Date In: 7/3/18 - 15:06	Jeb description	Date &Time Completed	Done by	
Reino: NAJINCI8004413/24	SAS e-filing			
Vch No: Augg784	E-mail (within Shrs, AIC 2	hrs)		
D.O.A: 6/1/18 - 06:00	i-Motor Claim Form	M1098546	17/3/18 16:0	0
2	i-Motor W/O (Within: C			
OD / TP// Reporting Only	i-Photo Uploaded	1		
NAME OF TAXABLE AND ADDRESS OF TAXABLE AND AD	Assessment/Survey Rep	ort		
TP Insurer:	Ass't Report by Fax / H	and to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tol:	Fax:	
TP Particulars: Veh No:	1042946 IT	NC()/Non-INC()		
Owner / Driver: (Tel:)	-
Policy No: ()	Period: () Cover Type: () .	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N	: 0-20%; P: 21-79%. P: 80)-100%]	+.
Year of Registration: () Warranty: YES ()/NO	()		
Excess: (\$) Loading:				
General Remarks:-	"是我们的"		Name of States	72
() Walk-In Customer: Customer's				
() Total Loss Case : to e-mail In		to Constant to Total Constant		
`		Y . Towning Co. (7
Drive-In ()/ Towed-In (); Inv	roice: YES () / NO (); Towing Co: (_
Remarks:- (INC horline: 6788 661)	6)	Date&Time Completed	Done by	
) / Courtesy Car ()			
The second secon	()		. *	
2) QC Check / Post Repair Inspection				
				-
3) Upload Resurvey Photo [Repair Cost				
				Sec. 31.
3) Upload Resurvey Photo [Repair Cost Injury:				F. 5.
3) Upload Resurvey Photo [Repair Cost				K1, 5,
3) Upload Resurvey Photo [Repair Cost Injury:				
3) Upload Resurvey Photo [Repair Cost				
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3) Upload Resurvey Photo [Repair Cost Injury : Date/Time Actions	> \$3000] ()	Preparation Checklist	THE STATE OF THE S	S
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Oate/Time Actions Actions Actions Algo 1478	Invoice	ocident Reporting (\$30); amege Assessment (\$100); INC wing Fee How-Through Survey	(\$80) \$40/\$45 \$120	
Onte/Time Actions NA (80 1478) Enimant's Particulars:	Inverse	ccident Reporting (\$30); amege Assessment (\$100); INC wing Fee llow-Through Survey flow-Through Survey	(\$80) \$40/\$45 \$120 \$30	
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Oate/Time Actions MA (80 1478 Latimant's Particulars: iver/Owner: ontact No: amaged Portion:	Invoice	ccident Reporting (\$30); amage Assessment (\$100); INC wing Fee Illow-Through Survey Illow-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 2 c-inspection ac DA + SMRT Survey Additional Services	(\$80) \$40/\$45 \$120 \$30 (925) \$75 \$160	S
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3) Upload Resurvey Photo [Repair Cost Injury:	Invoice	ccident Reporting (\$30); amage Assessment (\$100); INC wing Fee Illow-Through Survey Illow-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 2 -inspection as DA + SMRT Survey Additional Services ourtesy Car / Tpt Allowance epair Co-ordination ast Repair Inspection V / Collect Excess Coordination	(\$80) \$40/\$45 \$120 \$30 \$25 \$160 \$25 \$35	Amit (1
Oate/Fime Actions MA (80 1478 Injury: Date/Fime Actions Maint's Particulars: river/Owner: ontact No: maged Portion: C Checked by (Engr-In-Charge):	> \$3000] () Invoice 1) AR: A 2) DA: D 3) TF: Te 4) FT: Fo 5) FT: Fo Forclai 6) TR: Re 7) N1: Id 8) NTUC OD!* *N5: C *N6: R *N7: F *N8: D TP (N1)	ccident Reporting (\$30); amage Assessment (\$100); INC wing Fee Illow-Through Survey Illow-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 2 -inspection as DA + SMRT Survey Additional Services ourtesy Car / Tpt Allowance epair Co-ordination ast Repair Inspection	(\$80) \$40/\$45 \$120 \$30 (005) \$75 \$160 \$5 \$10 \$25 \$30 \$20 \$30	

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.

5. 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.

I SOURCE AND THE SECOND STATES	ACCIDENT STATEMENT
Date Of Report	07/03/2018 15:06
Date Of Accident	06/03/2018 08:00
Exact Location Of Accident	BLK 2 JALAN KUKOH OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	AU9978Y
Insured/Policyholder	
Name Of Registered Owner	LIM CHENG SOON
NRIC No	S0880967D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98392132
Alternative Phone No	OFFICE-98392132
Vehicle Particulars	
Manufacturer	VESPA
Model	SPRI
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5045132273-07
Cover Note Number	
Driver	
Name of Driver	LIM CHENG SOON
NRIC No	S0880967D
Date Of Birth	10/01/1949
Occupation	OUTDOOR
Date Of Driving Pass	20/12/1976
Driving Experience	41 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98392132
Fax Number	
Contact Number	OFFICE-98392132

NOEMAIL

BLK 2 JALAN KOKOH Address #02-145

163002

OWNER

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

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JQA7673 (MOTORCYCLE)

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE Police Station Name

NO

YES

0

ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX Police Station Address

BLOCK A, POSTCODE: 088762, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2369999 - FAX NO: 62268438

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180306/2052.

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

SHC4294G Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 20

Nature Of Damage

No. Of Passenger (Including Driver)

-1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

FBC6319

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

C

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

JQA7673

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTOR TRADE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

0

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

FBC8005U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

0

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number

FBE9645E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Page 3 of 20

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

0

DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number

SBG5277A

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 7

Vehicle Registration Number

SBQ7333E

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

0

SKETCH PLAN

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 <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.:

po la	to tolero	report- 7/20180306/205	
PC 701	to brice	CPAT 1	
			/
		/	
-			
_	/		
			15

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

NRIC/FIN No.:



Qt.

Surques uniques property (ethal yes

PLAY RESPONSIBLY



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

	AD	DDENDUM
)	PARTICULARS OF PERSON MAKING THE AMEN	NDMENTS:
	Original Report No : MNA 118032107	Vehicle Registration No: 4 V 99784
		NRIC/FIN/Passport No :
	Address : Bilc 2 Jalan IC	Singapore(/63002
		Mobile No.: 98392132
	SEASON CONTROL OF THE SEASON O	
		Time of Accident :
	Place of Accident : Blk 2 July 10	culcoh open space carpark.
	Insurance Company: NTUC	
	1. Add in vehicle mmber	in the sletch plan.
	Policyholder / Driver's Signature Date:	Reporting Centre Personnel's Signature Name: NRIC/FINNo.: Date:





/20180306/2052

1 of 3

Report No. T/20180306/2052

Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762

Tel No: 1800-2369999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/03/2018 12:02			Vide Report No.: F/20180303/0039	Station Diary No.; 54			
Informa	nt's Partice	ulars		A CONTRACTOR OF THE PARTY OF TH			
	Informant: NG SOON		Address: APT BLK 2 JALAN KUKOH #02-145 SINGAPORE 163				
	/ ID No.: D / S088096	67D	Contact No.: Home/Office:	Mobile: 98392132			
National SINGAP	ity: ORE CITIZ	EN	Email:	Δ.			
Sex: Male	Age:	Date of Birth: 10/01/1949	Type of Informant: Vehicle Owner				
Race: Chinese			Language: Chinese	Institution / School Name:			
Occupation: ICE CREAM SELLER			Driving Licence Information: Class: Date of Expiry:				

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/03/2018 08:00	Type of Location Car Park	
Location: Along Road 1 JALAN KUKO					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collis	sion: de Against - Parked V	ehicle		Anyone conveyed by ambulance:	

Details of V						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
AU9978Y	Motorcycle	VI				0
SHC4294G	Car					0

Details of V	ehicle Insurance	SHIP OF SELECT SHIP WAS A SELECTION OF SELEC		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
AU9978Y		5045132273-06		





7/20180306/2052

2 of 3

Report No. T/20180306/2052

Police Station Of Origin: Bukit Merah East N.P.C

A 391 New Bridge Road Police Cantonment

Complex SINGAPORE 088762

Tel No: 1800-2369999

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pedestrian Crossing: NA			
Vehicle Owner						The second partial second
Name	LIM CHENG SOON			ID No		S0880967D
Related Vehicle	NIL			Conta	ct No.	98392132
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discl	harge	NIL	
	ted Medical Leave	NIL	Degree of Injury NIL			
Driver						The second second
Name	SUPRAMANIAM S/O PALAYAN	SOCKALIN	GAM	ID No.		S0539776F
Related Vehicle	NIL			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 06/03/2018 at about 0800hrs, my friend came to my unit to inform me that my parked motorcycle (AU9978Y) had been knocked by a SMRT taxi (SHC4294G). I went down to OSCP and witnessed 6 to 7 motorcycles were being hit. Some of the parked motorcycles were underneath the taxi. No one was injured.

I am lodging this report for insurance claim purpose.





3 of 3

Report No. T/20180306/2052

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762 CONTINUATION OF REPORT

Tel No: 1800-2369999

Sketch Plan

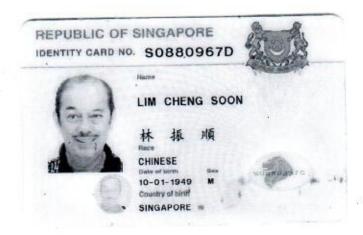
NP168

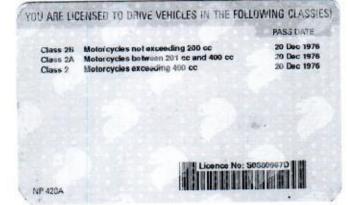
Informant is not able to provide sketch plan

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 Report: A / Sgt 2 LIAN HUI MUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/03/2018 12:02
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp	W









eBao Tech					9.3				Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601				A THE PARTY NAMED IN	,	Change Lan	guage ,	Change Passwo	rd + Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	lo.				Date of Aco	cident	06/03/	2018 08:00	3
	Vehicle	No.(For Motor)	AU9978Y							
					1	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5045132273- 07	LIM CHENG SOON	S0880967D	GMC	Third Party	AU9978Y	AU9978Y	01/11/2017	31/10/2018
						Continue				

Sequen	ce Date of Endorsement	Endorse	ement Type	Endorsement Status	Endorsement Content
▼ Endors	ements				
Insure	d Object: AU9978Y				
Unit No.		Related Policy Number	5045132273-07		
Address 4		Address Type	Singapore address	Post Code	163002
Address 1	BLK 2 #02-145	Address 2	JALAN KUKOH	Address 3	SINGAPORE 163002
Policyh	older Mailing Address				
Certificate Info					
Open Policy Info					
Co- insurance Flag	No				
Agent	WTT INSURANCE AGENCIES PTI	Agent Tel.	62965445	GST Flag	Υ
Outside Singapore OD Excess		Outside Singapore TP Excess			
Additional Excess		OS Premium	0		
Third Party Excess	0.0	Own damage Excess	0.0	Windscreen Excess	0
Policy ssue Date	02/10/2017	Effective Date	01/11/2017 00:00	Expiry Date	31/10/2018 23:59
Product Name	MOTORCYCLE INSURANCE	Plan		Policy Flag	N
ddress	BLK 2 #02-145 JALAN KUKOH SI	NGAPORE 16	3002		
olicy No.	5045132273-07	Policyholder Name	LIM CHENG SOON	Policyholder NRIC	S0880967D

Continue Cancel

ccident MT/0985126						
Walley No.	5045132273-07	Vehicle No.	AL/9978Y	GST Registration No.		
	LIM CHENG SOON			Policyholder NR3C	508909670	
	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0	
The state of the s	98392132	Contact No.(Office)	0	Contact No.(Home)	0	
Contact No. (Mobile)	30372134			eCode	No.	
mail Address		Special Remark	200200		The state of the s	
0°K	® No ⊜ Yes	TCA	® No ○Yes	eCode Reason		
ACD Protection	No.	NCD Entitlement(%)	20	Private Hire	No	
□ Accident Details						
	07/03/2018 15:58	Academt Report Within 24 hrs	Yes	Accident Type	Damaged w	nylet parked
No. of the last of	06/03/2018	Time of Accident bitimm	06:00	Country of Accident	Singapore	
care of Accident Reporting Centre	0600002014	Grange Force	0.55035	JEM No.		
accident Epostion	BLK 2 JALAN KUKOH OPEN SPACE CARPARK	7451577				
	DER E STED OF THE STED OF THE STED					
♥ Benefits						
* Excess	0.00	Additional Excess		Windscreen Excess		0.00
Iwn damage Excess	0,00					
Innamed Driver Excess		Outside Singapore OD Excess				
Third Perty Excess	0.00	Outside Singapore TP Excess				
♥ GST Registered Informa	tion					
ST Registered	No.		GST Registration Date			
ST Registration No.			GST Status Verified	Yes		
fodification History						
→ Policyholder Mailing Ade			JALAN KUKOH	Address 3	SINGAPOR	E 163002
Address 1	BLK 2 #02-145	Address 2	Singapore address	Post Code	163002	
Address 4		Address Type		7000.5000	100000	
Unit No.		Related Policy Number	5045132273-07			
→ OI Driver Info						
Driver Name	LIM CHENG SOON	Driver Type	Main Driver	Driver DOB	10/01/194	٠
unnamed driver Name		Driver NRIC	508809670			*
Register Date of Driver License	20/12/1976	Driver Age	69	Driving Experience	41	
Contact No.(Mobile)	96192132	Contact No.(Office)	0	Contact No.(Home)	٥	ANN ACCOUNT
Address I	BUK Z	Address 2	TALAN KUKOH	Address 3	SINGAPOR	E 163002
		600 m 1 m 2 m 2		War and War day		
Address 4		Address Type	Singapore address	Post Code	163002	
	77 14E	Address Type	Singapore address	Post Code	163002	
Unit No.	02-145		Singapore address			
Address 4 Unit No. Does he own a Singapore Registered car?	02-145 O Yes No	Address Type Driver Vehicle No.	Singapore address	Driver Insurer Compa		
Unit No. Does he own a Singapore Registered car?			Singapore address			
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test			Singapore address ○ Yes No			
Unit No. Does he own a Singapore Registered car? Dactaration Breathalyser or Blood Test	○ Yes ® No	Driver Vehicle No.				
Unit No. Does he own a Singapore	○ Yes ® No	Driver Vehicle No.				
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History	○ Yes ® No	Driver Vehicle No.				
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	○ Yes ® No	Driver Vehicle No.				
Unit No. Does he own a Singapore Registered car? Declaration Breathalysier or Blood Test Reading? Modification History Claim 003 New	○ Yes ® No	Driver Vehicle No. Any injury?	○ Yes ® No			0
Unit No. Does he own a Singapore Registered car? Declaration Breathalysier or Blood Test Reading? Modification History Claim 603 Next	○ Yes ® No 0 mg	Driver Vehicle No. Any injury? Insured Name		Driver Insurer Compà	ny	0
Unit No. Does he own a Singapore Registered car? Declaration Breathalysier or Blood Test Reading? Modification History Claim 603 Next	○ Yes ® No	Oriver Vehicle No. Any injury? Insured Name Contact No. (Home)	○ Yes ® No	Driver Insurer Compa Insured NRIC Contact No.(Office)	50840967	
Unit No. Does he own a Singapore Registered car? Declaration Breathalysier or Blood Test Reading? Modification History Claim 003 New Contact No. (Mobile) Email Address	○ Yes No 0 mg	Driver Vehicle No. Any injury? Insured Name	○ Yes ® No	Driver Insurer Compa Insured NRIIC Contact No. (Office) TP Vehicle Number	50880967 SHC42940	
Unit No. Does he own a Singapore Registered car? Dectaration Breathalysier or Blood Test Reading? Modification History Claim 601 Next Cornect No.(Mobile)	○ Yes ® No 0 mg	Oriver Vehicle No. Any injury? Insured Name Contact No. (Home)	○ Yes ® No	Driver Insurer Compa Insured NRIC Contact No.(Office)	50880967 SHC42940	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? **Confaction History Claim 001 New Cornect No. (Mobile) Email Address Claim Description Preferred Workshop Contact	○ Yes No 0 mg	Oriver Vehicle No. Any injury? Insured Name Contact No. (Home)	○ Yes ® No	Driver Insurer Compa Insured NRIIC Contact No. (Office) TP Vehicle Number	50880967 SHC42940	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No.	O mg . DO-MX 98392132 AU9978Y / SHC4294G ON 6 Mar 2018	Driver Vehicle No. Any injury? Insured Name Contact No. (Home) OI Vehicle Number	UP CHENG SOON AU99781 Not at Fault ✓	Driver Insurer Compa Insured NRIIC Contact No. (Office) TP Vehicle Number	50880967 SHC42940	5
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Attachment		Uploaded By/Date	Category	9	Urgancy	Description	Mag Sere? Action (CO)
Mag	NAC_PAYA_UB]_800601(NATI)	DNAL ASSESSMENT CENTRE SERVICES) on 07 Ma r 2018 16:01	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-3-7	Edit
FG	NAC_PAYA_UBI_800601(NATIO	DNAL ASSESSMENT CENTRE SERVICES) on 07 Ma r 2018 16:00	SAS		Normal	SAS 2018-3-7	Edit
N	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Ma r 2018 16:00		Photos		Normal	Photos 2018-3-7	Edit
1	NAC_PAYA_UBI_800601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 07 Ma r 2018 16:00	Photos		Normal	Photos 2018-3-7	Edit
	NAC_PAYA_UBI_B00601[NAT]	DNAL ASSESSMENT CENTRE SERVICES) on D7 Ma + 2018 16:00	Photos		Normal	Photos 2018-3-7	Edit
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	NAC_PAYA_UBI_800501(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 07 Ma r 2018 16:00	Photos		Normal	Photos 2018-3-7	Edit
13	NAC_PAYA_UBI_800601[NATI	ONAL ASSESSMENT CENTRE SERVICES) on 07 Ma ± 2018 16:00	Photos		Normál	Photos 2018-3-7	Edit
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	Uploaded By/Date	Folder Date	File Name		9	Source	Action