of Excess Coordination Non INC) against INC	Ant((S)) fit Bill  100) 1/545 5120 530 ) 575 5160  53 510 525 53	A

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

**EMail Address** 

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation,

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

ACCIDENT STATEMENT

COLUMN TO THE STATE OF THE STAT	ACCIDENT STATEMENT						
Date Of Report	05/03/2018 12:30						
Date Of Accident	28/02/2018 19:15						
Exact Location Of Accident	THE STAR DROP OFF POINT						
Country/State of Loss	SINGAPORE						
Desire the second of the secon	ETAILS OF OWN VEHICLE						
Vehicle Registration Number	SDT929T						
Insured/Policyholder							
Name Of Registered Owner	929 TRANSPORT						
Co Reg No	53334963W						
Email Address	NOEMAIL						
Mobile Phone No							
Alternative Phone No	OFFICE-89999999						
Vehicle Particulars							
Manufacturer	HONDA						
Model	SHUTTLE 1.5 HYBRID X CVT ABS D/AIRBAG 2W						
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL						
Are you claiming under your own insurance policy for repair to your vehicle?	NO						
If No, Please state action to be taken	THIRD PARTY						
Vehicle Category	PRIVATE HIRE						
Insurance Company							
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD						
Type Of Coverage	COMPREHENSIVE						
Fleet Policy	NO						
Policy Number	5082164837-01						
Cover Note Number							
Driver							
Name of Driver	CHUA POH KIAT VICTOR						
NRIC No	S1822582D						
Date Of Birth	19/03/1967						
Occupation	OUTDOOR						
Date Of Driving Pass	15/11/1990						
Driving Experience	27 YEARS AND 3 MONTHS						
Gender	MALE						
Mobile Number	(LOCAL) +65-96780906						
Fax Number							
Contact Number	OFFICE-96780906						

NOEMAIL

BLK 903 TAMPINES AVENUE 4

#09-308 520903 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own

Vehicle

Address

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

NO

3

General Information of the Accident

Type Of Accident COLLISION - OPENING DOOR OF VEHICLE

DRIZZLING Weather Conditions Road Surface WET

Other Information

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

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

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Passenger 1

NAME: GENDER:

: MALE

Passenger 2

NAME:

1 -

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

### Circumstances of Accident

ON STATED DATE AND TIME, AFTER I PICKED UP MY PASSENGER FROM THE STAR DROP OFF POINT. SUDDENLY VEHICLE B OPENING OF DRIVER DOORS RESULTING MY VEHICLE FRONT LEFT PORTION WAS DAMAGED. THE VEHICLE B (DRIVER) ASK TO CLAIM HIS OWN INSURANCE YESTERDAY.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? YES

VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SJD2196R Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category LIM HO HENG Name of Driver NRIC/Passport Number S1480610E

Contact Number

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

#### 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:
  - 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.:

Date & Time:

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE





Name

CHUA POH KIAT VICTOR

蔡帕桔

CHINESE

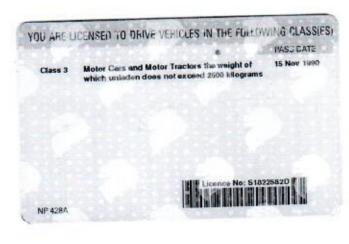
19-03-1967

SINGAPORE

: 100







<b>eBao</b> Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601		1000000	The second living			Change Lan	guage	Change Passwo	rd + Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Loss Policy No. Vehicle No.(For Motor)					Date of Acc	ident	28/02	/2018 19:15	
	7700000		Policyholder	Policyholder	Product	Search Cover Type	Vehicle	Insured	Commence	Expiry Date
	Select	Policy No. 5082164837- 01	Name 929 TRANSPORT	NRIC 53334963W	GPC	drivo CLASSIC	No. SDT929T	Object SDT929T	Date 15/07/2017	14/07/2018
					1	Continue				

Policy No.	5082164837-01	Policyholder Name	929 TRANSPORT	Policyholder NRIC	53334963W
Address	BLK 903 #09-308 TAMPINES A	VENUE 4 TAMP	NES PALMSVILLE SINGAPO	ORE 520903	
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	13/07/2017	Effective Date	15/07/2017 00:00	Expiry Date	14/07/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	REV AUTO PTE LTD	Agent Tel.	68444477	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyh	older Mailing Address				
Address 1	BLK 903 #09-308	Address 2	TAMPINES AVENUE 4	Address 3	TAMPINES PALMSVILLE
Address 4	SINGAPORE 520903	Address Type	Singapore address	Post Code	520903
Unit No.	09-308	Related Policy Number	5082164837-01		
D Insured	Object: SDT929T				
▽ Endorse	ements				
Sequenc	e Date of Endorsement	Endorse	ment Type Endo	rsement Status	Endorsement Content

Policyholder Name						
Policyholder Name	5082164837-01	Vehicle No.	S0T929T	GST Registration No.		
Voduct Code		Venicle 40.	3017651	Policyholder NR1C	53334963W	
	929 TRANSPORT	Cover Type	drivo CLASSIC	Loading	0	
	PRIVATE CAR INSURANCE 0	Contact No. (Office)	0	Contact No.(Home)	0	
	·	Special Remark		eCode	(iii) V	
mail Address	⊕ No ⊕ Vee	TCA	® No ○ Ves.	eCode Beason	20	
	No.	NCD Emitlement(%)	30	Private Hire	Yes	
Accident Details						
leport Date	05/03/2018 18:48	Academs Report Within 24 hrs.	Yes	Accident Type	Side Swipe	
Date of Accident	28/02/2018	Time of Accident Nhomm	19:15	Country of Acoident	Singapore	
Reporting Centre		Orange Force		DOM No.		
Voodent Location	THE STAR DROP OFF POINT					
♥ Denefits						
♥ Excess	19922222		0.00	Windscreen Excess	100.0	o
Own damage Excess	2,000.00	Additional Excess		Windscreen excess	100.0	×
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00			
fhird Party Excess	1,500.00	Outside Singapore TP Excess	1,200.00			
GST Registered Informat			GST Registration Date			
ST Registered IST Registration No.	No		GST Status Verified	No		
todification History						
Policyholder Mailing Add	Pess BLK 903 #09-308	Address 2	TAMPINES AVENUE 4	Address 3	TAMPINES PALMSVILLE	
	SINGAPORE 520903	Address Type	Singapore address	Post Code	520903	
	09-308	Related Policy Number	5082164837-01			
⇒ OI Driver Info						
Driver Name	Unnamed Driver	Oriver Type	Unnamed Driver			
Unnamed driver Name	OHUA POH KIAT VICTOR	Driver NR3C	\$18225820	Oriver DOS	19/03/1967	
Register Date of Driver License	15/11/1990	Driver Age	90	Driving Experience	27	
Contact No.(Mobile)	96780906	Contact No.(Office)	0	Contact No.(Home)	0	
Address L	BLK 903	Address 2	TAMPINES AVENUE 4	Address 3	TAMPINES PALMSVILLE	
	51NGAPORE 520903	Address Type	Singapore address	Post Code	620903	
Unit No. Does he own a Singapore	09-308			1200 A 1200 A 1200 A 1000 A		
Registered car?	○ Yes  No	Driver Vehicle No.		Driver Insurer Compan	W	
Declaration						
Breathalyser or Blood Test Reading?	O mg	Any injury?	○ Yes ® No			
Modification History						
Claim 001 New						
Claim 001 New		\$5.5.0 Men.		lan and MONT	E1734GETM	1
Claim 001 New	00-MX	Insured Name	929 TILANSPORT	Insured NRIC	53334963W	
Claim 001 New Claim Type * Contact No.(Mobile)	00-MX V	Contact No.(Home)		Contact No.(Office)	NIL	
Claim 001 New  Claim Type *  Comact No. (Mobile)  Email Address	96780906		929 TILANSPORT SDT929T	Contact No.(Office) TP Vehicle Number	N3L S3D2196R	
Claim 001 New  Claim Type *  Comact No. (Mobile)  Email Address  Claim Description		Contact No.(Home) 00 Vehicle Number	SDT929T	Contact No.(Office)	N3L S3D2196R	
Claim 001 New Claim Type * Consact No. (Mobile) Email Address Claim Description Proferred Workshop Consact No.	96780906  SDT929T / SJD2196R ON 28 Feb 2018	Centact No.(Home) 03 Vehicle Number Insured Liability *	SDT929T  Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Wor	N3L   S3D2196R   S3D2196R	
Claim 001 New Consact No. (Mobile) Email Address Calaim Description Proferred Workshop Consact No. Reguire Finalisation	96780906  SDT929T / SJD2196R ON 28 Feb 2018  Yes	Contact No. (Home)  03 Vehicle Number  Insured Liability * Preferend Repair Option	SDT929T	Contact No.(Office) TP Vehicle Number Name of Preferred Wor  C GJA report	N3L S3D2196R Received	
Claim 901 New  Claim Type *  Contact No. (Mobile)  Email Address  Calem Description  Professed Workshop Contact No.  Regular Finalisation  Date Registered	R6780906   SDT929T / SJ02196R ON 28 Feb 2018   Yes	Centact No.(Home) 03 Vehicle Number Insured Liability *	SDT929T  Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Wor	N3L   S3D2196R   S3D2196R	
Claim 001 New  Claim Type *  Cornact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Cornact  No.  Require Finalisation  Date Registered  Report Taken By	96780906  SDT929T / SJD2196R ON 28 Feb 2018  Yes	Contact No. (Home)  03 Vehicle Number  Insured Liability * Preferend Repair Option	SDT929T  Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Wor  C GJA report	N3L S3D2196R Received	
Claim 1001 New Claim Type + Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	R6780906   SDT929T / SJ02196R ON 28 Feb 2018   Yes	Contact No. (Home)  03 Vehicle Number  Insured Liability * Preferend Repair Option	S0T929T  Not at Fault  Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Wor  C GJA report	N3L S3D2196R Received	
Claim 001 New  Claim Type * Contact No. (Mobile)  Email Address Claim Description Preferred Workshop Contact No. Reguire Finalisation Date Registered Report Taken By	R6780906   SDT929T / SJ02196R ON 28 Feb 2018   Yes	Contact No. (Home)  03 Vehicle Number  Insured Liability * Preferend Repair Option	SDT929T  Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Wor  C GJA report	N3L S3D2196R Received	
Claim 001 New  Claim Type *  Cornact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Cornact  No.  Require Finalisation  Date Registered  Report Taken By	R6780906   SDT929T / SJ02196R ON 28 Feb 2018   Yes	Contact No. (Home)  03 Vehicle Number  Insured Liability * Preferend Repair Option	S0T929T  Not at Fault  Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Wor  C GJA report	N3L S3D2196R Received	
Claim 001 New  Claim Type * Contact No. (Mobile)  Email Address Claim Description Preferred Workshop Contact No. Reguire Finalisation Date Registered Report Taken By	R6780906   SDT929T / SJ02196R ON 28 Feb 2018   Yes	Contact No. (Home)  03 Vehicle Number  Insured Liability * Preferend Repair Option	S0T929T  Not at Fault  Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Wor  C GJA report	N3L S3D2196R Received	
Claim 001 New  Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact Regular Finalisation Date Registered Report Taken By  Print AK letter	R6780906   SDT929T / SJ02196R ON 28 Feb 2018   Yes	Centact No. (Home) C3 Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No.	Sofficial Sof	Contact No.(Office) TP Vehicle Number Name of Preferred Wor  C GJA report	N3L S3D2196R Received	
Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Contact  Regular Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment	90780906    SDT929T / SJD2196R ON 28 Feb 2018    Ves	Centact No. (Home) C3 Vehicle Number  Insured Liability * Preferend Repair Option Clean Close Date	Sore Submit  Oo1 O5/03/2018 18:52	Centact No.(Office) TP Vehicle Number Name of Preferred Wor  GIA report Date Received	N3L S302196R Nshop Received S 05/03/2018 00.00	
Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Contact  No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment	90780908    SDT929T / SJD2196R ON 28 Feb 2018   Ves	Contact No. (Home) C3 Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date	Sore Submit  Oo1 O5/03/2018 18:52 Category *	Centact No.(Office) TP Vehicle Number Name of Preferred Wor  GIA report Date Received  Confidential	N3L S302196R Received 06/03/2018 00:00 Urgency * Description	
Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Contact  No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment	90780906    SDT929T / SJD2196R ON 28 Feb 2018    Ves	Contact No. (Home) C3 Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Uproad Date  Browse	Sore Submit  Ool O5/03/2018 18:52 Category * Clear Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Wor  GIA report Date Received  Confidential  V NO V N	N3L   S302196R     Received       05/03/2018 00:00       Urgency * Description	
Claim 001 New  Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter  Attachment	90780906    SDT929T / SJD2196R ON 28 Feb 2018    Ves	Centact No. (Home) C3 Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upleas Date  Browse  Browse	Sore Submit  Ool O5/03/2018 18:52 Category * Clear Please Select Clear Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Wor  GIA report Date Received  Confidential  V NO V N	N3L S302196R Received 05/03/2018 00:00	
Claim 001 New  Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter  Attachment	90780906    SDT929T / SJD2196R ON 28 Feb 2018    Ves	Centact No. (Home) C3 Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upleas Date  Browse  Browse	Sore Submit  Ool O5/03/2018 18:52 Clear Slenct Clear Slenct Clear Slenct Clear Slenct	Contact No.(Office) TP Vehicle Number Name of Preferred Wor  GIA report Date Received  Confidential  V NO V N V NO V N	N3L S302196R Received 05/03/2018 00:00	
Claim 001 New  Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter  Attachment	90780906    SDT929T / SJD2196R ON 28 Feb 2018    Ves	Centact No. (Home) C3 Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upleas Date  Browse  Browse	Sore Submit  Ool O5/03/2018 18:52 Clear Slenct Clear Slenct Clear Slenct Clear Slenct	Contact No.(Office) TP Vehicle Number  Name of Preferred Wor  GIA report  Date Received  Confidential  V NO V N  V NO V N  V NO V N	N3L S302196R  Received 05/03/2018 00:00   Urgency * Description formal V formal V formal V	
Claim 001 New  Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter  Attachment	90780906    SDT929T / SJD2196R ON 28 Feb 2018    Ves	Centact No. (Home) C3 Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upleas Date  Browse  Browse	Sore Submit:  Out O5/03/2018 18-52 Clear Please Select Clear Please Select Clear Please Select Clear Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Wor  GIA report Date Received  Confidential  V NO V N V NO V N	N3L S302196R  Received  05/03/2018 00.00  Urgency * Description formal V formal V formal V	

Attachment		Uploaded By/Date	Category	Ŷ	Urgency	Description	Msg Sent? Action (CO)
5	NAC_PAYA_UBI_RODGOS[ NATS	ONAL ASSESSMENT CENTRE SERVICES) on 05 Ma r 2018 18:52	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-3-5	Edit
40	NAC_PAYA_UB3_800605( NAT)	DNAL ASSESSMENT CENTRE SERVICES) on 05 Ma r 2018 18:52	SAS		Normal	SAS 2018-3-5	Edit
	NAC_PAYA_UB1_800601( NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 05 Ma r 2016 18:52	Photos		Normal	Protos 3018-3-5	Edit
1	NAC_PAYA_UBI_800601( NATI	ONAL ASSESSMENT CENTRE SERVICES) on DE Ma r 2018 18:52	Photos		Normal	Photos 2018-3-5	Edit
Vi	NAC_PAYA_UBI_800601  NATI	ONAL ASSESSMENT CENTRE SERVICES) on 06 Ma + 2018 18:52	Photos.		Normal	Photos 2018-3-5	Edit
238	NAC_PAYA_UBI_B00601  NATI	ONAL ASSESSMENT CENTRE SERVICES) on 05 Ma 7 2018 18:52	Photos		Normal	Photos 2018-3-5	Edit
	NAC_PAYA_UBI_SDOODL( NATI	DNAL ASSESSMENT CENTRE SERVICES) on D5 Ma. ( 2018 18:52	Photos		Normal	Photos 2018-3-5	Edit
	NAC_PAYA_UB1_800601( NATI	DINAL ASSESSMENT CENTRE SERVICES) on 05 Ma r 2018 18:52	Photos		Normal	Photos 2018-3-5	Edit
1	NAC_PAYA_UB1_800601( NATI	ONAL ASSESSMENT CENTRE SERVICES) on 05 Ma r 2018 18:52	Photos		Normal	Photos 2018-3-5	Edit
3	NAC_PAYA_UB1_800603( NATI	ONAL ASSESSMENT CENTRE SERVICES) on 05 Ma r 3018 18:52	Photos		Normal	Photos 2018-3-5	Edit
	NAC_PAYA_UBI_800601( NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 05 Ma r 2018 18:52	Photos		Normal	Photos 2018-3-5	Edit
8	NAC_PAYA_UBI_BOOKOJI NATI	ONAL ASSESSMENT CENTRE SERVICES) on 05 Ma r 2018 18:52	Photos		Normal	Photos 2018-3-5	Edit
	NAC_PAYA_UBI_BD0601( NAT	ONAL ASSESSMENT CENTRE SERVICES) on 05 Ma + 2018 18:57	Photos		Normal	Photos 2018:3:5	Edit
	NAC_PAYA_UB1_800601( NAT	DNAL ASSESSMENT CENTRE SERVICES) on 05 Me + 2018 18:52	Photos		Normal	Photos 2018-3-5	Edit
5	NAC_PAYA_UBI_800601( NAT	ONAL ASSESSMENT CENTRE SERVICES) on 05 Ma r 2018 18:52	Photos		Normal	Photos-2018-3-5	Edit
	NAC_PAYA_UB1_800601( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 05 Ma + 2018 18:52	Photos		Normal	Photos 2018-3-5	Edit
♥ Video List	Uploaded By/Date	Folder Date	File Name		9	Source	Action