Date In: 17/3/18-14:32	Jeb description	Date &Time Completed	Done by
ROT NO: NA NC 18204634/24	SAS e-filing		
Veh No: 545310 L	E-mail (within Shrs, AIC 2hrs)	And the same of th	12
D.O.A : 1/7/8-03:15	i-Motor Claim Form	M7 2985670	12/3/18 15:16
400	i-Motor W/O (Within: OD 2	hrs, TP 4hrs)	
OD . TP ! Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Han	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: ST	ROUT . INC	()/Non-INC().	(8)
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: 30-	100%]
Year of Registration: ()	Warranty: YES ()/NO ()	The state of the s
Excess: (S) Loading: S	\$1,000 ()/\$2,000 ()		
General Remarks	THE RESERVE OF THE STATE	FAMILY AND	10 APR 1
() Walk-In Customer : Customer's	information strictly Confidential &	Strictly NO rater of repaller.	
() Total Loss Case : to e-mail Ins	surer URGENTLY.	1 1 1 1	
Drive-In ()/ Towed-In (); Invo	oice: YES() / NO();	Towing Co: (.)
da estado es		Date&Time Completed	Done by
Remarks: (INC horline: 6788 6616		LOACCE TITLE COMpar sa	A
) / Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost >	> \$3000] ()		
Injury:			
Date/Time Actions			MEDICATIVE.
asayus asayus			(\$
Tacalono (Caralono)			
- TOTAL CONTRACTOR OF THE PARTY			-
- TONY ACTIVITY			
- CANADA AND AND AND AND AND AND AND AND AN	1		
	linvoice P	reparation Checklist	Ant(5) Ant
VAI80162 0	1) AR : Accid	ent Reporting (\$30);	fit Bill Add
VAI80162 0	1) AR : Accid 2) DA : Dam	lent Reporting (\$30); age Assessment (\$100); INC (fit Bill Add
NASO162 o	1) AR : Accid 2) DA : Dam 3) TF : Towin 4) FT : Fallo	lent Reporting (530); lege Assessment (5100); INC (leg Fee 5 v-Through Survey	78 Bill Add \$80) 40/545 \$120
NAIS0162 0 Inimant's Particulars :-	1) AR : Accid 2) DA : Dam 3) TF : Towin 4) FT : Follo 5) FT : Follo	lent Reporting (530); lege Assessment (5100); INC (leg Fee 5 lege Through Survey lege Through Survey (Resurvey)	18 Bill Add \$80) 40/545 \$120 \$30
NAISO162 0 Inimant's Particulars :- river/Owner: ontact No:	1) AR : Accid 2) DA : Dam 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in	lent Reporting (\$30); lege Assessment (\$100); INC (lege Fee S w-Through Survey w-Through Survey (Resurvey) lege against JNC Only (wef 10 Jan 20) spection	18 Bill Add \$80) 40/545 \$120 \$30 25) \$75
NAISO162 0 Inimant's Particulars:- river/Owner: ontact No:	1) AR: Accid 2) DA: Darm 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae I	lent Reporting (\$30); lige Assessment (\$100); INC (lige Fee S w-Through Survey w-Through Survey (Resurvey) lige against JNC Only (wef 10 Jan 20) spection DA + SMRT Survey	18 Bill Add \$80) 40/\$45 \$120 \$30 25)
NAISO162 0 Inimant's Particulars:- river/Owner: ontact No: nmaged Portion:	1) AR: Accide 2) DA: Darm 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae 1 8) NTUC Ad OD*	lent Reporting (\$30); lige Assessment (\$100); INC (lige Fee S w-Through Survey w-Through Survey (Resurvey) lige against JNC Only (wef 10 Jen 20) spection OA + SMRT Survey ditional Services:-	18 Bill Add \$80) 40/545 \$120 \$30 25) \$75 \$160
NARO162 0 Inimant's Particulars :- river/Owner: ontact No: amaged Portion:	1) AR: Accid 2) DA: Darm 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae 1 8) NTUC Ad OD* *N5: Cour *N6: Reps	lent Reporting (\$30); lige Assessment (\$100); INC (lige Fee S w-Through Survey w-Through Survey (Resurvey) lige against JNC Only (wef 10 Jen 20) spection DA + SMRT Survey ditional Services: licsy Car / Tpt Allowance it Co-ordination	18 Bill Add \$80) 40/545 \$120 \$30 25) \$75 \$160
NARO162 0 Inimant's Particulars :- river/Owner: ontact No: armaged Portion: C Checked by (Engr-In-Charge):	1) AR: Accide 2) DA: Darm 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae 1 8) NTUC Ad OD* *N5: Cour *N6: Reps *N7: Fost	lent Reporting (\$30); lige Assessment (\$100); INC (lige Fee S w-Through Survey w-Through Survey (Resurvey) lige against JNC Only (wef 10 Jen 20) spection DA + SMRT Survey ditional Services: licsy Car / Tpt Allowance it Co-ordination Repair Inspection	\$80) 40/\$45 \$120 \$30 25) \$75 \$160 \$55 \$10 \$525
NARO162 0 Inimant's Particulars:- river/Owner: ontact No: armaged Portion: C Checked by (Engr-In-Charge):	1) AR: Accide 2) DA: Darm 3) TF: Town 4) FT: Follow 5) FT: Follow For claimin 6) TR: Resin 7) N1: Idae 1 8) NTUC Ad OD* *N5: Cour *N6: Reps *N7: Fost *N8: DV /	lent Reporting (\$30); lige Assessment (\$100); INC (lige Fee S w-Through Survey w-Through Survey (Resurvey) lige against JNC Only (wef 10 Jen 20) spection DA + SMRT Survey ditional Services: licsy Car / Tpt Allowance it Co-ordination	\$80) 40/545 \$120 \$30 25) \$75 \$160 \$5 \$10 \$525 \$53 \$520 \$530
NARO162 0 Inimant's Particulars :- river/Owner: ontact No: amaged Portion:	1) AR: Accide 2) DA: Darm 3) TF: Town 4) FT: Follow 5) FT: Follow For claimin 6) TR: Resin 7) N1: Idae 1 8) NTUC Ad OD* *N5: Cour *N6: Reps *N7: Fost *N8: DV /	lent Reporting (\$30); lige Assessment (\$100); INC (lige Fee S V-Through Survey V-Through Survey (Resurvey) lige against INC Only (wef 10 Jan 20) spection DA + SMRT Survey ditional Services: lesy Car / Tpt Allowance ir Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC Mobile	\$80) 40/\$45 \$120 \$30 25) \$75 \$160 \$5 \$10 \$5 \$5 \$10 \$5 \$5 \$10 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5

carried to the

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number Fax Number

Contact Number

EMail Address

Gender

- 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.

- 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,	
Newscare and Threshold Switzers all the State	ACCIDENT STATEMENT
Date Of Report	12/03/2018 14:32
Date Of Accident	11/03/2018 02:15
Exact Location Of Accident	BEDOK NORTH AVE 3 BESIDE BLK 133
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH5310L
Insured/Policyholder	
Name Of Registered Owner	CARZONRENT PTE LTD
Co Reg No	201605659R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8X A
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	5091716769
Cover Note Number	
Driver	
Name of Driver	WANG CHUNG JIANG, JOWETT
NRIC No	S8121951F
Date Of Birth	22/07/1981
Occupation	OUTDOOR
Date Of Driving Pass	04/04/2005
	AS A STATE OF THE AS MONTHS

12 YEARS AND 11 MONTHS

(LOCAL) +65-84996776

OFFICE-84996776

NOEMAIL

BLK 269A YISHUN STREET 22 Address

#08-509

761269 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

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

2 Number of vehicles involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

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

2

Number of Passengers (Including Driver)

Passenger 1

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG BEDOK NORTH AVE 3 BESIDE BLK 133 HEADING TOWARDS NEW UPPER CHANGI RD. VEHICLE B FAILED TO STOP AT STOPPING LINE AND DASH OUT FROM BLK 133 BEDOK NORTH AVE 3 CARPARK ENTRANCE. MY VEHICLE TRYING TO AVOID COLLISION, TRIED TO STEER LEFT. MY VEHICLE FRONT RIGHT PORTION WAS DAMAGED.

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 Witness 1

Name

JOHN

91504287 Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SFR941T

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

HANG YONGHUA

NRIC/Passport Number

G6618790Q

Contact Number

86084845

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

DETAILS OF INJURED PERSON 1

Name WANG CHUNG JIANG, JOWETT

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

NECK & SHOULDER

SJH5310L

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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

1019029288 1019029288

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

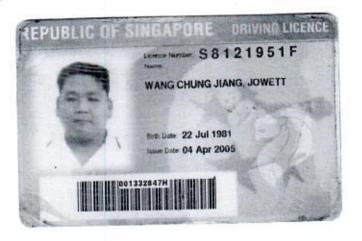
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Market Combined Combined		MATERIAL STATES							
	- 1								
	1								

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

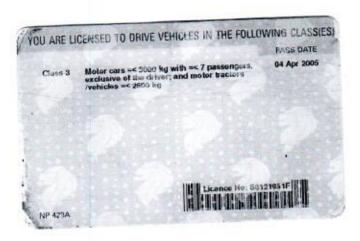
Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:









eBao Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601				NAME OF TAXABLE PARTY.		Change Lan	guage	Change Passwo	rd + Log Out
My Desktop	Polic	y Query								
Notice of Loss	Policy N	0.				Date of Acc	ident	11/03	3/2018 02:15	
	Vehicle	No.(For Motor)	SJH5310L							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5091716769	CARZONRENT PTE LTD	201605659R	GPC	drivo CLASSIC	SJH5310L	S)H5310L	06/06/2017	11/08/2018
			Mandage (1)		-	Continue				

olicy No.	5091716769	Policyholder Name		Policyholder NRIC	201605659R
ddress	61 UBI AVENUE 2 #04-10 AUTO	MOBILE MEGA	MART SINGAPORE 408898		
Product	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	07/06/2017	Effective Date	06/06/2017 00:00	Expiry Date	11/08/2018 23:59
hird arty 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	GI-SHOP	Agent Tel.	68411279	GST Flag	Y
Co- insurance Flag Open Policy Info	No				
Certificate Info					
	holder Mailing Address				
Address 1	61 UBI AVENUE 2	Address 2	#04-10 AUTOMOBILE MEGAMA	F Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	04-10	Related Policy Number	5097695269		
) Insure	ed Object: SJH5310L				
	1116-5743				
▼ Endor	sements		ement Type Endorseme	Notice of the Second	Endorsement Content

ccident MT/0965670		712000000000000000000000000000000000000						
Nelicy No.	5091716769	Vehicle No.	\$3H5310L		SST Registration No.		900 200 200 200 200 200 200 200 200 200	
Policyholder Name	CARZONRENT PTE LTD				Policyholder NRJC		201605659R	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		oading		0	
Contact No. (Mobile)	0	Contact No.(Office)	0		Contact No.(Home)		0	
mail Address		Special Remark			Code	1	Tat. 💙	
	® No ○ Ver	TCA	® No ○Yes		Code Resson			
OFK .	® No ⊜Yes	NCO Entitlement(%)	10		Private Hire	,	Ves :	
NCD Protection	Peg .	MCD frustrement/wh	10					
W Accident Details					1000-000	1		0.0000
Report Date	12/03/2018 15:13	Accidem Report Within 24 hrs	Yes		Accident Type		Collision - Cross	Junction
Date of Accident	11/03/2018	Time of Accident hh:mm	02:15		Country of Accident		Singapore	
Reporting Centre		Orange Force			DOM No.			
	BEDOK NORTH AVE 3 BESIDE BLK 133	Water Grand						
Accident Location	BEDOK MOKIN MAE 3 DESIDE DOY 133							
₩ Benefits								
T Excess				1222	and decrease Forestee			100.00
Dwn damage Excess	2,000.00	Additional Excess.			Windscreen Excess			
Innamed Driver Excess		Outside Singapore OD Excess		2,000.00				
flund Party Excess	1,500.00	Queside Singapore TP Excess		1,500.00				
GST Registered Informa	ation							
AST Registered	No		GST Reg	stration Date				
SET Registration No.			GST Sta	tus Verified	No			
Modification History								
□ Policyholder Mailing Ad	dress		Colonia de		TANGES		emie coesa	0000
Address 1	61 UBI AVENUE 2	Address 2	#04-10 AUTON	TOBILE MEGAMAN	Address 3		SINGAPORE 40	6596
Address 4		Address Type	Singapore addr	ess	Post Code		408898	
unit No.	04-10	Related Policy Number	9097695269					
S OI Driver Info	0.0000000							
	Unnamed Driver	Driver Type	Unnamed Drive	ir .				
Driver Name	WANG CHUNG JIANG, JOWETT	Driver NRIC	S8121051F		Driver DOB		22/07/1961	
Unnamed driver Name			36		Driving Experience		17	
Register Date of Driver License		Driver Age			Contact No.(Home)		0	
Contact No. (Mobile)	84996776	Contact No.(Office)	0		Sales and the sa			1269
			A STREET OF THE PARTY AND ADDRESS AND ADDR		Address 7		SINCAPORE 79	
Address L	BLK 269A	Address 2	YISHUN STREE		Address 3		SINGAPORE 76	
Address I Address 4	BLK 269A	Address Type	YISHUN STREE Singapore addr		Address 3 Post Code		761269	
	BLK 269A 08-509				Post Code			
Address 4								
Address 4 Unit No. Does he own a Singapore Registered car?	06-509	Address Type			Post Code			
Address 4 Unit No. Does he own a Singapore Registered car? Declaration	06-509 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore addr		Post Code			0,000
Address 4 Unit No. Does he own a Singapore Registered car?	06-509	Address Type			Post Code			00,000
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	06-509 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore addr		Post Code			00.000
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	06-509 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore addr		Post Code			00,000
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	06-509 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore addr		Post Code			00.000
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	06-509 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore addr		Post Code			00.000
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History	06-509 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore addr		Post Code			0,0,0,0
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New	06-509	Address Type Driver Vehicle No.	Singspore addr	e15	Post Code			
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type *	06-509	Address Type Driver Vehicle No. Any injury?	Singapore addr	e15	Post Code Driver Insurer Comp		761269	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No. [Mobile)	06-509	Address Type Driver Vehicle No. Any injury? Insured Name Comact No.(Home)	Singspore addr	e15	Post Code Driver Insurer Comp		761269 201605659R	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim 19pe * Contact No. (Mobile) Email Address	06-509 ○ Yes No O mg	Address Type Driver Vehicle No. Any injury?	Singspore addr	e15	Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number	sarry.	761259 201605659R NIL	
Address 4 Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim 1ype * Contact No. [Mobile) Emel Address Claim Description	06-509	Address Type Driver Vehicle No. Any Injury? Insured Name Comact No. (Home) Of Vehicle Number	® Yes ○ No CARZONRENT SUHSELOL	PTE LTD	Post Code Driver Insurer Comp Insured NRIC Contact No. (Office)	sarry.	761259 201605659R NIL	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim 19pe * Contact No. (Mobile) Email Address	06-509 ○ Yes No O mg	Address Type Driver Vehicle No. Any injury? Insured Name Comact No.(Home)	® Yes ○ No CARZONRENT SUHSRIOL	PTE LTD	Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vahicle Number Name of Preferred V	sarry.	761259 201605659R NIL SFR941T	
Address 4 Unit No. Does he own a Singapore 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	06-509 ○ Yes No O mg	Address Type Driver Vehicle No. Any Injury? Insured Name Comact No. (Home) Of Vehicle Number	® Yes ○ No CARZONRENT SUHSRIOL	PTE LTD	Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number	sarry.	761259 201605659R NIL SFR941T	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No. [Mobile) Email Address Claim Description Preferred Workshop Contact No.	08-509 ○ Yes ® No O mg OD-MX 91557911 SIHS330L / SFR941T ON 31 Mar 2018	Address Type Driver Vehicle No. Any injury? Insured Name Comact No.(Home) Of Vehicle Number Insured Liability *	® Yes ○ No CARZONRENT SUHSRIOL	PTE LTD	Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vahicle Number Name of Preferred V	sarry.	761259 201605659R NIL SFR941T	100
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 7ype * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Cortact No. Require Finalisation Date Registered	08-509 ○ Yes ® No O mg OD-MX 91557911 SIH5330L / SFR941T ON 31 Mar 2018 Yes 12/03/2018 15:16	Address Type Driver Vehicle No. Any injury? Insured Name Comact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	® Yes ○ No CARZONRENT SUHSRIOL	PTE LTD	Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report	sarry.	761259 201605659R NIL SFR941T	100
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 7ype * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Cortact No. Require Finalisation Date Registered Report Taken By	08-509	Address Type Driver Vehicle No. Any injury? Insured Name Comact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	® Yes ○ No CARZONRENT SUHSRIOL	PTE LTD	Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report	sarry.	761259 201605659R NIL SFR941T	100
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 7ype * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Cortact No. Require Finalisation Date Registered	08-509 ○ Yes ® No O mg OD-MX 91557911 SIH5330L / SFR941T ON 31 Mar 2018 Yes 12/03/2018 15:16	Address Type Driver Vehicle No. Any injury? Insured Name Comact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	Singapore addr Ves No CARZONRENT SIHSRIDL Not at Fault Preferred Wor	PTE LTO sshop, Name unknown	Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report	sarry.	761259 201605659R NIL SFR941T	100
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 7ype * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Cortact No. Require Finalisation Date Registered Report Taken By	08-509 ○ Yes ® No O mg OD-MX 91557911 SIH5330L / SFR941T ON 31 Mar 2018 Yes 12/03/2018 15:16	Address Type Driver Vehicle No. Any injury? Insured Name Comact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	® Yes ○ No CARZONRENT SUHSRIOL	PTE LTO sshop, Name unknown	Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report	sarry.	761259 201605659R NIL SFR941T	100
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 701 New Claim Type * Contact No. [Mostle) Email Address Claim Description Perferred Workshop Contact No. Require Finalisation Date Registered Report Taken Br [2] Print AK letter	08-509 ○ Yes ® No O mg OD-MX 91557911 SIH5330L / SFR941T ON 31 Mar 2018 Yes 12/03/2018 15:16	Address Type Driver Vehicle No. Any injury? Insured Name Comact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	Singapore addr Ves No CARZONRENT SIHSRIDL Not at Fault Preferred Wor	PTE LTO sshop, Name unknown	Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report	sarry.	761259 201605659R NIL SFR941T	100
Address 4 Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim 1ype * Contact No. [Mobile] Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By D Print AK letter Attachment	08-509 ○ Yes ® No O mg OD-MX 91557911 SIH5330L / SFR941T ON 31 Mar 2018 Yes 12/03/2018 15:16	Address Type Driver Vehicle No. Any injury? Insured Name Comact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	Singapore addr Ves No CARZONRENT SIHSRIDL Not at Fault Preferred Wor	PTE LTO sshop, Name unknown	Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report	sarry.	761259 201605659R NIL SFR941T	100
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 701 New Claim Type * Contact No. [Mostle) Email Address Claim Description Perferred Workshop Contact No. Require Finalisation Date Registered Report Taken Br [2] Print AK letter	08-509 ○ Yes ® No O mg OD-MX 91557911 SIH5330L / SFR941T ON 31 Mar 2018 Yes 12/03/2018 15:16	Address Type Driver Vehicle No. Any injury? Insured Name Comact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	Singapore addr Ves No CARZONRENT SIHSRIDL Not at Fault Preferred Wor	PTE LTO. sshop, Name unknown	Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report	sarry.	761259 201605659R NIL SFR941T	100
Address 4 Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim 17pe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By D pinet AK letter Attachment	08-509 ○ Yes ® No O mg OD-MX 91557911 SIH5330L / SFR941T ON 31 Mar 2018 Yes 12/03/2018 15:16	Address Type Driver Vehicle No. Any injury? Insured Name Comact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	Singapore addr Ves No CARZONRENT SIHSRIDL Not at Fault Preferred Wor	PTE LTO. kshep, Name unknown	Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report	sarry.	761259 201605659R NIL SFR941T	100
Address 4 Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim 7ype * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Regure Finalisation Date Registered Report Taken By D Print AK letter Attachment	08-509 ○ Yes ® No 0 mg 0D-MX 91557911 SIH5310L / SFR941T CN 31 Mar 2018 Ves 12/03/2018 15:16 Jackson	Address Type Driver Vehicle No. Any Injury? Insured Name Cornact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	Singapore addr Ves No CARZONRENT SIHSRIDL Not at Fault Preferred Wor	PTE LTO. sshop, Name unknown	Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report	sarry.	761259 201605659R NIL SFR941T	0.00
Address 4 Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim 1ype * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By 22 print AK letter Attachment	08-509 ○ Yes ® No 0 mg 0D-MX 91557911 SIH5330L / SFR941T CN 31 Mar 2018 Yes 12/03/2018 15:16 Dackson	Address Type Driver Vehicle No. Any Injury? Insured Name Cornact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Clode Date	Singapore addr Ves No CARZONRENT SIHSRIDL Not at Fault Preferred Wor	PTE LTO. kshep, Name unknown	Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report	sarry.	201605659R NIL SFR941T Received 12/03/2018 0	100
Address 4 Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim 1ype * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By 22 print AK letter Attachment	08-509 ○ Yes ® No 0 mg 0D-MX 91557911 SIH5330L / SFR941T CN 31 Mar 2018 Yes	Address Type Driver Vehicle No. Any Injury? Insured Name Cornact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Clode Date	© Yes () No CARZONRENT SUHSTON Preferred Wor Save Submit	PTE LTD vshop, Name unknown v category *	Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report Date Received Confidential	Workshop	201605659R NIL SFR941T Received 12/03/2018 0	0.00
Address 4 Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim 1ype * Contact No. [Mobile] Email Address Claim Description Preferred Workshop Contact No. Reguire Finalisation Date Registered Report Taken By D Print AK letter Attachment	08-509 ○ Yes ® No 0 mg 0D-MX 91557911 SIH5330L / SFR941T CN 31 Mar 2018 Yes	Address Type Driver Vehicle No. Any Injury? Insured Name Cornact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Clode Date Claim No. Upload Date Brows	© Yes () No CARZONRENT SIHS3101. Not at Fault Preferred Wor Save Submit	ess PTE LTD sshop, Name unknown category * rease Select	Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report Date Received Confidential	Workshop Urgeno [Normal	201605659R NIL SFR941T Received 12/03/2018 0	0.00
Address 4 Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim 1ype * Contact No. [Mobile] Email Address Claim Description Preferred Workshop Contact No. Reguire Finalisation Date Registered Report Taken By D Print AK letter Attachment	08-509 ○ Yes ® No 0 mg 0D-MX 91557911 SIH5330L / SFR941T CN 31 Mar 2018 Yes	Address Type Driver Vehicle No. Any Injury? Insured Name Cornact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Clode Date Claim No. Upload Date Brows Brows	Singapore addr © Yes O No CARZONRENT SIHSSIDI. Not at Fault Preferred Wor Save Submit	ess PTE LTD schop, Name unknown 001 12/03/2018 15:17 Category * fease Select Verse Select	Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report Date Received Confidential NO V NO V	Workshop Urgenc [Normal	201605659R NIL SFR941T Received 12/03/2018 0	0.00
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Address 4 Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim 1ype * Contact No. [Mobile] Email Address Claim Description Preferred Workshop Contact No. Reguire Finalisation Date Registered Report Taken By D Print AK letter Attachment	08-509 ○ Yes ® No 0 mg 0D-MX 91557911 SIH5330L / SFR941T CN 31 Mar 2018 Yes	Address Type Driver Vehicle No. Any Injury? Insured Name Cornact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Clode Date Claim No. Upload Date Brows Brows	Singapore addr Yes O No CARZONRENT SIHSSIDL Not at Fault Preferred Wor Save Submit	vshop, Name unknown vshop,	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report Date Received Confidential NO V NO V	Workshop Urgenc [Normal	201605659R NIL SFR941T Received 12/03/2018 0	0.00
Address 4 Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim 1ype * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By 22 print AK letter Attachment	08-509 ○ Yes ® No 0 mg 0D-MX 91557911 SIH5330L / SFR941T CN 31 Mar 2018 Yes	Address Type Driver Vehicle No. Any Injury? Insured Name Cornact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Clode Date Claim No. Upload Date Brows Brows Brows Brows	Singapore addr © Yes O No CARZONRENT SIHS 210s. Not at Fault Preferred Wor Save Submit	eas PTE LTO ashop, Name unknown 12/03/2018 15:17 Category * fease Select vease Select vease Select vease Select	Insured MRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report Date Received Confidential NO V NG V NG V	Urgeno Normal Normal	201605659R NIL SFR941T Received 12/03/2018 0	0.00
Address 4 Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim 1ype * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By 22 print AK letter Attachment	08-509 ○ Yes ® No 0 mg 0D-MX 91557911 SIH5330L / SFR941T CN 31 Mar 2018 Yes	Address Type Driver Vehicle No. Any Injury? Insured Name Cornact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Clode Date Claim No. Upload Date Brows Brows Brows Brows Brows	Singapore addr © Yes O No CARZONRENT SIHSELDS. Not at Fault Preferred Wor Save Submit	eas PTE LTO ashep, Name unknown 12/03/2018 15:17 Category * Tease Select	Insured MRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report Date Received Confidential NO V NG V NG V NG V NG V	Urgenc Normal Normal Normal	201605659R NIL SFR941T Received 12/03/2018 0	0.00

Attachment	0	ploaded By/Date	Category	Urgency	Description	Sent? Action (CO)
10.40 12.60	NAC_PAYA_UB1_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 12 Ma r 2018 15:17	NR3C/ Driving License	Normal	NRIC/ Driving License 2018-3-12	Edit
100	NAC_PAYA_UBI_800601[NATIO	NAL ASSESSMENT CENTRE SERVICES) on 12 Ma = 2018 15-17	SAS	Normal	SAS 2018-3-12	Edit
	NAC_PAYA_UBI_800601[NATIO	NAL ASSESSMENT CENTRE SERVICES) on 12 Ma r 2010 15:16	Photos	Normal	Photos 2018-3-12	Edit
THE P	NAC_PAYA_UB1_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 12 Ma r 2018 15:16	Photos	Normal	Photos 2018-3-12	Edit
1.	NAC_PAYA_US1_800501(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 12 Ma r 2018 15:16	Photos	Normal	Photos 2018-3-12	Edit
4	NAC_PAYA_UBI_800603(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 12 Ma r 2018 15:16	Photos	Normal	Photos 2018-3-12	Edit
2	NAC_PAYA_UBI_800601[NATIO	NAL ASSESSMENT CENTRE SERVICES) on 12 Ha + 2018 15:16	Photos	Normal	Photos 2018-3-12	Edit
	NAC_PAYA_UB3_B00601(NAT10	NAL ASSESSMENT CENTRE SERVICES) on 12 Ma y 2018 15:16	Photos	Normal	Photos 2018-3-12	Edit
6	NAC_PAYA_UB1_B00601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 12 Ma y 2018 15:16	Photos	Normal	Photos 2018-3-12	Edit
	NAC_PAYA_UBI_800601(NATIO	NAI, ASSESSMENT CENTRE SERVICES) on 12 Ma + 2018 15:16	Photos	Normal	Photos 2018-3-12	Edit
	NAC_PAYA_UBI_B00601(NATIO	NAAL ASSESSMENT CENTRÉ SERVICES) on 12 Ma + 2018 15:16	Photos	Normal	Photos 2018-3-12	Ean
7	NAC_PAYA_UB1_800601(NATIO	mal assessment centre services) on 12 Ma r 2018 15:16	Photoe	Normal	Photos 2018-3-12	Edit
0	NAC_PAYA_UST_800501(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 12 Ma r 2018 15:16	Photos	Normal	Photos 2018-3-12	Edit
	NAC_PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 12 Ma r 2018 15:16	Photos	Normal	Photos 2018-3-12	Edit
	NAC_PAYA_UBI_B00601[NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 12 Ma + 2018 15:16	Photos	Normal	Photos 2018-3-12	Edit
2	NAC_PAYA_UBI_800601(NATIO	DNAL ASSESSMENT CENTRE SERVICES) on 12 Ma r 2018 15:16	Photos.	Normal	Photos 2018-3-12	Edit
- (NAC_PAYA_UB1_800603(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 12 Ma 7 2018 15:16	Photos	Normal	Photos 2018-3-12	Edit
N.	NAC_PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 12 Ma r 2018 15:16	Photos	Normal	Photos 2018-3-12	Edit
1	NAC_PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 12 Ma + 2018 15:16	Photos	Normal	Photos 2018-3-12	Edit
7 Video List	Uploaded By/Date	Folder Date	File Name	9	Source	Action

12/3/2018