Date In: 13/18-12:31	Jeb description	Date & Time Comple	ted Done	pì.
Re[No: NA INC 18 DO \$ 1 44 24	SAS e-filing			
Veh No: Shx 40>10	E-mail (within Shrs, Al	C 2hrs)		
D.O.A .: 18/3/18-19:00	i-Motor Claim For		19/3/18 19	١٢:
	i-Motor W/O (Withi	n; OD 2hrs, TP 4hrs)		
OD TP ! Reporting Only	i-Photo Uploaded	1.		E C
	Assessment/Survey I	Report		
TP Insurer:	Ass't Report by Fax	/ Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	/: (Tel:	Fax:	
TP Particulars: Veh No:	508486	INC()/Non-INC()	
Owner / Driver: (Tel:)	-
Policy No: ()	Period: () Cover Type: (),	
Confirmed by : (Dat	e: Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO):	N: 0-20%; P: 21-79%. F:	80-100%]	
Year of Registration: (40()		82-14-
	:\$1,000()/\$2,000()		
	KEEP TRESTON AND A SECTION		TANZA SI II.	1
General Remarks		S. A. Carrier and S.		
() Walk-In Customer : Customer		tial & Strictly NO refer of repa	irer.	
() Total Loss Case : to e-mail I	nsurer URGENTLY.	, 3		
Drive-In ()/Towed-In (); In	rvoice: YES () / NO (); Towing Co: ()
		Date&Time Comple	Done	hv
Remarks:- : (INC horline: 6788 66		Lintexe Tarrie Softipie	The second second	- 3
1) Apply for Transport Allowance ()/Courtesy Car ()			-
2) QC Check / Post Repair Inspection	()			
0) 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6) (I)		
3) Upload Resurvey Photo [Repair Cos	t > \$3000] ()	- 1		
	it > \$3000] ()			
3) Upload Resurvey Photo [Repair Cos Injury:	t > \$3000] ()			(
Injury:	it > \$3000] ()			(n.,)
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Injury: Date/Time: Actions NAI80 716	inv	pice Preparation Checklist.	Ani (\$)	W
Injury: Date/Time: Actions NAI80 716	1 Inv	oice Preparation Checklist. : Accident Reporting (330); : Darriage Assessment (\$100);	Anu (\$) 	W
Injury: Date/Time: Actions NAISO 16 Inimant's Particulars:-	1 Inve	pice Preparation Checklist : Accident Reporting (\$30); : Damage Assessment (\$100); : Towing Fee	Ani (\$)	W
Injury: Date/Time: Actions NAISO 16 Inimant's Particulars:- river/Owner:	1) AR 2) DA 3) TF 4) FT	ice Preparation Checklist. : Accident Reporting (330); : Damage Assessment (5100); It : Towing Fes : Follow-Through Survey : Follow-Through Survey (Resurvey)	Anit (\$) fit Bill NC (\$80) \$40/\$45 \$120 \$30	W
Injury: Date/Time: Actions NAISO 16 Inimant's Particulars:- river/Owner:	1 Inventor	cice Preparation Checklist : Accident Reporting (\$30); : Damage Assessment (\$100); : Towing Fes : Follow-Through Survey : Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Ja	Anit (\$) fit Bill NC (\$80) \$40/\$45 \$120 \$30	W
NAISON 16 Injury: NAISON 16 Inimant's Particulars:- river/Owner:	1 Inventor	oice Preparation Checklist. : Accident Reporting (\$30); : Damage Assessment (\$100); : Towing Fes : Follow-Through Survey : Follow-Through Survey (Resurvey) : claiming against INC Only (wef 10 Ja.; : Re-inspection : Idae DA + SMRT Survey	Ant (\$) fit Bill NC (\$80) \$40/\$45 \$120 \$30 n 2005)	W
NAISON 16 Injury: NAISON 16 Inimant's Particulars:- river/Owner:	Investigation of the second of	Dice Preparation Checklist : Accident Reporting (\$30); : Damage Assessment (\$100); : Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey) : claiming against INC Only (wef 10 Jo : Re-inspection : Idae DA + SMRT Survey UC Additional Services	Ant (\$) // Ant (\$	W
NAISOT 16 Injury: NAISOT 16 Inimant's Particulars:- river/Owner: ontact No: amaged Portion:	1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR 7) NI 2	cice Preparation Checklist: Accident Reporting (\$30); Damage Assessment (\$100); Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey) Claiming against INC Only (wef 10 Ja.: Re-inspection Idae DA + SMRT Survey UC Additional Services:	Ant (\$) // Ant (\$	W
NAISOT 16 Injury: NAISOT 16 Inimant's Particulars:- river/Owner: ontact No: amaged Portion:	1 Inventor	ice Preparation Checklist : Accident Reporting (\$30); : Damage Assessment (\$100); : Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Js.: Re-inspection : Idae DA + SMRT Survey UC Additional Services:	Anic (\$) // // // // // // // // // // // // //	W
NAISOT 16 Inimant's Particulars: river/Owner: ontact No: amaged Portion: C. Checked by (Engr-In-Charge):	1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR 7) NI 2	cice Preparation Checklist: Accident Reporting (\$30); Damage Assessment (\$100); Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey) Claiming against INC Only (wef 10 Ja.: Re-inspection Idae DA + SMRT Survey UC Additional Services: Courtesy Car / Tpt Allowance Repair Co-ordination Fost Repair Co-ordination	Amir(S) Ist.Bill S40/S45 \$120 \$30 n 2995) \$75 \$160 \$5 \$10 \$25	Amu Add E
NAISO 16 Injury: NAISO 16 Inimant's Particulars: river/Owner: ontact No: amaged Portion: C. Checked by (Engr-In-Charge):	1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR 7) NI 2	ice Preparation Checklist. : Accident Reporting (\$30); : Damage Assessment (\$100); : Towing Fes : Follow-Through Survey : Follow-Through Survey (Resurvey) : claiming against INC Only (wef 10 Ja.; : Re-inspection : Idae DA + SMRT Survey UC Additional Services: 5: Courtesy Car / Tpt Allowance 6; Repair Co-ordination 7: Fost Repair Inspection 8: DV / Collect Excess Coordination	Anic (\$) // // // // // // // // // // // // //	W
Injury: Date/Time: Actions NAI801716 Inimant's Particulars:- river/Owner: ontact No: amaged Portion:	1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR 7) NI 3	cice Preparation Checklist: Accident Reporting (\$30); Damage Assessment (\$100); Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey) Claiming against INC Only (wef 10 Ja.: Re-inspection Idae DA + SMRT Survey UC Additional Services: Courtesy Car / Tpt Allowance Repair Co-ordination Fost Repair Co-ordination	Anut (\$) Ist Bill NC (\$80) \$40/\$45 \$120 \$30 \$2995) \$75 \$160 \$5 \$5 \$5 \$5 \$25 \$5 \$20 \$30	W

SINGAPORE ACCIDENT STATEMENT

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.
- 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.
- nt 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.	a narray constant to the arounding of the second	0.000
Mark the second support the second	ACCIDENT STATEMENT	
Date Of Report	19/03/2018 12:31	
Date Of Accident	18/03/2018 14:00	
Exact Location Of Accident	PIE (TUAS) AFTER JLN EUNOS EXIT	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	THE STATE OF
Vehicle Registration Number	SGX4021D	
Insured/Policyholder		
Name Of Registered Owner	GOH BEE HOON	
NRIC No	S6821317G	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-91056969	
Alternative Phone No	OFFICE-91056969	

Vehicle Particulars

MITSUBISHI Manufacturer

LANCER 1.5 MIVEC GLS 4A/T Model

Exact Purpose for which vehicle was being used at

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No. Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5071605461-02 Policy Number

Cover Note Number

Driver

TAY SIOW PHONG Name of Driver

S1684299J NRIC No. 23/04/1965 Date Of Birth INDOOR Occupation 27/06/2017 Date Of Driving Pass

0 YEAR AND 8 MONTH **Driving Experience**

MALE Gender

(LOCAL) +65-91899478 Mobile Number

Fax Number

OFFICE-91899478 Contact Number

NOEMAIL EMail Address

BLK 866 TAMPINES STREET 83 Address

#07-229

520866 Postcode

Was driver an employee of the Insured's Company

If No. Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

NO

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

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

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) NO 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

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 2 EUNOS FLYOVER TWDS JURONG.IN FRONT HAVE A VEHICLE SLOW DOWN, I SLOW DOWN ACCORDINGLY, SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

SJD848G Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 17

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 .:

	 V	
/		

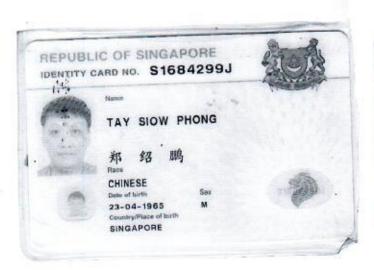
DECLARATION

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:

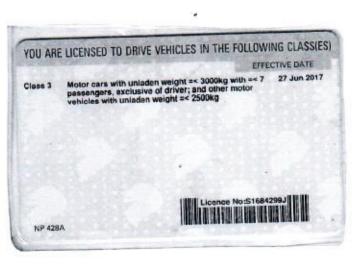
Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:









eBao Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601	1000		N. S.		•	Change Lan	guage	Change Passwor	rd • Log O
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	ło.				Date of Acc	ident	18/03	/2018 14:00	
	Vehicle	No (For Mator)	SGX4021D	1						
						Search		U-SANDARYAN SA	MANAGER CONT.	
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	•	5071605461- 02	GOH BEE HOON	S6821317G	GPC	drivo CLASSIC	SGX4021D	SGX4021D	23/08/2017	22/08/2018
		02	110011			Continue				

Sequen	ce Date of Endorsement	Endorse	ement Type En	dorsement Status	Endorsement Content
	ements				
▶ Insure	d Object: SGX4021D				
Unit No.		Related Policy Number	5071605461-02		
Address 4		Address Type	Singapore address	Post Code	520866
Address 1	BLK 866 #07-229	Address 2	TAMPINES STREET 83	Address 3	SINGAPORE 520866
Policyh	older Mailing Address				
Certificate Info					
Open Policy Info					
Co- Insurance Flag	No				
Agent	BENEFIT AUTO INSURANCE AGE	Agent Tel.	68444161	GST Flag	Υ
Singapore OD Excess	600	Singapore TP Excess	0		
Outside		Outside			
Additional Excess	0	OS Premium	0		
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Policy ssue Date	22/08/2017	Effective Date	23/08/2017 00:00	Expiry Date	22/08/2018 23:59
roduct Jame	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
ddress	BLK 866 #07-229 TAMPINES STE	REET 83 SING	APORE 520866		
Policy No.	5071605461-02	Policyholder Name	GOH BEE HOON	Policyholder NRIC	S6821317G

laim Handling							Exit
ccident MT/0986683		30,000,000	*****	GST Registration No			
atcy No.	5071605461-02	Vehicle No.	SGX4021D	Policyholder NRIC		6821317G	
Dicyholder Name	GOH BEE HOON			Loading	0		
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC 0	Contact No.(Home)			
ontact No.(Mobile)	91056969	Contact No.(Office)	0	eCode	-	No. Y	
mail Address		Special Remark	0.000		- 1		
FK.	® No ○ Yes	TCA	® No ○Yes	eCode Reason Private Hira		in .	
CO Protection	Yes	NCD Entitlement(%)	50	Private rere			
Accident Details			to the second	Academ Type		collision - Head to Rear	
eport Date	19/03/2018 19:18	Accident Report Within 24 hrs	Yes		· 15		
ate of Acodem	15/03/2018	Time of Accident hh:mm	14:00	Country of Accident		ingapore	
eporting Cérère		Orange Force		ICM No.			
codent Location	PJE (TUAS) AFTER JUN EUNOS EXIT						
♥ Benefits							
₩ Excess			W12	Windscreen Excess		100.00	
wn damage Excess	600.00	Additional Excess	0.00	Windscreen Excess		200,00	
nnamed Driver Excess	2,500.00	Outside Singapore OD Excess	600,00				
hird Party Excess	0.00	Outside Singapore TP Excess	0.00				
GST Registered Inform							
ST Registered	No		GST Registration Date	Yes			
ST Registration No.			GST Status Verified	761			
odification History							
□ Policyholder Mailing Ad	ddress			535555			
odress 1	BLK 865 #07-229	Address 2	TAMPINES STREET 83	Address 3		SINGAPORE SZORGG	
Address 4		Address Type	Singapore address	Post Code	104	520866	
ine No-		Related Policy Number	5071605461-02				
→ Of Driver Info		- Washington					
briver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB		23/04/1965	
Innamed driver Name	TAY SIOW PHONG	Driver NRIC	516842993			0	
negister Date of Driver License	27/06/2017	Driver Age	52	Driving Experience		50	
Contact No.(Mobile)	91099478	Contact No.(Office)	0	Contact No.(Home Address 3		O TAMPINES VISTA	
Address 1	BLK 866	Address 2	TAMPINES STREET 83	Address 3		INVESTIGES ATS IN	
				make Wards	15	EDORG	
Address 4	SINGAPORE 520866	Address Type	Singapore address	Post Code	15	520866	
	SINGAPORE 520866 07-229	Address Type	Singapore address	Post Code		520866	
Address 4. Unit No. Does he own a Singapore Registered car?		Address Type Driver Vehicle No.	Singapore address	Post Code Driver Insurer Con		520866	
int No. Joes he own a Singepore registered car?	07-229 ○ Yes ® No	Onver Vehicle No.	District Statement of			520866	
Unit No. Does he own a Singepore	07-229		Singapore address ○ Yes No			520866	
Unit No. Does he own a Singepore Registered car? Declaration Breathwyser or Blood Test	07-229 ○ Yes ® No	Onver Vehicle No.	District Statement of			520866	
Int No. Jose he own a Singapore legistered car? eclaration presthatyser or Blood Test leading?	07-229 ○ Yes ® No	Onver Vehicle No.	District Statement of			520866	
Int No. Jose he own a Singapore legistered car? Redaration Ireathalyser or Blood Test leading? Claim 001 New	07-229 ○ Yes ® No 0 mg	Onver Vehicle No. Any Injury?	○ Yes ® No		ipany	50866 5682131.70	
Jint No. Jose he own a Singapore legistered car? Jeedration Jeedrahyser or Blood Test Redding? Claim 001 New	07-229 ○ Yes ® No 0 mg	Oriver Vehicle No. Any Injury?	○ Yes ® No	Driver Insurer Con	npany		
Jint No. Does he own a Singapore Registered car? Declaration Dreathalyser or Blood Test Reading? Claim 001 New Committee * Contact No. (Mobile)	07-229 ○ Yes ® No 0 mg 00-MX 91056969	Driver Vehicle No. Any Injury? Insured Name Consect No. (Home)	○ Yes ② No GOH BEE HGON 64040772	Driver Insurar Con	npany		
Jint No. Does he own a Singapore legistered car? Declaration Dreschalyser or Blood Test Reading? Claim 001 New Contact No. (Mobile) Email Address	07-229 Yes ® No 0 mg 00-Mex 91056969 Jentry vg oh @ gmell.com	Oriver Vehicle No. Any Injury? Insured Name Consect No. (Home) Of Vehicle Number	○ Yes ® No	Driver Insurer Con Insured NRIC Contact No. (Office	inpany	5682131.7G	
Int No. Does he own a Singapore registered car? Dresthalyser or Blood Test resthalyser or Blood Test resthalyser or Blood Test resting? Claim 001 New Contact No. (Mobile) Email Address Claim Description	07-229 ○ Yes ® No 0 mg 00-MX 91056969	Oriver Vehicle No. Any Injury? Insured Name Consect No. (Home) Of Vehicle Number	○ Yes No GOH BEE HOON 64040772 SGX4021D	Driver Insurer Con Insured NRIC Contact No. (Office TP Vehicle Number	inpany	5682131.7G	
Jint No. Jose he own a Singapore legistered car? Jedaration Jresthalyser or Blood Test leading? Claim 001 New Contact No. (Mobile) Email Address Dawn Description Preferred Workshop Contact No.	07-229 ○ Yes ● No 0 mg 0 mg 0 mg 100-MX 91056969 Jennyygch@gmail.com SGX4021D / S3D848G ON 18 May 2011	Oriver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability *	GOH BEE HGON 64940772 SGX4021D	Insured NRIC Contact No.(Office TP Vehicle Numbe) Workshop	58821317G SJD848G	
Jint No. Jose he own a Singapore legistered car? Jedaration Jresthalyser or Blood Test leading? Claim 001 New Contact No. (Mobile) Email Address Dawn Description Preferred Workshop Contact No.	07-229 Yes ® No 0 mg 00-Mex 91056969 Jentry vg oh @ gmell.com	Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	GOH BEE HGON 64940772 SGX4021D	Insured NRIC Contact No. (Office TP Vehicle Numbe Name of Preferred) Workshop	58821317G S3D848G	
Unit No. Does he own a Singapore Registered car? Declaration Unesthalyser or Blood Test Reading? Claim 001 New Contact No. (Mobile) Email Address Email Address Perferred Workshop Contact No. Require Finalisation	07-229 ○ Yes ● No 0 mg 0 mg 0 mg 100-MX 91056969 Jennyygch@gmail.com SGX4021D / S3D848G ON 18 May 2011	Oriver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability *	GOH BEE HGON 64940772 SGX4021D	Insured NRIC Contact No.(Office TP Vehicle Numbe) Workshop	58821317G SJD848G	
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Unit No. Does he own a Singapore legistared car? Declaration Dreschalyser or Blood Test. Reading? Claim 001 New Contact No. (Mobile) Email Address Claim Secretion Require Finalisation Date Registered Report Taken By	07-229 Ves ® No 0 mg 0 mg 0 mg scandad on 18 Mar 2011 Ves 19/03/2018 19:21	Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	GOH BEE HGON 64940772 SGX4021D	Insured NRIC Contact No. (Office TP Vehicle Numbe Name of Preferred) Workshop	58821317G S3D848G	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim 7001 New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	07-229 Ves ® No 0 mg 0 mg 0 mg scandad on 18 Mar 2011 Ves 19/03/2018 19:21	Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	Oves ® No GOH BRE HGON 64040772 SGX4021D Not at Fault Preferred Workshop, Name unknown	Insured NRIC Contact No. (Office TP Vehicle Numbe Name of Preferred) Workshop	58821317G S3D848G	
Int No. Does he own a Singapore registered car? Rediration Dresthalyser or Blood Test reading? Claim 001 New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	07-229 O res ® No O mg O mg Partygoh@gmail.com SGX4021D / S3D848G ON 18 May 2011 Ves L9/03/2018 19:21 Jackson	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Usbelty * Preferend Repair Outlon Claim Close Date	OH BEE HOON 64040772 SGX4021D Mot at Fault Preferred Workshop, Name unknown Save Submit	Insured NRIC Contact No. (Office TP Vehicle Numbe Name of Preferred) Workshop	58821317G S3D848G	
Int No. Does he own a Singapore registered car? Rediration Dreathalyser or Blood Test reading? Claim 001 New Claim 7001 New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	07-229 O Yes ® No O mg O mg O mg Pentrygoh@gmail.com SGX4021D / S3D848G ON 18 May 2011 Yes L9/03/2018 19:21 Jackson MT/0986683	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Usbrity * Preferend Repair Outlon Claim Close Date Claim No.	OH BEE HOON 64040772 SGX4021D Not at Fault Preferred Workshop, Name unknown Save Submit 001	Insured NRIC Contact No. (Office TP Vehicle Numbe Name of Preferred) Workshop	58821317G S3D848G	
Int No. Does he own a Singapore registered car? Rediration Dreathalyser or Blood Test reading? Claim 001 New Claim 7001 New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	07-229 O res ® No O mg O mg O mg Pi056969 Pentryygoh@gmail.com SGX4021D / S3D848G ON 18 Mar 2011 Yes L\$V03/2018 19:21 Jackson MT/0986683 ® Yes © No	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Usbelty * Preferend Repair Outlon Claim Close Date	OH BEE HOON 64040772 SGX4021D Not at Fault Preferred Workshop, Name unknown 001 19/03/2016 19:22	Insured NRIC Contact No.(Office TP Vehicle Numbe Name of Preferred GIA report Date Received	Workshop	S6821317G S3D648G Received 19/03/2018 00:00	
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Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim 7001 New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	07-229 O res ® No O mg O mg O mg Pi056969 Pentryygoh@gmail.com SGX4021D / S3D848G ON 18 Mar 2011 Yes L\$V03/2018 19:21 Jackson MT/0986683 ® Yes © No	Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Usbelty * Preferend Repair Cotton Claim Close Date Claim No. Upload Date Brows Brows Brows	O Yes ® No GOH BEE HOON 64040772 SGX4021D Not at Fault Preferred Workshop, Name unknown 19/01/2018 19:22 Catagory * Guar Please Select Guar Please Select Guar Please Select Coar Please Select Coar Please Select	Insured NRIC Contact No.(Office TP Vehicle Numbe Name of Preferred GIA report Date Received	Lirgency Workshop Normal Normal	5852131.7G S3D648G RectiveS 19/03/2018 00:00	

Actachment		Uproaded By/Date	Category	9	Urgency	Description	Sent? Action (CO)
171 194 171 77	NAC_PAYA_UBI_B00601[NATIO	NAL ASSESSMENT CENTRE SERVICES) on 19 Ma r 2018 19:22	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-3-19	Edit
**3	NAC_PAYA_UBI_800601[NATIO	NAL ASSESSMENT CENTRE SERVICES) on 19 Ma r 2018 19:22	SAS	91	Normal	SAS 2018-3-19	Edit
1	NAC_PAVA_URI_R00601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 19 Ma r 2018 19:21	Photos		Normal	Photos 2018-3-19	Edit
Saf.	NAC_PAYA_UBL_B00601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 19 Ma r 2018 19:21	Photos		Normal	Photos 2018-3-19	Edit
	NAC_PAYA_UB3_B00601[NATIO	NAL ASSESSMENT CENTRE SERVICES) on 19 Ma r 2018 19:21	Photos		Normal	Photos 2018-3-19	Edit
5 6	NAC_PAYA_UBI_BD06D1(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 19 Ma y 2018 19:21	Photos		Normal	Photos 2018-3-19	Edit
3	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 19 Ma r 2018 19:21	Photos		Normal	Photos 2018-3-19	Edis
5	NAC_PAYA_UBL_B000014 NATIO	NAL ASSESSMENT CENTRE SERVICES) on 19 Ma + 2018 19;23	Photos		Normal	Protos 2018-3-19	Edit
2	NAC_PAYA_UBI_800601(NATIO	NAI, ASSESSMENT CENTRE SERVICES) on 19 Ma r 2018 19:21	Photos		Normal	Photos 2018-3-19	Edit
	NAC_PAYA_URL_BD0601[NATIO	NAL ASSESSMENT CENTRE SERVICES) on 19 Ma r 2018 19:21	Metos		Normal	Photos 2018-3-19	Edit
	NAC_PAYA_UB1_800601(NATIO	INAL ASSESSMENT CENTRE SERVICES) on 19 Ma r 2016 19:21	Photos		Normal	Photos 2018-3-19	Edit
1	NAC_PAYA_UBI_800603(NATIO	INAL ASSESSMENT CENTRE SERVICES) on 19 Ma + 2018 19:21	Photos		Normal	Photos 2018-3-19	Edit
-	NAC_PAYA_UBI_800601(NATIO	INAL, ASSESSMENT CENTRE SERVICES) on 19 Me + 2018 19:21	Photos		Normal	Photos 2018-3-19	Edit
	NAC_PAYA_UBI_800601(NATIO	DNAL ASSESSMENT CENTRE SERVICES) on 19 Ma r 2018 19:21	Photos		Normal	Photos 2018-3-19	Edit
7	NAC_PAYA_UB1_800601(NATH	ONAL ASSESSMENT CENTRE SERVICES) on 19 Ma r 2018 19:21	Photos		Normal	Photos 2018-3-19	Edit
♥ Video List							
	Uploaded By/Date	Folder Date	Pile Name		9	Source	Action