	tre Services well Janos N		
Date In: 3/4/18 - 18: 08	Jeb description	Date & Time Completed	Done by
Ref No: NA NC 180 06134 /24	SAS e-filing		
Veh No: SLUT886A	E-mail (within Shrs, AIC 2hrs)		•
D.O.A.; 3/4/18-09:30	i-Motor Claim Form	MT/0988876	3/4/18 19:20
*	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)	-
OD / TP Reporting Only	i-Photo Uploaded	1	
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:
TP Particulars: Veh No: 5	52068Z INC)/Non-INC()	
Owner / Driver: (Tcl:)
	Period: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$1	1,000 ()/\$2,000 ()		
General Remarks	A STATE OF THE STATE OF	HMARAN SISTA	
() Walk-In Customer : Customer's in	The state of the s	A. A. S.	
() Total Loss Case : to e-mail Insu		No. 1 3	(19)
		Towing Co: (·)
			Tologophy Carl
Remarks:- 👉 (INC horline: 6788 6616)		Date&Time Completed	a saldone by
Apply for Transport Allowance ()	/ Courtesy Car ()	*	
2) QC Check / Post Repair Inspection	()	*	,
2) QC Check / Post Repair Inspection	()	*	2
	()		9
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> Injury:	()		
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> Injury: Date/Time Actions	Invoice Property Invoice Pro	nt Reporting (\$30); te Assessment (\$100); INC (\$100); Fee S Through Survey Through Survey (Resurvey) teagainst INC Only (wef 10 Jan 20) tection A + SMRT Survey tional Services: sy Car / Tpt Allowance Co-ordination tepsir Inspection Collect Excess Coordination TP (Non INC) against INC	\$80) 40/\$45 \$120 \$300 \$55 \$5160 \$55 \$510 \$525 \$55 \$520 \$30

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.

By the lodgement of this report to the insurers, you aforesaid.	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	03/04/2018 18:08
Date Of Accident	03/04/2018 09:30
Exact Location Of Accident	DRIVEWAY EXIT OF TEMASEK POLY TWDS TAMPINES AVE 1
Country/State of Loss	SINGAPORE
The second secon	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU5886A
Insured/Policyholder	
Name Of Registered Owner	PEH HO SENG
NRIC No	S8242032J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98762386
Alternative Phone No	OFFICE-98762386

Alternative Phone No Vehicle Particulars

BMW Manufacturer

320I AT D/AB 4DR ABS HID NAV 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

5096928527 Policy Number

Cover Note Number

Driver

PEH HO SENG SEBASTIAN (BAI HECHENG) Name of Driver

S8242032J NRIC No 12/12/1982 Date Of Birth OUTDOOR Occupation 02/01/2004 Date Of Driving Pass

14 YEARS AND 3 MONTHS **Driving Experience**

Gender

(LOCAL) +65-98762386 Mobile Number

Fax Number

OFFICE-98762386 Contact Number

NOEMAIL EMail Address

BLK 159 TAMPINES STREET 12

Address #06-81

521159

Was driver an employee of the Insured's Company NO OWNER

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - MAJOR/MINOR RD 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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged?

NO

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

1

Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SJS2068Z Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LEONG CHOY SIM

NRIC/Passport Number

S7300205B

Contact Number

96838799

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

PEH HO SENG SEBASTIAN (BAI HECHENG)

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK

SLU5886A

YES

NO

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for Investigation.
- 6. 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.
- 7. 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:

- 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)
 - (i) 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.
- 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.

Driver's Signature

(If driver is not the policyholder)

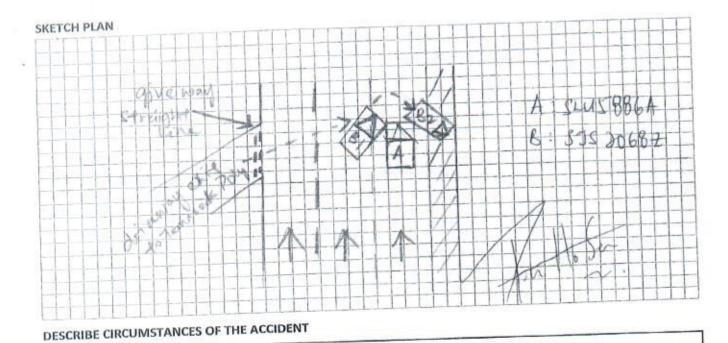
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:



My car was all the while travelling straight along the most right lane of the 3 lanes road along Tampines Ave 1. While my car was passing the drive-way exit of Temasek Polytechnic, vehicle B without stopping at the give-way stop line, recklessly dashed out from the give-way stop line, cut across the lanes and it hit onto the left side portion of my car. After hitting my car, vehicle B lost control, and hit onto the right side portion of my car and it mounted up the kerb and came to a stop facing the opposite direction. I wish to state that both my front rims were also damage.

2

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 4 insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies. 0
- Any false reporting may be referred to the traffic police department for investigation,

A THE PARTY OF THE	ACCIDE	NT DETAILS		
Date of accident	03/04/	2018		(DD/MM/YY)
Time of accident	09:30			(HH:MM)
Exact location of accident	Driveway	exit of Temarele Tampines Ave 1	Poly	10 wards

	DE	TAILS OF V	EHICLE		
Vehicle registration number		1886A			
Vehicle make and model	BMW	3201			
Type of vehicle	Saloon Lorry	MPV 🗆	CRV Motorcycle	Van d e □	Others:
Vehicle category	Private	Comme	rcial 🗆 Mo	otorcyc	le 🗆
Purpose of using at said time	Priva-	le .			
Are you claiming under your own insurance company?	Yes □ Third part cl	No p	if no, please se Reporting onl		

	INSURANCE INI	ORMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive Ø	Third party fire & theft □	TP only

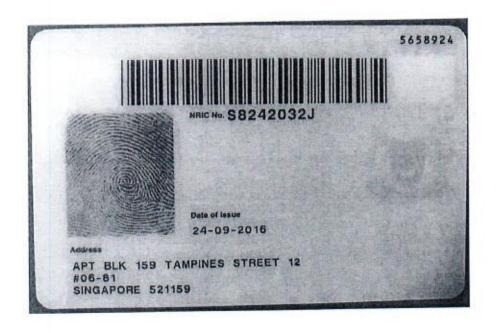
20 年	INSURED / POLICY HOLDER
Name	PEH HU SENG SEBASTIAN Male Female
NRIC / Fin / Passport number	S 8242032 J
Contact	9876 2386
Address	APT BLK 159 TAMPINES ST 12, # 06-81, Spore 521159

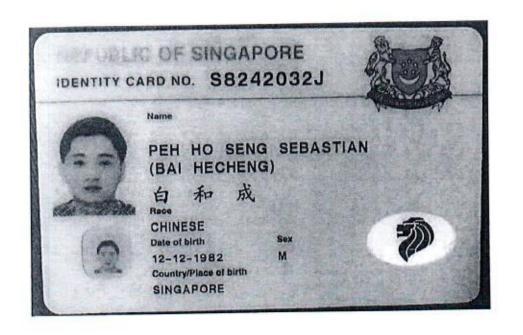
DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)							
Name	/ Male □	Female						
NRIC / Fin / Passport number								
Contact								
Address								
Email address								
Date of birth	12.12.1982							
Occupation	Indoor Outdoor g							
Driving date pass	02.01.2004							

THE RESERVE OF THE PARTY OF THE	Yes No No	MUNIC
Vas driver an employee of	If no, relationship of the driver and insured:	Owner-
he insured's company? Accident captured by camera?	Yes 🗸 No 🗆	
	Clear Raining Others:	
Veather condition	Dry ✓ Wet □	
toad surface	Dry 4 Wet E	(Inclusive of driver)
lo of passenger	01	
	PASSENGER 1	
Name of the Party	/	
Name	Male Female	
Gender		
THE RESERVE OF STREET	PASSENGER 2	
Name of the last o	-	
Name	Male D Female D	
Gender		THE RESERVE OF THE PARTY OF THE
	PASSENGER 3	TALESCON AND ALL LOCATION
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THE RESERVE TO SELECT A SECURITION	PASSENGER 5	
Name		
Gender	Male Female	
delidei		
	PASSENGER 6	
Name		
Gender	Male Female	
Golden		
	OTHER INFORMATION	
Was anybody injured?	Yes 🗹 No	
Was other vehicle damaged?		No. of the Party o
Was outer to		
	DETAILS OF POLICE ACTION	lab police station
Reported to police?	Yes No of If yes, please state wh	nich police station.
Police station name	0.	
Folice accion name		
	WITNESS 1	
Name		
Name	/.	
	WITNESS 2	型 建
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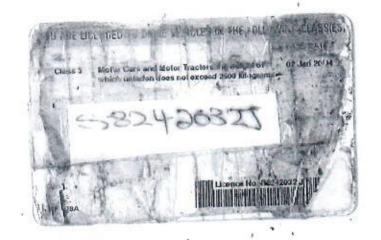
加强。在中国的国际的国际的	SJS 20682
ehicle registration number	303 20002
ehicle make model	LEDNG CHOY SIM
lame	5 7300058
IRIC / Fin / Passport number	9683 8719
Contact	7603 - 111
	THIRD PARTY VEHICLE 2
/ehicle registration number	
/ehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	f
Vehicle make model	
Name	
NRIC / Fin / Passport number	/
Contact	
	THE STRUCK E
PERSONAL PROPERTY OF THE PROPE	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Manager Control the Talky	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
A STATE OF THE STA	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

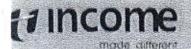
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ijuries sustained	N.	ECK AND	BACK
/hich vehicle person in?	S	24 588	6 A
Vere seat belts worn?	Yes 🗹	No 🗆	
Committee of the commit	Yes 🗆	No 🗹	
Vas injured conveyed to	100 -		
ospital by ambulance?			
		INJURED PE	RSON 2
lame			
njuries sustained			
Which vehicle person in?			
Vere seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	The state of the s
nospital by ambulance?			
iospital by ambulance.			
BURN DAVIDED	表的由证	INJURED PE	ERSON 3
Name	THE PARTY OF THE P		
njuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	Market Service		
nospital by ambalance.			
(1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		INJURED P	ERSON 4
	and the same of the same		
Name			
Injuries sustained Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	1.800.000	G15-202-102	
nospital by ambalance.			1100-1100 A 1100-1100 A
		INJURED F	PERSON 5
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
		INJURED	PERSON 6
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	The state of the s
WAS IIIILIEU CONVEYED TO	111 (2000)		











Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189). MOTOR VEHICLES (THIRO PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5096928527

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

- SLUS886A

Chassis Number

2. Name of Policyholder

WBA3816050NP47890

PEH HO SENG

3. Effective Date of Insurance

4. Expiry Date of Insurance

: 22 Dec 2017

21 Dec 2018

5. Persons of Classes of Persons entitled to drive!

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession

This Policy does not cover

EXCESS (SECTION 1)

(a) Use for hire or reward

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

55600

N/A EXCESS (SECTION 2) 55100 WINDSCREEN EXCESS N/A ADDITIONAL EXCESS PLEASE REFER OVERLEAF LINNAMED DRIVER EXCESS NO REPAIR AT OWNER'S PREFERRED WORKSHOP YES INSURE WITH COE : NO NCD PROTECTION NO TRANSPORT ALLOWANCE

EXCESS WAIVER : PEH HO SENG SEBASTIAN PRIMARY DRIVER

: N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2)

TOKYO CENTURY LEASING (S) PTE LTD HIRE PURCHASE COMPANY MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

SUM INSURED

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

. NO

Agency Date of Issue GRANDE INSURANCE AGENCY (00000615026)

22 Dec 2017 17:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech									Gen	eralClaim
Hello, NAC_PAYA_UBI_800	0601		1,000,000	AND DESCRIPTION OF THE PARTY OF		* 1	Change Lan	guage ,	Change Passwo	ord • Log Out
My Desktop	Polic	y Query								
Notice of Loss	Policy N	0,				Date of Acc	ident	03/04/	2018 09:30	2
	Vehicle	No.(For Motor)	SLU5886A							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096928527	PEH HO SENG	582420323	GPC	drivo CLASSIC	SLU5886A	SLU5886A	22/12/2017	21/12/2018
					- 1	Continue				

5207 5200	0.0000000000	Policyholder	PEH HO SENG	Policyholder	S8242032J
olicy No.	5096928527	Name	PEH HO SENG	NRIC	302420323
Address	BLK 159 #06-81 TAMPINES STR	REET 12 SINGA	PORE 521159		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	22/12/2017	Effective Date	22/12/2017 00:00	Expiry Date	21/12/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	GRANDE INSURANCE AGENCY	Agent Tel.	63650065	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyh	nolder Mailing Address				
Address 1	BLK 159 #06-81	Address 2	TAMPINES STREET 12	Address 3	SINGAPORE 521159
Address 4		Address Type	Singapore address	Post Code	521159
Unit No.		Related Policy Number	5096928527		
▶ Insure	d Object: SLU5886A				
▼ Endors	sements				Manager Manager Co
Sequen	ce Date of Endorsement	Endorse	ement Type Endo	rsement Status	Endorsement Conten

ccident MT/0988876											
folicy No.	5096928527		venicle No.	SLUSBSGA		GST Registrat	ion No.				
lolicyholder Name	PEH HO SENG					Poscytholder N	WRIC		582420321		
roduct Code	PRIVATE CAR INSURANC	Œ	Cover Type	drivo CLASS	IC .	Loading			0		
Contact No. (Mobile)	98762386		Contact No.(Office)	0		Contact No.(h	tome)		0		
maii Address			Special Remark			eCode			No.		
SEK :	® No ○ Ves.		TCA	® No ○Yes		eCode Reason	4				
VCD Protection	Nn		NCD Entitlement(%)	0		Private Hire			No		
Accident Details											
	03/04/2018 19:17		Accident Report Within 24 hrs	Yes		Accident Type			Collision - M	ajor Minor Road	
Report Date				09:30		Country of Ac	rident		Singapore		
Date of Accident	03/04/30FB		Time of Accident hh:mm	09:30		ICM No.			3500		
Reporting Centra			Orange Force			Tere no.					
Accident Location	DRIVEWAY EXIT OF TEM	MASEK POLY TWOS TO	AMPINES AVE 1								
♥ Senefits											
9 Excess						**************************************				100.00	
Own demage Excens		600.00	Additional Excess		0.00	Windscreen E	xcess			100.00	
Jenavied Driver Excess		0.00	Outside Singapore OD Excess		600.00						
Third Party Excess		0.00	Outside Singapore TP Excess		0.00						
♥ GST Registered Informa	stion										
SST Registered	No				Registration Date Status Ventied	Yes					
SST Registration No.				1001	average according	763					
Hodification History											
⇒ Policyholder Hailing Ad	dress										
Address 1	BLK 159 #06-81		Address 2	TAMPINES S	STREET 12	Address 3			SINGAPORE	521159	
	DER 200 VOLUM		Address Type	Singapore a	ddress	Post Code			521159		
Address 4				509692852							
Unit No.			Related Policy Number	202022006							
□ OI Driver Info	NAMES OF STREET	46	Driver Type	Main Driver							
Driver Name	PEH HO SENG SEBASTI	A.N.	Driver NRIC	582420323		Driver DOS			12/12/1983	2	
unnamed driver Name			Oriver Age	25		Driving Expe	rience :		14		
Register Date of Driver License			Contact No. (Office)	0		Contact No.(0		
Contact No.(Mobile)	98762386		Address 2	TAMPINES S	STREET 12	Address 3			SINGAPOR	e 521159	
Address 1	BLX 199										
			Andreas Trees	Singapore a	odress	Post Code			521159		
Address 4			Address Type	Singapore a	odress	Post Code			521159		
Unit No.	06-81			Singapore a	ddress		er Colonia		521199		
	06-81 ○ Yes ⑥ No		Address Type Driver Vehicle No.	Singapore a	ddress	Post Code Driver Insure	er Compa	ny	521159		
Unit No. Does fic own a Singapore Registered car?				Singapore a	cidness		er Compa	ny	521159		
Unit No. Does he own a Singapore Registered car ³ . Declaration	○ Yes ® No		Driver Vehicle No.		5 Directors		er Compa	ny	521159		
Unit No. Does fic own a Singapore Registered car?				Singapore a	5 Directors		er Compa	ny	521159		
Unit No. Does fie own a Singapore Registered car? Deplaration Breathetyser or Blood Test	○ Yes ® No		Driver Vehicle No.		5 Directors		er Compa	ny	521159		
Unit No. Does fie own a Singapore Registered car? Deplaration Breathetyser or Blood Test	○ Yes ® No		Driver Vehicle No.		5 Directors		er Compa	ny	521159		
Unit No. Does he own a Singapore Registered car? Declaration Breathatyser or Blood Test Reading? Modification History	○ Yes ® No		Driver Vehicle No.		5 Directors		er Compa	ny	521159		
Unit No. Does he own a Singapore Registered car? Declaration Sneathelyser or Blood Test Reading?	○ Yes ® No		Driver Vehicle No.		5 Directors		er Compa	ny	521159		
Unit No. Does he own a Singapore Registered car? Declaration Breathatyser or Blood Test Reading? Modification History	○ Yes ® No		Driver Vehicle No.		5 Directors		er Compa	ny.			
Unit No. Does he own a Singapore Registered car? Declaration Breathatyser or Blood Test Reading? Modification History	○ Yes ® No	V	Driver Vehicle No.	® Yes ○ N	10	Driver Insured NRI	c	nx.	521159		
Unit No. Does he own a Singapore Registered car? Declaration Breathelyser or Blood Test Reading? Modification History Claim 901 New	○ Yest ௵ No	V	Driver Vehicle No. Any injury?	® Yes O A	10	Driver Insured Insured NRI Contact No.	c (Office)	nx.	54242022		
Unit No. Does fie own a Singapore Registered car? Declaration Breatherser or Blood Test Reading? Claim 903 New Claim Type *	○ Yest ௵ No	V	Driver Vehicle No. Any injury?	® Yes ○ N	10	Ensured NR.1 Contact No. Tir Vehicle N	C (Office) sumber				
Unit No. Does fie own a Singapore Registered zer? Declaration Breatherser or Blood Test Reading? Claim 903 New Claim Type * Consect No. (Mobile)	○ Yest ௵ No		Driver Vehicle No. Any injury? Insured Name Contact No.(Hame)	® Yes O A	10	Driver Insured Insured NRI Contact No.	C (Office) sumber		54242022		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Tost Reading? Modification History Claim 003 New Claim 1994 * Contact Ne. (Mobile) Email Address Own Description Preferred Workshop Contact	○ Yes (No 0 mg		Driver Vehicle No. Any injury? Insured Name Contact No.(Hame)	® Yes O A	NG NG	Ensured NR.1 Contact No. Tir Vehicle N	C (Office) sumber		54242022		
Unit No. Does fie own a Singapore Registered card Declaration Breathatigner or Blood Test Reading? Claim Type * Contact No. (Mobile) Email Address. Claim Description Preferred Workshop Contact No.	O mg O mg SLUSSNGA / S3520682	ON 3 Apr 2018	Driver Vehicle No. Any injury? Insured Name Contact No.(Hame) Col Vehicle Number	® Yes O A PEH HO SE NIL SLUSSIBBA Not at Faul	NG NG	Insured NR1 Contact No. TP Vehicle N	C (Office) sumber		54242032		
Unit No. Does fire own a Singapore Registered card? Declaration Breathalyser or Blood Test Reading? Mostfication History Claim Type * Contact Ne. (Mobile) Email Address. Open Description Preferred Workshop Contact No. Require Frielisation	O mg CO-MX SLUSSEGA / SJS2068Z		Driver Vehicle No. Any injury? Insured Name Contact No.(Hame) C0 Vehicle Number Insured Liability *	® Yes O A PEH HO SE NIL SLUSSIBBA Not at Faul	NG NG	Insured NR1 Contact No. TP Vehicle N	C (Office) sumber eferred Wo		\$8242012 \$2520682	V	
Unit No. Does fire own a Singapore Registered card? Declaration Breathalyser or Blood Test Reading? Modification History Claim 903 New Claim 1994 * Contact No. (Mobile) Email Address Olem Description Preferred Workshop Contact No. Require Finalisation Date Registered	O mg O mg SLUSS86A / SJS206BZ Ves 03/04/2018 39:20	ON 3 Apr 2018	Driver Vehicle No. Any injury? Insured Name Contact No.(Hame) DI Vehicle Number Insured Liability * Preference Repair Option	® Yes O A PEH HO SE NIL SLUSSIBBA Not at Faul	NG NG	Insured NR1 Contact No. TP Vehicle N Name of Pre	C (Office) sumber eferred Wo		\$9242032 \$3520682 Received	V	
Unit No. Does fire own a Singapore Registered card? Declaration Breathalyser or Blood Test Reading? Modification History Claim 903 New Claim 1996 * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	O mg CO-MX SLUSSEGA / SJS2068Z	ON 3 Apr 2018	Driver Vehicle No. Any injury? Insured Name Contact No.(Hame) DI Vehicle Number Insured Liability * Preference Repair Option	® Yes O A PEH HO SE NIL SLUSSIBBA Not at Faul	NG NG	Insured NR1 Contact No. TP Vehicle N Name of Pre	C (Office) sumber eferred Wo		\$9242032 \$3520682 Received	V	
Unit No. Does fire own a Singapore Registered card? Declaration Breathalyser or Blood Test Reading? Modification History Claim 903 New Claim 1994 * Contact No. (Mobile) Email Address Olem Description Preferred Workshop Contact No. Require Finalisation Date Registered	O mg O mg SLUSS86A / SJS206BZ Ves 03/04/2018 39:20	ON 3 Apr 2018	Driver Vehicle No. Any injury? Insured Name Contact No.(Hame) DI Vehicle Number Insured Liability * Preference Repair Option	® Yes O A PEH HO SE NIL SLUSSIBBA Not at Faul	NG R Workshop, Name unknown	Insured NR1 Contact No. TP Vehicle N Name of Pre	C (Office) sumber eferred Wo		\$9242032 \$3520682 Received	V	
Unit No. Does fire own a Singapore Registered card? Declaration Breathalyser or Blood Test Reading? Modification History Claim 903 New Claim 1996 * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	O mg O mg SLUSS86A / SJS206BZ Ves 03/04/2018 39:20	ON 3 Apr 2018	Driver Vehicle No. Any injury? Insured Name Contact No.(Hame) DI Vehicle Number Insured Liability * Preference Repair Option	® Yes O A PEH HO SE NIL SLUSSIBBA Not at Faul	NG R Workshop, Name unknown	Insured NR1 Contact No. TP Vehicle N Name of Pre	C (Office) sumber eferred Wo		\$9242032 \$3520682 Received	V	
Unit No. Does fire own a Singapore Registered card? Declaration Breathalyser or Blood Test Reading? Modification History Claim 903 New Claim 1996 * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	O mg O mg SLUSS86A / SJS206BZ Ves 03/04/2018 39:20	ON 3 Apr 2018	Driver Vehicle No. Any injury? Insured Name Contact No.(Hame) DI Vehicle Number Insured Liability * Preference Repair Option	® Yes O A PEH HO SE NIL SLUSSIBBA Not at Faul	NG R Workshop, Name unknown	Insured NR1 Contact No. TP Vehicle N Name of Pre	C (Office) sumber eferred Wo		\$9242032 \$3520682 Received	V	
Unit No. Does fire own a Singapore Registered card. Declaration Breathalyser or Blood Test Reading? Modification History Claim Type * Contact No. (Mobile) Email Address Own Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	O mg O mg SLUSS86A / SJS206BZ Ves 03/04/2018 39:20	ON 3 Apr 2018	Driver Vehicle No. Any injury? Insured Name Contact No.(Hame) DI Vehicle Number Insured Liability * Preference Repair Option	® Yes O A PEH HO SE NIL SLUSSIBBA Not at Faul	NG R Workshop, Name unknown	Insured NR1 Contact No. TP Vehicle N Name of Pre	C (Office) sumber eferred Wo		\$9242032 \$3520682 Received	V	
Unit No. Does fire own a Singapore Registered card. Declaration Breathalyser or Blood Test Reading? Modification History Claim Type * Contact No. (Mobile) Email Address Oam Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	OD-MX SLUSS86A / SJS206B2 Ves 03/04/2016 19:20	ON 3 Apr 2018	Driver Vehicle No. Any injury? Intured Name Contact No.(Hame) DI Vehicle Number Insured Liability * Preference Repair Option	® Yes O A PEH HO SE NIL SLUSSIBBA Not at Faul	NG R Workshop, Name unknown	Insured NR1 Contact No. TP Vehicle N Name of Pre	C (Office) sumber eferred Wo		\$9242032 \$3520682 Received	V	
Unit No. Does fie own a Singapore Registered card. Declaration Breathalyser or Blood Test Reading? Modification History Claim Type * Contact No. (Mobile) Email Address Own Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	One No One No One No One No Stude See A / 535206 E2 Ves O3/O4/2016 19:20 Dackson MT/0968876	ON 3 Apr 2018	Driver Vehicle No. Any injury? Insured Name Contact No.(Hems) DI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	® Yes O A PEH HO SE NIL SLUSSIBBA Not at Faul	Norkshop, Name unknown	Insured NR1 Contact No. TP Vehicle N Name of Pre	C (Office) sumber eferred Wo		\$9242032 \$3520682 Received	V	
Unit No. Does fire own a Singapore Registered card. Declaration Breathalyser or Blood Test Reading? Modification History Claim Type * Contact No. (Mobile) Email Address Oam Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	O mg OD-MX SLUSB86A / S3S206E2 Ves 03/04/2016 19:20 Tackson MT/0968876 ♥ Yes □ No	ON 3 Apr 2018	Driver Vehicle No. Any injury? Insured Name Contact No.(Hems) DI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	® Yes O A PEH HO SE NIL SLUSSIBBA Not at Faul	NG NG NG Norkshop, Name unknown O01 03/04/2018 19:21	Insured NR3 Contact No. TP Vehicle N Name of Pre	C (Office) number eferred Wit	orkshop	\$42420722 \$1520682 Received 03/04/201	V	
Unit No. Does fie own a Singapore Registered card. Declaration Breathalyser or Blood Test Reading? Modification History Claim Type * Contact No. (Mobile) Email Address Own Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	O mg OD-MX SLUSB86A / S3S206E2 Ves 03/04/2016 19:20 Tackson MT/0968876 ♥ Yes □ No	ON 3 Apr 2018	Driver Vehicle No. Any injury? Insured Name Contact No.(Hams) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Chem No. Upload Date	® Yes O A Per HO SC NIL SLUSSBBA Not at Faul Preferred V	NG NG Norkshop, Name unknown O01 O3/04/2018 19:21 Category *	Insured NRI Contact No. TP Vehicle N Name of Pre GIA report Date Receive	C (Office) number efferred Wo		\$42420722 \$1520682 Received 03/04/201	8 00:00	
Unit No. Does fie own a Singapore Registered card. Declaration Breathalyser or Blood Test Reading? Modification History Claim Type * Contact No. (Mobile) Email Address Own Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	O mg OD-MX SLUSB86A / S3S206E2 Ves 03/04/2016 19:20 Tackson MT/0968876 ♥ Yes □ No	ON 3 Apr 2018	Driver Vehicle No. Any injury? Insured Name Contact No.(Hems) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim Close Date Brown	PEH HO SC NIL SUSBBBA Not at Faul Preferred V	NG NG Norkshop, Name unknown O01 03/04/2018 19:21 Category * Please Select	Insured NR3 Contact No. TP Vehicle N Name of Pre GIA report Date Receiv	C (Office) sumber eferred With each office of the control of the c	Urgensal	\$8242032 \$1920682 Received 03/04/201	8 00:00	
Unit No. Does fie own a Singapore Registered card. Declaration Breathalyser or Blood Test Reading? Modification History Claim Type * Contact No. (Mobile) Email Address Own Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	O mg OD-MX SLUSB86A / S3S206E2 Ves 03/04/2016 19:20 Tackson MT/0968876 ♥ Yes □ No	ON 3 Apr 2018	Driver Vehicle No. Any injury? Insured Name Contact No.(Hems) DI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim Close Date Brow Brow	PEH HO SC NIL SUSSBBA Not at Faul Preferred V	NG NG Norkshop, Name unknown O01 03/04/2018 19:21 Category * Please Select Please Select	Insured NR3 Contact No. TP Vehicle N Name of Pre GIA report Date Receiv	C (Office) sumber eferred With the control of the c	Urgensal Normal	\$8242032 \$1920682 Received 03/04/201	8 00:00	
Unit No. Does fie own a Singapore Registered card. Declaration Breathalyser or Blood Test Reading? Modification History Claim Type * Contact No. (Mobile) Email Address Own Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	O mg OD-MX SLUSB86A / S3S206E2 Ves 03/04/2016 19:20 Tackson MT/0968876 ♥ Yes □ No	ON 3 Apr 2018	Driver Vehicle No. Any injury? Insured Name Contact No.(Herns) DI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim Close Date Brow Brow Brow	PEH HO SC NIL. SLUSSIBSA Not at Faul Preferred V	NG NG Norkshop, Name unknown O01 03/04/2018 19:21 Category * Please Select Please Select Please Select	Driver Insured NR3 Contact No. TP Vehicle N Name of Pre GIA report Date Receive Connide NO	C (Office) sumber referred With the control of the	Urgensi Normal Normal	\$8242032 \$1920682 Received 03/04/201	8 00:00	
Unit No. Does fie own a Singapore Registered card. Declaration Breathalyser or Blood Test Reading? Modification History Claim Type * Contact No. (Mobile) Email Address Own Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	O mg OD-MX SLUSB86A / S3S206E2 Ves 03/04/2016 19:20 Tackson MT/0968876 ♥ Yes □ No	ON 3 Apr 2018	Driver Vehicle No. Any injury? Insured Name Contact No.(Hems) DI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim Close Date Brow Brow	PEH HO SC NIL. SLUSSIBSA Not at Faul Preferred V	NG NG Norkshop, Name unknown O01 03/04/2018 19:21 Category * Please Select Please Select Please Select Please Select	Connote No. Contact No. TP Vehicle N Name of Pre GIA report Date Receive Connote NO NO RD NO NO NO NO NO NO NO NO NO N	c (Office) sumber eferred With the control of the c	Urgens Normal Normal	\$4242032 \$1920682 Received 03/04/201	8 00:00	
Unit No. Does fie own a Singapore Registered card. Declaration Breathalyser or Blood Test Reading? Modification History Claim Type * Contact No. (Mobile) Email Address Own Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	O mg OD-MX SLUSB86A / S3S206E2 Ves 03/04/2016 19:20 Tackson MT/0968876 ♥ Yes □ No	ON 3 Apr 2018	Driver Vehicle No. Any injury? Insured Name Contact No.(Herns) DI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim Close Date Brow Brow Brow	PEH HO SC NIII. SUUSBBA Not at Faul Preferred V Save Sub	NG NG Norkshop, Name unknown O01 03/04/2018 19:21 Category * Please Select Please Select Please Select	Driver Insured NR3 Contact No. TP Vehicle N Name of Pre GIA report Date Receive Connide NO	c (Office) sumber eferred With the control of the c	Urgensi Normal Normal	\$8242032 \$1920682 Received 03/04/201	8 00:00	

Attachment	Uploaded By/Date	Category	8	Urgency	Description	Sent? Action (CO)
NOF	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 0 + 2018 19:21	3 Ap NRIC/ Driving License		Nomel	NRIC/ Driving License 2018-4-3	Edit
4500 (4504)	NAC PAYA UBI 800001(NATIONAL ASSESSMENT CENTRE SERVICES) on 0 r 2018 19:21	3 Ap NRIC/ Driving Licerce		Normal	NRIC/ Driving Ucense 2018-4-3	Edit
99	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 0 r 2016 19:21	3 Ap SAS		Normal	SAS 2018-4-3	Edit
	NAC_PAYA_UBL_ROOGDI(NATIONAL ASSESSMENT CENTRE SERVICES) on 0 r 2018 19:20	13 Ap Photos		Normal	Priotos 2018-4-3	Edit
7.5	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 0 r 2018 19:20	3 Ag Photos		Normal	Photos 2018-4-3	Edit
	NAC PAYA_UBI 800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 0 / 2018 19:20	3 Ap Photos		Normal	Photos 2018-4-3	Edit
	NAC_PAYA_UBI_DOGGOT(NATYONAL ASSESSMENT CENTRE SERVICES) on C / 2018 19:20	03 Ap Photos		Normal	Photos 2018-4-3	Edit
	NAC_PAYA_URL_BD0601(NATIONAL ASSESSMENT CENTRE SERVICES) on 0 2018 19:20	33 Ap Photos		Normal	Photos 2018-4-3	Edit
STATE A	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 0 7 2018 19:20	33 Ap Photos		Normal	Photos 2018-4-3	Edit
	NAC_PAYA_UBI_BOOSO1(NATIONAL ASSESSMENT CENTRE SERVICES) on 0 / 2018 19:20	03 Ap Photos		Normal	Photos 2018-4-3	Edit
Colonia	NAC, PAYA_UBI_BOOGO1(NATIONAL ASSESSMENT CENTRE SERVICES) on 7 2016 19:20	03 Ap Photos		Normal	Photos 2018-4-3	Edit
2	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on + 2018 19:20	03 Ap Photos		Normal	Photos 2018-4-3	Edit
	NAC_PAYA_UBI_800801(NATIONAL ASSESSMENT CENTRE SERVICES) on y 3018 19:20	03 Ap Photos		Normal	Photos 2018-4-3	Edit
10	NAC_RAYA_UBI_ROGEOT(NATIONAL ASSESSMENT CENTRE SERVICES) on r 2016 19:20	03 Ap Photos		Normal	Photos 2016-4-3	Edit
	NAC_PAYA_URL_BOOKOS(NATIONAL ASSESSMENT CENTRE SERVICES) on r 2018 19:20	03 Ap Photos		Normal	Photos 2018-4-3	Edit
No.	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on r 2018 19;20	03 Ap Photos		Normal	Photos 2018-4-3	Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on r 2016 19:20	03 Ap Photos		Normal	Photos 2018-4-3	Edit
1	NAC_PAYA_UBL_BD0601(NATIONAL ASSESSMENT CENTRE SERVICES) on F 2018 19: 20	03 Ap Photos		Normal	Photos 2018-4-3	Edit
	WAC_PAYA_UB1_800601(NATIONAL AGGISSIMENT CENTRE SERVICES) on + 2018 19-20	03 Ap Photos		Normal	Photos 2018-4-3	Edit
	MAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on r 2018 19:20	03 Ap Photos		Normal	Photos 2018-4-3	Les
→ Video List	Uploaded By/Date Fulder Date	File Name		9	Source	Action

3/4/2018