NATIONAL Assessment Centre	Services well sames	MWA 118033073		
Date In: 9/3/19 14:55	Jeb description	Date & Time Completed	Done	by
Re[No: NA] (MC1900 4560/h4	SAS e-filing			
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156 3223	i-Motor Claim Form	MT/0985441	9/3/18 /	6:27
D.O.A 313118 10:30	I-Motor W/O (Within: OD 2			
OD (TP) ' Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			(C)45/21
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Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
	2 5612T INC	()/Non-INC()		
Owner / Driver: (2 00121	Tel:)	
Policy No: () Peri	od: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
	ote-Est. Status (WO): N: 0	-20%; P: 21-79%. F: 80	-100%]	
Year of Registration: () W	Varranty: YES () / NO ()		
Excess: (\$) Loading: \$1,00	0()/\$2,000()			
General Remarks:-				
Apply for Transport Allowance ()/ Co				
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- repudiate policy ability.

 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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

- 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

Date Of Report 09/03/2018 14:55 03/03/2018 10:30 03/20	A MARKET AND THE REAL PROPERTY OF THE PARKET	ACCIDENT STATEMENT
Date Of Accident 03/03/2018 10:30 Exact Location Of Accident JUNC OF SENGKANG EAST WAY & PUNGGOL RD SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number FBL322J Insured/Policyholder Name Of Registered Owner No S1571353D NOEMAIL Mobile Phone No (LOCAL) +65-92970660 OFFICE-92970660 Vehicle Particulars Manufacturer ADIVA Model AR3 200 3-WHEELER CVT Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category MOTORCYCLE Insurance Company Name of Insurance Company Name of Insurance Company Name of Insurance Company Poriver Name of Driver Name	Date Of Report	09/03/2018 14:55
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NOTMAIL		OFFICE-92970660
		NOEMAIL

BLK 250B COMPASSVALE ST #11-71 Address

542250 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CROSS JUNCTION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

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

soliciting/offering accident claims assistance.

2 Number of Passengers (Including Driver)

: CHEW CHWEE KEE NAME: Passenger 1

: FEMALE GENDER:

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

SENGKANG NEIGHBOURHOOD POLICE CENTRE Police Station Name

YES

ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE:

545025 , COUNTRY: SINGAPORE Police Station Address

TEL NO: 1800 - 3438999 - FAX NO: Police Station Contact NO

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

FZ5612T Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties MOTORCYCLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Page 2 of 25

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

WONG JOO CHUANG Name

Approximate Age

ABRASION ON LEFT & RIGHT FOREARMS, RIGHT ABDOMEN, LEFT Injuries Sustain

LOWER LIMB

Injured person in which vehicle?

FBL322J

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

DETAILS OF INJURED PERSON 2

CHEW CHWEE KEE Name

Approximate Age

BACK, ABRASION LEFT ELBOW Injuries Sustain

FBL322J Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

TCH PLAN			
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	7		B = FZ 56/2
	121		
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DECLARATION			
I/We declare the foregoing	particulars are true in every resp	ect.	
			home
Ke		- Lancium	ing Centre Personnel's Signature
Policyholder's Signature		Report	ing centre Personnel s Signature
Date & Time:	Driver's Signature (If driver is not the p		

GLADAG SANIAR SAN ARTHUR

ACCIDENT STATEMENT

ACCID	ENT DATE: (3 / 3 /_	18)(DD/MM/YYYY)	, TIME:(10 : 30)(HH:MM)
LOCAT	ION: June of	sengkang Ea	st way & Punggol Ro
	DETAILS OF VEHICLE a) VEHICLE NUMBER: b) INSURANCE COMPAN c) POLICY NUMBER: d) POLICY TYPE: (COMPI e) MAKE & MODEL: f) TYPE: (SALOON / COUR g) VEHICLE CATEGORY: b) BURBOSE OF USING A	FBL 322J IY: IMC REHENSIVE / THIRD PAR PE / MPV /VAN / LORR' [PRIVATE / COMMERCI T ACCIDENT TIME:	Y / MOTORCYCLE / OTHERS) AL / MOTORCYCLE) PNU41 @ (/Se
	HARE YOU CLAIMING III	NDER YOUR OWN INSU HIRD PARTY CLAIM / RE	RANCE (1E2/MO)
2.	INSURED / POLICY HOLD	Joo Chuang	(MALE / FEMALE)CONTACT:_9297 0660
19 19 15	* CONTINUE TO 3.d IF D		DLDER
(1) (2)	DRIVER a) NAME: As b) NRIC/FIN/PASSPORT: c) ADDRESS:	Above	(MALE / FEMALE) CONTACT:
	*d)DATE OF BIRTH: (/MM/YYYY)
4.	f) YEARS OF DRIVING EX WAS DRIVER AN EMPI	OVER OF THE INSUR	RED'S COMPANY? (YES / NO) TH INSURED: Owner.
5.	a) WEATHER CONDITION b) ROAD SURFACE: (DR	1: (CLEAR / RAINING /	OIHERS
6. 7.	WAS ANYBODY INJURES a) REPORTED TO POLICE IF YES, PLEASE STATE V	O (YES / NO) E (YES / NO) Semalika VHICH POLICE STATION	ang NPC
8. His of passenger	THIRD PARTY VEHICLE a) VEHICLE NUMBER:	F2 56127	MODEL:
(Including driver)	b) DRIVER'S NAME:c) NRIC/FIN/PASSPORT	RT:	CONTACT:
(1) 9. * No of passanger	THIRD PARTY VEHICLE		MODEL:
(Induding driver			CONTACT:
()		28	

email = Mamotor.





Report No. T/20180303/2089

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

	A TRAFFIC		Vide Report No.:	Station Diary No.
Date/Time Report Made: 03/03/2018 15:45		ade:	Vide Report No	93
Informan	t's Particu	lars		
Name of	Informant: OO CHUAI		Address: APT BLK 250B COMPASSVA SINGAPORE 542250	LE STREET #11-71
ID Type / ID No.: NRIC NO / S1571353D		53D	Contact No.: Home/Office:	Mobile: 92970660
Nationali			Email:	
Sex: Male	Age:	Date of Birth: 02/05/1956	Type of Informant:	T. W. C / Cahool Name:
Race:			Language:	Institution / School Name:
Occupat ICA			Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Injury Conveyed By Ambula	ance	Drink Drive: No	Date/Time of Accident: 03/03/2018 10:	30	Type of Location X-Junction
Location: Junction of R SENGKANG PUNGGOL F near St Ann	ROAD		2 (and the second s	Ros	ad Speed Limit:
Weather:		Road	Surface:		1 5.110.550	
Clear Traffic Flow:		Traffic	c Control: c Light - W	orking	Mo	ffic Volume: derate
Type of Colli Between Mo	sion: ving Vehicles - Head To S		o Light - VV			yone conveyed by bulance:

Details of Vo	ehicle Involve		Model	Color	Condition	No of Passenge
Vehicle No.	Туре	Make			Seriously	1
FBL322J	Motorcycle	ADIVA	AR3 200 3- WHEELER	Blue	Damaged	
		CVT	Blue	Seriously	0	
FZ5612T	Motorcycle			Dido	Damaged	

Details of Vehicle Insurance	Lawrence No.	Effective	Expiry Date
Vehicle No. Insurance Company	Insurance No	Lilouite	





Report No. T/20180303/2089

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

CONTINUATION OF REPORT

	ehicle Insurance	Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company	100000000000000000000000000000000000000	05/05/2017	04/05/2018
FBL322J	NTUC Income Insurance Co-Operative	5080085253-01	03/03/2017	

etails of Person	Involved					
ny Pedestrian Inv	volved: No		Use of Ped	lectrian	Crossi	ng: NA
lo. of Pedestrians	Injured: NIL		Use of Ped	esman	Clossi	
Pillion				ID No.	TSON INC.	S1433063A
lame	CHEW CHWEE KEE			ID No.		
Related Vehicle	FBL322J (Motorcycle)			Contac	t No.	90839683
Hospital/Clinic	KHOO TECK PUAT	HOSPITAL		Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
	Pat		Date Disc		03/03	3/2018
Date Treatment	03/03/2018	02	Degree of			
No. of Days grant	ted Medical Leave	02	Degree			
Rider				ID No		S1571353D
Name	WONG JOO CHUA	ANG		ID NO		
Related Vehicle	FBL322J (Motorcycle)			Conta	ct No.	92970660
Hospital/Clinic	KHOO TECK PUA	T HOSPITAL		Class Drivin Licen Expir	g	Class: 2B,3 Date of Expiry: NIL
			Date Dis			3/2018
Date Treatment	03/03/2018	03	Degree of		_	
No. of Days gran	nted Medical Leave	03	Degree			
Rider Name	Unknown Rider			ID No) .	NIL
	FZ5612T (Motorc	vcle)		Cont	act No	. NIL
Related Vehicle	THE VERNERAL CONTROL OF THE CONTROL			Class of		Class: NIL
Hospital/Clinic	KHOO TECK PU	AT HOSPITA		Drivi	ng nce & ry Date	Date of Expiry: NIL
	NIL		Date Di	scharge		
Date Treatment	nted Medical Leave	NIL		of Injury		





Report No. T/20180303/2089

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE Tel No: 1800-343 8999

CONTINUATION OF REPORT

On 03/03/2018, at around 1030hrs, while I was riding (Plate no: FBL322J) from seng kang east way to punggol road with the red traffic light, green turning arrow in my favor, the back of my left rear wheel was hit by another motorbike (FZ5612T) at the traffic light junction when he was riding straight along seng kang east way with the red light against his favor. All the three of us were conveyed by ambulance to Khoo Teck Puat Hospital. Both my wife (pilion) and myself receive an MC of 2 and 3 days respectively. I sustained abrasion on my left and right forearms, right abdomen, left lower limb. My wife injuried her back when she landed on the ground and abrasion on her left elbow. I do not know how serious was the rider's (plate no: FZ5612T) injuries and I do not know his particulars.





Report No. T/20180303/2089

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999

CONTINUATION OF REPORT

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: F / Sgt 2 PHUA WEN XUE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/03/2018 15:45
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:









eBaoTech

Hello, NAC_PAYA_UBI_800601

· Change Language

· Change Password

Log Out

GeneralClaim

My Desktop Notice of Loss **Policy Query**

Policy No.

FBL3221

Date of Accident

03/03/2018 11:49

Search

Policy No. Select 5080085253-01

Vehicle No.(For Motor)

Policyholder Name WONG JOO CHUANG Policyholder NRIC 51571353D

Product GMC

Cover Type Comprehensive

Insured Object Vehicle No. FBL3223 FBL3223

Commence Date 05/05/2017

Expiry Date 04/05/2018

Continue

Claim Handling

ident MT/0985441							
17/27		Vehicle No.	FBL322J		GST Registration No.	800000000	
ich inc.	080085253-01				Policyholder NRIC	S1571353D	
CALIDINGS LANDS	YONG JOO CHUANG	C Time	Comprehensive		Loading	0	
duct Code	HOTORCYCLE INSURANCE	Cover Type Contact No.(Office)	gorina or raine		Contact No.(Home)	V	
stact No.(Mobile)	2970560				eCode	No T	
ail Address		Special Remark	■ No ∵Yes		eCode Reason		
K	» No Yes	TCA			Private Hire	No	
D Protection	No.	NCD Entitlement(%)	10				
Accident Details					Colonia Time	Collision - Cro	ss Junction
	09/03/2018 16:16	Accident Report Within 24 hrs	Yes		Accident Type		
Doile Brance		Time of Accident hh:mm	10:30		Country of Accident	Singapore	
ite of Accident	03/03/2018	Orange Force			ICM No.		
porting Centre							
cident Location	OUNC OF SENGKANG EAST WAY & PUNGGO	OL RD					
y Benefits							
v Excess					Windscreen Excess		
wn damage Excess	300.00	Additional Excess			Windscreen excess		
nnamed Driver Excess		Outside Singapore OD Excess					
	0,00	Outside Singapore TP Excess					
hird Party Excess							
GST Registered Informa			GST Regis	tration Date			
ST Registered	No		GST State	s Verified	Yes		
ST Registration No.							
odification History							
 Policyholder Mailing Ad 	iress	5337302	COMPASSVALE S	TOFFT	Address 3	SINGAPORE	542250
ddress 1	BLK 250B #11-71	Address 2			Post Code	542250	
address 4		Address Type	Singapore address	s	FOR MANY	10-2017/01/98	
Jnit No.	11-71	Related Policy Number	5080085253-01				
♥ OI Driver Info	WOME 300 CHIMNS	Driver Type	Main Driver				
Driver Name	WONG JOO CHUANG	Driver NRIC	S1571353D		Driver DOB	02/05/1956	
Unnamed driver Name		Driver Age	61		Driving Experience	24	
Register Date of Driver License	16/07/1993	Contact No.(Office)			Contact No.(Home)		
Contact No.(Mobile)	92970660		COMPASSVALE S	TREET	Address 3	SINGAPORE	542250
Address 1	8LK 2506 #11-71	Address 2			Post Code	542250	
Address 4		Address Type	Singapore addre				
Unit No.	11-71						
Does he own a Singapore	Yes = No	Driver Vehicle No.			Driver Insurer Company		
Registered car?	100 5 (10)						
Registered car?							
Registered car? Declaration		NATIONAL CONTRACTOR	War No.				
Registered car? Declaration Breathalyser or Blood Test	0 mg	Any Injury?	Ves No				
Registered car? Declaration	- (CFO) - (100)	Any injury?	» Yes (No				
Registered car? Declaration Breathalyser or Blood Test	- (CFO) - (100)	Any injury?	Yes No				
Registered car? Declaration Breathalyser or Blood Test	- (CFO) - (100)	Any injury?	Yes No				
Registered car? Declaration Breathalyser or Blood Test Reading? Modification History	- (CFO) - (100)	Any injury?	» Yes () No				
Registered car? Declaration Breathalyser or Blood Test Reading?	- (CFO) - (103)	Any injury?	» Yes No				
Registered car? Declaration Breathalyser or Blood Test Reading? Modification History	- (CFO) - (103)	Any injury?	» Yes No		Co-1999 Television III	5.00.1	
Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New	0 mg	Any injury? Insured Name	» Yes No	JANG	Insured NRIC	\$1571353	D
Registered car? Declaration Breathalyser or Islood Test Reading? Modification History Claim 001 New	0 mg	Insured Name		JANG	Insured NRIC Contact No.(Office)	64837003	D
Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile)	0 mg OD-MX 92970660	Insured Name Contact No.(Home)	WONG 100 CH	JANG			D
Declaration Breathalyser or Islood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address	0 mg OD-MX 92970660 wongic05@singnet.com.sg	Insured Name	WONG 300 CHI	JANG	Contact No.(Office)	64837003 FZ5612T	D
Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile)	0 mg OD-MX 92970660	Insured Name Contact No.(Home) Of Vehicle Number	WONG JOO CHI 68815501 FBL3223		Contact No.(Office) TP Vehicle Number	64837003 FZ5612T	D
Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact	0 mg OD-MX 92970660 wongic05@singnet.com.sg	Insured Name Contact No.(Home)	WONG 100 CH	•	Contact No.(Office) TP Vehicle Number Name of Preferred Work	64837003 FZ5612T shop 0	D
Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No.	0 mg OD-MX 92970660 wongic05@singnet.com.sg FBL3223 / FZ5612T ON 3 Mar 2018 0	Insured Name Contact No.(Home) Of Vehicle Number	WONG JOO CH 68815501 FBL3221 Not at Fault	•	Contact No.(Office) TP Vehicle Number	64837003 FZ5612T o Received	
Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	0 mg OD-MX 92970660 wongjc05@singnet.com.sg FBL3223 / FZS612T ON 3 Mar 2018 0 Yes •	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option	WONG JOO CH 68815501 FBL3221 Not at Fault	•	Contact No.(Office) TP Vehicle Number Name of Preferred Work	64837003 FZ5612T shop 0	
Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No.	0 mg OD-MX 92970660 wongic05@singnet.com.sg FBL3223 / FZ5612T ON 3 Mar 2018 0	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability *	WONG JOO CH 68815501 FBL3221 Not at Fault	•	Contact No.(Office) TP Vehicle Number Name of Preferred Works GIA report	64837003 FZ5612T o Received	
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Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	0 mg OD-MX 92970660 wongjc05@singnet.com.sg FBL3223 / FZ5612T ON 3 Mar 2018 0 Yes V 09/03/2018 16:25	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option	WONG JOO CH 68815501 FBL3221 Not at Fault	•	Contact No.(Office) TP Vehicle Number Name of Preferred Works GIA report	64837003 FZ5612T o Received	
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Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Pinalisation Date Registered Report Taken By ** Print AK letter Attachment	0 mg OD-MX 92970660 wongic05@singnet.com.sg F8L3223 / F25612T ON 3 Mar 2018 0 Yes V 09/03/2018 16:25 LIEW SHAN HUI	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option	WONG JOO CHI 68815501 FBL3221 Not at Fault Preferred Worl	rshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Works GIA report	64837003 FZ5612T o Received	
Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Pinalisation Date Registered Report Taken By ** Print AK letter Attachment Accident No.	0 mg OD-MX 92970660 wongic05@singnet.com.sg F8L322J / FZS612T ON 3 Mar 2018 0 Yes V 09/03/2018 16:25 LIEW SHAN HUI	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	WONG JOO CHI 68815501 FBL3221 Not at Fault Preferred Worl	shop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Works GIA report	64837003 FZ5612T o Received	
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3/9/2018

Claim Handling(accident reporting Claim Task)

Ol Tite	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Message Read	

Uploaded By/Date

Clear Please Select	*	NO		Normal *	
Clear Please Select	*	NO	*	Normal *	
Clear Please Select		NO		Normal *	

age Read				
Attachment Lis	t Uploaded By/Date	Category	Urgency	Description
tachment	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-9
100 KIN	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT) Mar 2018 16:27	1110		SAS 2018-3-9
(C)	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16;27	SAS	Normal	5/15/2010-3-9
M	NAC_PAYA_UBI_800603(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16:27	Photos	Normal	Photos 2018-3-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 69 Mar 2018 16:27	Photos	Normal	Photos 2018-3-9
2.0	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16:27	Photos	Normal	Photos 2018-3-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16:27	Photos	Normal	Photos 2018-3-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16:26	Photos	Normal	Photos 2018-3-9
	NAC_PAYA_UB1_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16:26	Photos	Normal	Photos 2018-3-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16:26	Photos	Normal	Photos 2018-3-9
で変え	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16:26	Photos	Normal	Photos 2018-3-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 16:26	Photos	Normal	Photos 2018-3-9
50	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16:26	Photos	Normal	Photos 2018-3-9
43	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16:25	Photos	Normal	Photos 2018-3-9
	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16:25	Photos	Normal	Photos 2018-3-9
al.	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16:25	Photos	Normal	Photos 2018-3-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16:25	Photos	Normal	Photos 2018-3-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16:25	Photos	Normal	Photos 2018-3-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16:25	Photos	Normal	Photos 2018-3-9

Display in New Window Scan and uploading

Folder Date

P

Source