NATIONAL Assessment Centre S	iervices. well Jamos		December 1
Date In: 3/4/18-17:09	Icb description	Date &Time Completed	Done by
Res No: NA INC 1800 61 41/24	SAS e-filing	i	
Veh No: 686 1220P	E-mail (within Shrs, AIC 2hr	s)	•
D.O.A.: 2/4/18-11:10	i-Motor Claim Form	M7/0988791	3/4/18 19:54
	i-Motor W/O (Within: OD	2hrs, TP 4hrs)	
OD : TP : Reporting Only	i-Photo Uploaded		
	Assessment/Survey Repo	rt	
TP Insurer:	Ass't Report by Fax / Ha	nd to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (e was the same of	Tol:	Fax:
TP Particulars: Veh No: 5 5 829	1H INC	C()/Non-INC()	- 10 m
Owner / Driver: (Tel:)
Policy No: () Period	: () Cover Type: () .
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note	e-Est. Status (WO): N:	0-20%; P: 21-79%. P: 80-	100%]
	ranty: YES ()/NO (
Excess: (\$) Loading: \$1,000 (()/\$2,000()		
General Remarks			3.00
() Walk-In Customar: Customer's informa		the state of the s	
() Total Loss Case : to e-mail Insurer U		S 3	
Drive-In ()/ Towed-In (); Invoice: Y		; Towing Co: (.)
		Date& Time Completed	A CONTRACTOR
Remarks: (INC hotline: 6788 6616)		Date& Jame Completed	Sept Andre by
	rtesy Car ()	*	
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost > \$3000	0] ()		
Injury:			
		The state of the state of	
Oute/Time Actions	AND THE PARTY OF T		98-X50209-1841/15-1-1-2-1
144			Ant (S) Amt (S)
. YZ0C081AV	19-XX105703	Preparation Checklist	fit Bill Add Bill
laimant's Particulars :-	1) AR : Acc	rident Reporting (\$30); mage Assessment (\$100); INC	(\$80)
	3) TF : Tow	ring Fee	40/\$45
iver/Owner:	S) FT - Foll	ow-Through Survey ow-Through Survey (Resurvey)	\$120
ntact No:	Forclein	ung against INC Only (wef 10 Jan 20	\$75
maged Portion:	6) TR : Re- 7) N1 : Ida	DA + SMRT Survey	\$160
*	8) NTUC A	dditional Services:-	general services
Checked by (Engr-In-Charge):	OD.*	urlesy Car / Tpt Allowance	\$5
Concerco of (birgi-tin-charge).	• N6: Re	pair Co-ordination	\$10
differs Comments	100 000 100 100 1 N7; Pos	Repair Inspection // Collect Excess Coordination	\$25 \$5
uditors Comments::	TP (NII): TP (Non INC) against INC	\$20
Ll:	9) N12: Ide	ac Mobile	30 A
1. 2 / 3:	Invoice dat	F Cl	BOSTON YEAR OF

1 . juli 11 1 . 1 . 1

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.
- 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.

ACC	DEV.	[STA]	110	ENT
ACC	DEN	SIA	-177	

03/04/2018 17:09 Date Of Report 02/04/2018 11:50 Date Of Accident

JUNC MARINA BLVD & MARINA VIEW Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBG1220P**

Insured/Policyholder

CHUA LI LIAN Name Of Registered Owner S7632472G NRIC No NOEMAIL Fmail Address

(LOCAL) +65-96910608 Mobile Phone No OFFICE-96910608 Alternative Phone No

Vehicle Particulars

TOYOTA Manufacturer

HIACE DX 3.0 AUTO Model

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY If No. Please state action to be taken COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

NO

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5091802831 Policy Number

Cover Note Number

Driver

LIM KOON LONG Name of Driver

S1536623J NRIC No 01/05/1962 Date Of Birth OUTDOOR Occupation 17/12/1984 Date Of Driving Pass

33 YEARS AND 3 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-90607373 Mobile Number

Fax Number

OFFICE-90607373 Contact Number

NOEMAIL EMail Address

Address BLK 627 HOUGANG AVENUE 8

#13-134 530627

Postcode 5306

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

-

1

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? 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 FROM MARINA BLVD TWDS MARINA VIEW. SUDDENLY VEHICLE B BRAKE HIS VEHICLE WHEN HE TURNING TO MARINA VIEW. IN A RESULT, I COULDN'T BRAKE MY VEHICLE IN TIME AND SLIGHTLY HIT ONTO VEHICLE B REAR PORTION.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJF8297H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE HIRE

Name of Driver MUHAMAD HAIROL ANUWAR BIN DOLLAH

NRIC/Passport Number S8210278G

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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

KETCH PLAN		
		Maring
		A;6M
	A 1	
	IAI	A: 6561220P
		B: 5788367H
Macano		B- 391 35 7 7 7
2		
9		
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
0.500.000.000.000.000.000.000.000.000.0		
Refer to Stateme	201-	
	/	
	/ <u>`</u>	
ECLARATION	Λ.	
	ticulars are true in every respect.	Da
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder	Name:

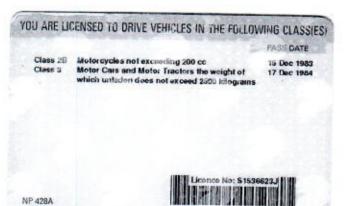
NRIC/FIN No.:

GENERAL Strateh Plan Form, V3

Date & Time:









								Gene	ralClaim
01					20	Change Lan	guage '	Change Passwo	rd · Log Out
Polic	y Query								
Policy N	0.				Date of Acc	ident	02/04/	2018 11:50	
Vahicle	No.(For Motor)	GBG1220P							
					Search				
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5091802831	CHUA LI LIAN	S7632472G	GCV	Comprehensive	GBG1220P	GBG1220P	12/06/2017	11/06/2018
	Policy N Vehicle Select	Policy Query Policy No. Vahicle No.(For Motor) Select Policy No.	Policy Query Policy No. Vahicle No.(For Motor) Select Policy No. Policyholder Name	Policy Query Policy No. Vahicle No. (For Motor) Select Policy No. Policyholder Name Policyholder NRIC	Policy Query Policy No. Vahicle No.(For Motor) Select Policy No. Policyholder NRIC Product	Policy Query Policy No. Date of Acc Vahicle No. (For Motor) Select Policy No. Policyholder Name Policyholder Product Cover Type	Policy Query Policy No. Date of Accident Vahicle No. (For Motor) GRG1220P Search Select Policy No. Policyholder NRIC Product Cover Type No. NO.	Policy Query Policy No. Date of Accident 02/04// Vahicle No. (For Motor) Select Policy No. Policyholder NRIC Product Cover Type Vehicle No. Object No. Object	Policy Query Policy No. Date of Accident 02/04/2018 11:50 Vahicla No.(For Motor) GBG1220P Select Policy No. Policyholder NRIC Product Cover Type Vehicle Insured Commence NRIC Product Cover Type No. Object Date

cident MT/0988791										
			SOMMY :			-	ST Registration No.	7		
ncy No.	5091002831		Valide No.	GRG1336P			oncyholder NRIC		57632472	90
icyholder Neme	CHUA (3 LTAN		Neurose and	Comments	and the		Loading		0	
Buct Code	COMMERCIAL VEHICLE	EINSURAL	Cover Type Contact No.(Office)	Compreher	en e d		ontact No.(Home)			
nact No. (Mobile)	NA.		Special Remark				Code		NC V	
ail Address	0 m / 0 mm		TCA	® No ○ Y	AE .		Code Reason		A. House	
	® No ○Yes			0			ivate Hire		Not availa	elale
D Protection	No		NCD Entitlement(%)	0						
Accident Details			= 0	31.52			ccident Type		Catherina	Head to Rear
ort Date	03/04/2018 15:31		Accident Report Within 24	his Yes						
e of Accident	02/04/2018		Time of Accident hhomm	10:50			ountry of Acadent		Singapore	
arting Centre			Drange Force			30	M No.			
dent Location	MARINA BOULAVARD 1	TURN RIGHT > T-JUN	OF MARINA VIEW							
Benefits										
Excuss										
n damage Excess		600.00	Additional Excess			W	indscreen Excess			100,00
named Driver Excess			Outside Singapore OD Exc	cess						
d Party Excess		0.00	Outside Singapore TP Exc	ess						
GST Registered Informa	ition									
Registered	No			GS1	Registration Date					
Registration No.				051	Status Venfied		Yes			
afication History										
Policyholder Mailing Ad	BLK 22 #09-3003		Address 2	EUNOS CR	ESCENT	Δ	ddress 3		SINGAPO	WE 400022
fress 1	DESCRIPTION OF THE PARTY		Address Type	Singapore			ost Code		400022	
tress 4			Related Policy Number	50918028						
t No.			Kelabed Forcy reamber	50920020						
Of Driver Info			Oriver Type							
ver Name			Driver NRIC			D	Inver DOB			
amed driver Name							Inving Experience			
eter Date of Driver License			Driver Age				ontact No.(Home)			
react No.(Mobile)			Contact No. (Office)							
dress 1			Address 2				odress 3			
dress 4			Address Type				ost Code			
			Manuella (Abe	Foreign ed	press					
rt No.			Address (ype	Foreign ad		8				
rt No. es he own a Singapore	○ Yes No		Driver Vehicle No.	Foreign ad			onver Insurer Comp	same		
	○ Yes ® No			Foreign ad				oany		
I No. es he pen a Singapore patered car? Uffication History Claim 002 New	(0.000000000000000000000000000000000000		Driver Vehicle No.			D	onver Insurer Comp	oarry	5763247	726
I No. es he pen a Singapore patered car? Uffication History Claim 002 New	ОБ-МХ	¥	Driver Vehicle No.	Сничит	TAN .	3	onver Insurer Comp	oany	5763247	736
t No. es he cern a Singapore patered car? Uffication History Tairm 002 New Im Type #	ОD-МX 96910608		Driver Vehicle No. Insured Name Contact No. (Home)	CHUA LI L 67471152	TAN .	33	nsured NRIC Lantact No. (Office)	pany	0	
It No. Is he pan a Singapore gatered car? Iffication History Claim 002 New Item Type 4 Intact No. [Mobile]	OD-MX B6910608 PITKCLL@SINGNET.CC	DM.SG	Driver Vehicle No.	Сничит	TAN .) (onver Insurer Comp resured NRIC Contact No. (Office) IP Vehicle Number		5763247 53F8297	
II No. es he own a Singapore gatered car? diffication History Claim 002 New ion Type 4 ntact No. [Nobile] had Address iom Description	ОD-МX 96910608	DM.SG	Driver Vehicle No. Insured Name Contact No. (Home)	CHUA LI L 67471152	IAN) (nsured NRIC Lantact No. (Office)		0	
II No. es he own a Singapore gatered car? dification History	OD-MX B6910608 PITKCLL@SINGNET.CC	DM.SG	Driver Vehicle No. Insured Name Contact No. (Home)	CHUA LI L 67471152	EAN) (onver Insurer Comp resured NRIC Contact No. (Office) IP Vehicle Number		0	
s No. es he cern a Singapore patiered cer? Iffication History Im Type # ntact No. (Mobile) all Address Im Description ferred Workshop Contact	OD-MX B6910608 PITKCLL@SINGNET.CC	DM.SG	Driver Vehicle No. Insured Name Contact No. (Home) Of Vehicle Number	CHUA LI L 67471152 0801220 Fully at Fi	IAN V	JI C	onver Insurer Comp resured NRIC Contact No. (Office) IP Vehicle Number		0	rie .
t No. Is he cent a Singapore patiered car? Ification History Italim 002 New Im Type 4 Italim 002 New Im Type 5 Italim 002 No. [Mobile] air Address Im Description ferred Workshop Contact	OD-MX 96910505 MTKCLL@SINGNET.CC GBG1220P / SXR2297	DM-9G TH ON 2 Apr 2018	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability *	CHUA LI L 67471152 0801220 Fully at Fi	IAN V	1 CC T	rewer Insurer Comp rewered NRIC Contact No. (Office) IP Vehicle Number (aime of Preferred V		S3F8297	н
t No. es he cern a Singapore patiered cer? Iffication History Italim 002 New Im Type 4 htact No.(Mobile) all Address Im Description ferred Workshop Contact paire Finalisation te Registered	OD-MX 96910608 HTKCLL@SINGNET.CC GBG1220P / SXR2297 Yes G3/04/2018 19154	DM-9G TH ON 2 Apr 2018	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferenced Rapair Option	CHUA LI L 67471152 0801220 Fully at Fi	IAN V	1 cc	rewer Insurer Comp rewerd NRIC Contact No. (Office) IP Vehicle Number (aime of Preferred V		S3F8297	d V
is No. es he own a Singapore gatered car? Infraction Hetory Claim 002 New Introduction (Mobile) and Address Introduction (Mobile) and Address Introduction Contact Source Finalization to Registered port Taken By	OD-MX 96910608 HTKCLL@SINGRET.CC	DM-9G TH ON 2 Apr 2018	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferenced Rapair Option	CHUA LI L 67471152 0801220 Fully at Fi	IAN V	1 cc	rewer Insurer Comp rewerd NRIC Contact No. (Office) IP Vehicle Number (aime of Preferred V		S3F8297	d V
t No. es he cern a Singapore patiered cer? Iffication History Italim 002 New Im Type 4 htact No.(Mobile) all Address Im Description ferred Workshop Contact paire Finalisation te Registered	OD-MX 96910608 HTKCLL@SINGNET.CC GBG1220P / SXR2297 Yes G3/04/2018 19154	DM-9G TH ON 2 Apr 2018	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferenced Rapair Option	CHUA LT LE 57471152 GBG1220F Fully at Fi Preferred	IAN Built Workshop, Name unknown	1 cc	rewer Insurer Comp rewerd NRIC Contact No. (Office) IP Vehicle Number (aime of Preferred V		S3F8297	d V
is he own a Singapore stered car? Ification History Inim 002 New In Type 4 totch No. (Nobile) all Address Im Description Ferred Workshop Contact source Finalization to Registered port Taken By Prest AK tetter	OD-MX 96910608 HTKCLL@SINGNET.CC GBG1220P / SXR2297 Yes G3/04/2018 19154	DM-9G TH ON 2 Apr 2018	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferenced Rapair Option	CHUA LI L 67471152 0801220 Fully at Fi	IAN Built Workshop, Name unknown	1 cc	rewer Insurer Comp rewerd NRIC Contact No. (Office) IP Vehicle Number (aime of Preferred V		S3F8297	d V
No. s he own a Singapore intered car? fication History fairm 002 New m Type 4 toct No. [Nobile] wi Address herred Workshop Contact uure Finalization e Registered out Taken By Prett AK tetter	OD-MX 96910608 HTKCLL@SINGNET.CC GBG1220P / SXR2297 Yes G3/04/2018 19154	DM-9G TH ON 2 Apr 2018	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferenced Rapair Option	CHUA LT LE 57471152 GBG1220F Fully at Fi Preferred	IAN Built Workshop, Name unknown	1 cc	rewer Insurer Comp rewerd NRIC Contact No. (Office) IP Vehicle Number (aime of Preferred V		S3F8297	d V
No. s he own a Singapore stered cor? Fication History Inim 002 New In Type 4 toot No. [Mobile] In Address In Description Intered Workshop Contact Sure Finalisation In Registered Out Taken By Print AK letter	OD-MX 96910608 HTKCLL@SINGNET.CC GBG1220P / SXR2297 Yes G3/04/2018 19154	DM-9G TH ON 2 Apr 2018	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferenced Rapair Option	CHUA LT LE 57471152 GBG1220F Fully at Fi Preferred	IAN Built Workshop, Name unknown	1 cc	rewer Insurer Comp rewerd NRIC Contact No. (Office) IP Vehicle Number (aime of Preferred V		S3F8297	d V
No. s he own a Singapore stered car? fication Hetory aim 002 New In Type 4 tact No. (Mobile) is Address in Description erred Workshop Contact user Finalisation s Registered out Taken By Print AK letter	OD-MX 96910608 HTKCLL@SINGNET.CC GBG1220P / SXR2297 Yes G3/04/2018 19154	DM-9G TH ON 2 Apr 2018	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferenced Rapair Option	CHUA LT LE 57471152 GBG1220F Fully at Fi Preferred	IAN Built Workshop, Name unknown	1 cc	rewer Insurer Comp rewerd NRIC Contact No. (Office) IP Vehicle Number (aime of Preferred V		S3F8297	d V
No. s he own a Singapore sterred car? fication History aim 002 New Type 4 toot No. (Mobile) of Address in Description erred workshop Contact user Finalisation s Registered and Talean By Print AK letter ttachment	OD-MX 96910508 PITKCLL@SINGNET.CC GBG1220P / SIV8297 Yes 202/04/2018 19/54 786/80m	DM-9G TH ON 2 Apr 2018	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preference Rapair Option Claim Close Date	CHUA LI LI 67471152 GBG12201 Fully at Fi preferred	workshop, Name unknown	1 cc	rewer Insurer Comp rewerd NRIC Contact No. (Office) IP Vehicle Number (aime of Preferred V		S3F8297	d V
No. s he own a Singapore stered car? fication Hetory aim 002 New m Type 4 tact No. (Mobile) if Address m Description erred Workshop Contact use Finalisation * Registered art Taken By Powt AK letter stachment	OD-MX 96910508 MTKCLL@SINGNET.CL GBG1220P / SW8297 Yes O3/04/2018 19154 Nackson MT/0908791 ● Yes ○ No	DM 56 H ON 2 Apr 2018	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferenced Rapair Option Claim Close Date	CHUA LI LI 67471152 GBG12201 Fully at Fi preferred	workshop, Name unknown 002 03/04/2018 19:55	1 cc	rewer Insurer Comp rewerd NRIC Contact No. (Office) IP Vehicle Number (aime of Preferred V		\$3F8297 Receive: 03/04/20	d V
No. s he own a Singapore stered car? fication Hetory aim 002 New m Type 4 tact No. (Mobile) if Address m Description erred Workshop Contact use Finalisation * Registered art Taken By Powt AK letter stachment	OD-MX 96910508 MTKCLL@SINGNET.CL GBG1220P / SW8297 Yes O3/04/2018 19154 Nackson MT/0908791 ● Yes ○ No	DM-9G TH ON 2 Apr 2018	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferenced Rapair Option Claim Close Date Claim No. Upload Date	CHUA LI LI 67471152 GBG12201 Fully at Fi preferred	workshop, Name unknown 002 03/04/2018 19:55 Category *	I C C T T N	roured NRIC Contact No. (Office) TP Vehicle Number Hame of Preferred 1 SIA report Jace Received	Workshop	83F8297 Recense: 03/04/24	d [v]
No. s he own a Singapore stered car? fication Hetory aim 002 New m Type 4 tact No. (Mobile) if Address m Description erred Workshop Contact use Finalisation * Registered art Taken By Powt AK letter stachment	OD-MX 96910508 MTKCLL@SINGNET.CL GBG1220P / SW8297 Yes O3/04/2018 19154 Nackson MT/0908791 ● Yes ○ No	DM 56 H ON 2 Apr 2018	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferenced Rapair Option Claim Close Date Claim No. Upload Date	CHUA LI LI 67471152 GBG12201 Fully at Fi Preferred Save Su	workshop, Name unknown 002 03/04/2018 19:55 Category *	I I I I I I I I I I I I I I I I I I I	roured NRIC Contact No.(Office) TP Vehicle Number Hame of Preferred 1 SIA report Date Received	Workshop Urgent [Normal	S3F8297 Receive: 03/04/20	d [v]
No. s he own a Singapore sterred car? fication History aim 002 New Type 4 toot No. (Mobile) of Address in Description erred workshop Contact user Finalisation s Registered and Talean By Print AK letter ttachment	OD-MX 96910508 MTKCLL@SINGNET.CL GBG1220P / SW8297 Yes O3/04/2018 19154 Nackson MT/0908791 ● Yes ○ No	DM 56 H ON 2 Apr 2018	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferenced Rapair Option Claim Close Date Claim No. Upload Date B.	CHUA LI LI 67471152 GBG12201 Fully at Fi Preferred Save Su Towse Clear	workshop, Name unknown 002 03/04/2018 19:55 Category * Please Select		roured NRIC Contact No.(Office) TP Vehicle Number Hame of Preferred 1 SIA report Date Received Confidential	Urgen Normal Normal	S3F8297 Receive: 03/04/20	d [v]
No. s he own a Singapore stered car? fication Hetory laim 002 New m Type 4 tact No. [Mobile] sel Address m Description erred Workshop Contact user Finalisation s Registered art Taken By Privil AK letter ttachment	OD-MX 96910508 MTKCLL@SINGNET.CL GBG1220P / SW8297 Yes O3/04/2018 19154 Nackson MT/0908791 ● Yes ○ No	DM 56 H ON 2 Apr 2018	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferenced Rapair Option Claim Close Date Claim No. Upload Date B.	CHUA LI LI 67471152 GBG12201 Fully at Fi Preferred Save Su Towse Clear	workshop, Name unknown 002 03/04/2018 19:55 Category *	I I I I I I I I I I I I I I I I I I I	roured NRIC Contact No.(Office) TP Vehicle Number Hame of Preferred 1 SIA report Date Received Confidential	Workshop Urgent [Normal	S3F8297 Receive: 03/04/20	d [v]
No. s he own a Singapore stered cor? Fication History faim 002 New m Type 4 toot No. [Mobile] sel Address m Description herred Workshop Contact sure Finalisation a Registered out Taken By Printl AK letter ttachment	OD-MX 96910508 MTKCLL@SINGNET.CL GBG1220P / SW8297 Yes O3/04/2018 19154 Nackson MT/0908791 ● Yes ○ No	DM 56 H ON 2 Apr 2018	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferenced Rapair Option Claim Close Date Claim No. Upload Date B. B.	CHUA LI LI 67471152 GBG1220 Fully at Fi Preferred Save Su Towse Clear Towse Clear	workshop, Name unknown 002 03/04/2018 19:55 Category * Please Select		resured NRIC Contact No.(Office) TP Vehicle Number SIA report Jace Received Confidential	Urgen Normal Normal	S3F8297 Receive: 03/04/20	d [v]
No. s he own a Singapore latered car? Ification History Itaim 002	OD-MX 96910508 MTKCLL@SINGNET.CL GBG1220P / SW8297 Yes O3/04/2018 19154 Nackson MT/0908791 ● Yes ○ No	DM 56 H ON 2 Apr 2018	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Rapair Option Claim Close Date Claim No. Upload Date B. B. B.	CHUA LI LI 67471152 GBG12201 Fully at Fi Preferred Save Su Towse. Cear Towse. Cear	workshop, Name unknown 002 03/04/2018 19:55 Category * Please Select Please Select	1 C C T T T T T T T T T T T T T T T T T	resured NRIC Contact No.(Office) TP Vehicle Number fame of Preferred 1 SIA report Date Received Confidential SID V SID V	Urgen Normal Normal	S3F8297 Receive: 03/04/20	d [v]
is he own a Singapore latered cor? Ification History Inim 002 New Inter No. (Nobile) all Address Irm Description ferred Work-Stop Contact pure Finalisation is Registered port Taken By	OD-MX 96910508 MTKCLL@SINGNET.CL GBG1220P / SW8297 Yes O3/04/2018 19154 Nackson MT/0908791 ● Yes ○ No	DM 56 H ON 2 Apr 2018	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferenced Rapair Option Claim Close Date Claim No. Upload Date B. B. B.	CHUA LI LI 67471152 GBG12201 Fully at Fi Preferred Save Su Towse. Cear rowse. Cear rowse. Cear	workshop, Name unknown OO2 O3/04/2018 19:55 Category * Please Select Please Select Please Select Please Select Please Select	1	resured NRIC Contact No.(Office) TP Vehicle Number fame of Preferred 1 33A report Jace Received Confidential W// W// W// W// W// W// W// W// W// W	Urgen Normal Normal Normal	\$3F8297 Receives 03/04/20	d [v]
No. s he own a Singapore stered cor? Fication History faim 002 New m Type 4 toot No. [Mobile] sel Address m Description herred Workshop Contact sure Finalisation a Registered out Taken By Printl AK letter ttachment	OD-MX 96910508 MTKCLL@SINGNET.CL GBG1220P / SW8297 Yes O3/04/2018 19154 Nackson MT/0908791 ● Yes ○ No	DM 56 H ON 2 Apr 2018	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferenced Rapair Option Claim Close Date Claim No. Upload Date B. B. B.	CHUA LI LI 67471152 GBG12201 Fully at Fi Preferred Save Su Towse. Cear rowse. Cear rowse. Cear	Workshop, Name unknown OO2 03/04/2018 19:55 Category * Please Select Please Select Please Select	1 C C T T T T T T T T T T T T T T T T T	resured NRIC Contact No.(Office) TP Vehicle Number fame of Preferred 1 33A report Jace Received Confidential W// W// W// W// W// W// W// W// W// W	Urgen Normal Normal Normal Normal	\$3F8297 Receiver 03/04/20	d [v]

http://giclaim.income.com.sg/gcs/icm/eclaim/claimantEdit.do?caseId=2450571&objectId=0... 3/4/2018

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Ap

		r 2018 19:55	NR3C/ Oriving License	Normal	NRIC/ Driving License 2018-4-3	Edi
102	NAC PAYA UBI BOGGOLI NATH	NAL ASSESSMENT CENTRE SERVICES) on 03 Ap r 2018 19:55	SAS	Normal	SAS 2018-4-3	Edi
	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 03 Ap r 2018 19:54	Photos	Normal	Photos 2018-4-3	Edi
- 17	NAC_PAYA_UBI_B0060[[NATK	WAL ASSESSMENT CENTRE SERVICES) on 03 Ap v 2018 19:54	Photos	Normal	Photos 2018-4-3	Ed
	NAC_PAYA_USI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 03 Ap r 2018 19:54	Photos	Normal	Photos 2018-4-3	Ed
200	NAC_PAYA_UBI_BOOGD1(NATH	ONAL ASSESSMENT CENTRE SERVICES) on 03 Ap + 2018 19:54	Photos	Normal	Photos 2015-4-3	Edi
-	NAC_PAYA_URI_RD0601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 03 Ap = 2018 19-54	Photos	Normal	Photos 2018-4-3	Ed
	NAC PAYA_USI_800603(NATII	ONAL ASSESSMENT CENTRE SERVICES) on 03 Au × 2018 19:54	Photos	Normal	Photos 2018-4-3	Ed
200	NAC_PAYA_UBI_800603(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 03 Ag r 2018 19:54	Photos	Normali	Photos 2018-4-3	Edit
	NAC_PAYA_UHL-800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 03 Ap y 2018 19:54	Photos	Normal	Photos 2018-4-3	Ed
3	NAC_PAYA_UBI_800601{ NATO	ONAL ASSESSMENT CENTRE SERVICES) on 03 Ap + 2018 19:54	Photos	Normal	Photos 2018-4-3	Ed
5	NAC_PAYA_URI_BOOSOT(NATS	ONAL ASSESSMENT CENTRE SERVICES) on 03 Ap + 2018 19:54	Photos	Normal	Photos 2018-4-3	Ed
	NAC_PAYA_UBI_BD0601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 03 Ap r 2018 19:54	Photos	Normal	Photos 2018-4-3	Ed
	NAC_PAYA_UB1_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 03 Ap + 2018 19:54	Photos	Normal	Photoe 3018-4-3	Ed
teo List						
	Uploaded By/Date	Polder Date	File Name	9	Source	Action