NATIONAL Assessment Centre	The state of the s		Supranticy.	
Date In: 614118 14123	Job description	Date & Time Completed	Done	0),
Rei No. NAI INC 1800 6391 144	SAS e-filing			
Vah No: SLR S482 Y	E-mail (within Shrs, AIC 2hrs)			
D.O.A. 614 118 09:10	i-Motor Claim Form	MT10989302	614118	5:06.
0.4.1.9	I-Motor W/O (Within: OD 2)			
OD O Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			995 11
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wk5p		
Preferred Wksp / INC Assign Wksp / QW: (J.	Tel:	Fax:	
	D 6149 G. INC	()/Non-INC()		
Owner / Driver: (0 0 11 01.	Tel:)	
	od. (Cover Type: ()	
Confirmed by : (Date:	Time:)	
	ote-Est Status (WO): N: 0-	20%; P: 21-79%. F: 80-	100%]	
	'arranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,00	0()/\$2,000()			
General Remarks:-			Sold Silve	
() Walk-In Customer: Customer's inform	the state of the s	to be distributed by the second secon		
() Total Loss Case : to e-mail Insurer			7)	
OC TOTAL CONTRACTOR OF THE PROPERTY OF THE PRO		Towing Co: ()
			Done	hv
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	7.270110	1.7
1) Apply for Transport Allowance ()/Co	ourtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()			
Injury:				
Date/Time Actions			Statio kur	1-1011.82- 1-112-1-1
Parotine dictions				
	1			
	Javoice P	reparation Checklist	Ant (S)	
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Claimant's Particulars :-	1) AR : Accid 2) DA : Dame 3) TF : Towin	ent Reporting (\$30); age Assessment (\$100); INC ag Fee	(\$80) (\$40/\$45	
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Claumant's Particulars :-	1) AR : Accid 2) DA : Dame 3) TF : Towin 4) FT : Follow 5) FT : Follow For cleimin	lent Reporting (\$30); Ige Assessment (\$100); INC Ing Fee V-Through Survey W-Through Survey (Resurvey) Ing against JNC Only (wef 10 Jan 20	(\$80) \$40/\$45 \$120 \$30 (05)	
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Claimant's Particulars :- Oriver/Owner: Contact No: Oamaged Portion: OC Checked by (Engr-In-Charge):	1) AR: Accid 2) DA: Darne 3) TF: Towin 4) FT: Follov 5) FT: Follov For cleimin 6) TR: Re-in 7) N1: Idae I 8) NTUC Ad QD* *N5: Cour *N6: Repa	lent Reporting (\$30); Ige Assessment (\$100); INC Ing Fee V-Through Survey V-Through Survey (Resurvey) In against INC Only (wef 10 Jan 20 Spection OA + SMRT Survey ditional Services. Interpretation Repair Inspection	(\$80) \$40/\$45 \$120 \$30 (\$75) \$160	
Claimant's Particulars :- Driver/Owner: Contact No: Darnaged Portion: C. Checked by (Engr-In-Charge): Auditors' Comments :-	1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Follov 5) FT: Follov For cleimin 6) TR: Re-in 7) N1: Idae I 8) NTUC Ad QD* *N5: Cour *N6: Reps *N7: Fost *N8: DV /	lent Reporting (\$30); Ige Assessment (\$100); INC Ig Fee Sear Through Survey W-Through Survey (Resurvey) Its against INC Only (wef 10 Jan 20 Spection DA + SMRT Survey ditional Services Itesy Car / Tpt Allowance in Co-ordination	(\$80) \$40/\$45 \$120 \$30 (\$55) \$160 \$55 \$10 \$25 \$5	Amt (3)
Claimant's Particulars :- Driver/Owner: Contact No: Darnaged Portion: (C. Checked by (Engr-In-Charge):	1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Follov 5) FT: Follov For cleimin 6) TR: Re-in 7) N1: Idae I 8) NTUC Ad QD* *N5: Cour *N6: Reps *N7: Fost *N8: DV /	lent Reporting (\$30); Ige Assessment (\$100); INC Ig Fee V-Through Survey V-Through Survey (Resurvey) Is against INC Only (wef 10 Jan 20 Spection DA + SMRT Survey ditional Services Itesy Car / Tpt Allowance is Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC Mobile	(\$80) \$40/\$45 \$120 \$30 (\$55) \$160 \$5 \$10 \$25 \$30 \$30	

SINGAPORE ACCIDENT STATEMENT

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
 3. Information 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 processor of this Form bulleting the policyholder and accurate as possible.

- 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. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) 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

	ACCIDENT STATEMENT
Date Of Report	06/04/2018 14:23
	06/04/2018 09:10
	GANGES AVE
	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR5482Y
Insured/Policyholder	
Name Of Registered Owner	NIC CAR
Co Reg No	53367601X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96664383
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF 1.4 TSI AT 5G13HZ HID SR
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093073356
Cover Note Number	
Driver	
Name of Driver	WAN CHEE INN (YIN ZIYUAN)
NRIC No	S8614674F
Date Of Birth	17/05/1986
Occupation	INDOOR
Date Of Driving Pass	08/12/2006
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96664383
Fax Number	
Contact Number	
3 - C - C - C - C - C - C - C - C - C -	VIIANISCOLIVE COM SG

YUAN86@LIVE.COM.SG

Address

BLK 625 AMK AVE 9 #03-100

Postcode

560625

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Ē.

Insurance Company of Driver's Own Vehicle

.

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?

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

HAVENT RETRIEVE

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

RD6149G

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

JOE WONG HENG WAH

Name of Driver NRIC/Passport Number

S1150660G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

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.

* 21N *

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 .:

PLAN								
Bus Stop.							SLIR RD	
		e	iong es	Ave				
BE CIRCUMSTAN	NCES OF THE	ACCIDENT						
Please		fe r	+0		State	ment	+	
			+0		State	ment	+	

DECLARATION

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

Date & Time:

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

I WAS TRAVELLING ALONG GANGES AVE ON THE LEFT MOST LANE, WHEN APPROCHING A BUS STOP. I STOP AT THE BUS BEHIND. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO RD6149G) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

ACCIDENT STATEMENT

1774	100	/MM/YYYY), TIME:(<u>9:10</u>)(HH:MM
***	LOCATION: Ganges Ave	<u> </u>
**	1. DETAILS OF VEHICLE	
55	a) VEHICLE NUMBER: 52R 5	5482 Y
	b)INSURANCE COMPANY:	MC
	CIPOLICY NUMBER:	
	ALBOLICY TYPE: / COMPREHENSIVE /	THIRD PARTY / THÍRD PARTY FIRE &THEFT)
	e)MAKE & MODEL:	THE TAKET THE TAKE THE
	fITYPE (SALOON / COUPE / MPV /V	AN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / C	COMMERCIAL / MOTORCYCLE)
	h) PURPOSE OF USING AT ACCIDENT	TIME: Private Use.
	I) ARE YOU CLAIMING UNDER YOUR	OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY	CLAIM / REPORTING ONLY)
	2. INSURED / POLICY HOLDER	
	A)NAME: NIC CAR.	(MALE / FEMALE)
	b) NRIC/FIN/PASSPORT:	CONTACT: 9666 4383
	c) ADDRESS:	
£ 2	A COLUMN TO A LIE DON'TO ALCO	DOLLOVILOIDER
0	* CONTINUE TO 3.d IF DRIVER ALSO	POLICY HOLDER
He of pa	ssenge DRIVER	(Yin 2: Yuan) (MALE / FEMALE)
Including	driver) HINRIC/FIN/PASSPORT:	CONTACT:
(1)	c)ADDRESS:	
1 Carrier 1		
	*d)DATE OF BIRTH: (//)(DD/MM/YYYY)
	e)OCCUPATION: (INDOOR / OUTDO	
	f)YEARS OF DRIVING EXPRERIENCE:_	
	4. WAS DRIVER AN EMPLOYEE OF T	HE INSURED'S COMPANY? (YES / NO)
	TE NO BELATION CUID OF THE DE	
		RIVER WITH INSURED:
	5. a) WEATHER CONDITION: (CLEAR / F	RAINING / OTHERS
	 a) WEATHER CONDITION: (CLEAR / R b) ROAD SURFACE: (DRY / WET / OTH 	RAINING / OTHERS
	 G)WEATHER CONDITION: (CLEAR / F b)ROAD SURFACE: (DRY / WET / OTH 6. WAS ANYBODY INJURED (YES / NO) 	RAINING / OTHERS
	 a) WEATHER CONDITION: (CLEAR / R b) ROAD SURFACE: (DRY / WET / OTH 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) 	RAINING / OTHERS
	5. a) WEATHER CONDITION: (CLEAR / R b) ROAD SURFACE: (DRY / WET / OTH 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE 8. THIRD PARTY VEHICLE	RAINING / OTHERS
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REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8614674F





WAN CHEE MN (YIN ZIYUAN)

子 源 Race

CHINESE 17-05-1986 SINGAPORE

Country/Place of birth

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES):

EFFECTIVE DATE

Class 3 Motor Cars = 3000kg with = 47 passengers, exclusive 08 Dec 2006 of the driver; and other motor vehicles = 2500kg





26-04-2017

APT BLK 625 ANG MO KIO AVENUE 9 #03-100 SINGAPORE 560625

5734741

eBaoTech

· Change Language

· Change Password

Log Out

GeneralClaim

My Desktop Notice of Loss

Hello, NAC_PAYA_UBI_800601 **Policy Query** 06/04/2018 10:13 Date of Accident Policy No. Vehicle No.(For Motor) SLR5482Y Search Commence Date Insured Object Policyholder NRIC Vehicle No. Expiry Date Policyholder Name Product Cover Type Policy No. Select 18/08/2017 17/08/2018 drivo PREMIUM SLR5482Y SLR5482Y GPC 53367601X 5093073356 NIC CAR

Continue

Claim Handling

cy No.	5093073356	Vehicle No.	SLR54BZY		GST Registration No. Policyholder NRIC	53367601X
cyholder Name	NIC CAR		STREET, LANSING		distributed in the	0
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM		Contact No.(Home)	
tact No.(Mobile)	96664383	Contact No.(Office)			eCode	No *
il Address		Special Remark				
	No Yes	TCA	No Yes		eCode Reason	No.
) Protection	No	NCD Entitlement(%)	30	12	Private Hire	No
Accident Details					- With the second	2000 2019 2019 2019 2019
		Accident Report Within 24 hrs	Yes		Accident Type	Collision - Head to Rea
	06/04/2018 14:58	Time of Accident hh: mm	09:10		Country of Accident	Singapore
te of Accident	06/04/201E	Orange Force			ICM No.	
parting Centre	- potencial	Grange race				
cident Location	GANGES AVE					
> Benefits						
/ Excess		Additional Excess		0.00	Windscreen Excess	
vn damage Excess	2,000.00	Outside Singapore OD Excess		2,000.00		
named Driver Excess				1,500.00		
and Party Excess	1,500.00	Outside Singapore TP Excess				
GST Registered Informa	etion .		GST Registr	stico Date		
T Registered	No .		GST Status		No	
T Registration No.			631 30009	Vermed		
odification History						
Policyholder Mailing Ad	dress					SINGAPORE 560625
ddress 1	BLK 625 #03-100	Address 2	ANG MO KID AVEN	JE 9	Address 3	AND DESCRIPTION OF THE PARTY OF
ddress 4		Address Type	Singapore address		Post Code	560625
init No.	03-100	Related Policy Number	5093073356			
OI Driver Info	22,147.0					
	Unnamed Driver	Driver Type	Unnamed Driver			
river Name	WAN CHEE INN (YIN ZIYUAN)	Driver NRIC	58614674F		Driver DOB	17/05/1986
innamed driver Name		Driver Age	31		Driving Experience	11
legister Date of Driver License		Contact No.(Office)			Contact No.(Home)	
Contact No. (Mobile)	96664383		ANG MO KID AVEN	UE 9	Address 3	SINGAPORE 560625
ddress 1	BLK 625 #03-100	Address 2	Singapore address		Post Code	560625
Address 4		Address Type	Singapore address			
Jnit No.	03-100					
ones he own a Singapore	03-100 Yes + No	Driver Vehicle No.			Driver Insurer Company	
		Driver Vehicle No.			Driver Insurer Company	
ones he own a Singapore Registered car?		Driver Vehicle No.			Driver Insurer Company	
ones he own a Singapore	Yes a No	Driver Vehicle No. Any Injury?	Yes a No		Driver Insurer Company	
Does he own a Singapore Registered car? Declaration		W1.175-4-101.5-001.4	Yes a No		Driver Insurer Company	
poes he own a Singapore Registered car? Reclaration Breathalyser or Blood Test Reading?	Yes a No	W1.175-4-101.5-001.4	Yes a No		Driver Insurer Company	
Does he own a Singapore Registered car? Reclaration Breathalyser or Blood Test	Yes a No	W1.175-4-101.5-001.4	Yes a No		Driver Insurer Company	
Does he own a Singapore Registered car? Reclaration Breathalyser or Blood Test Reading?	Yes a No	W1.175-4-101.5-001.4	Yes a No		Driver Insurer Company	
poes he own a Singapore tagistared car? Declaration Breathalyser or Blood Test teading? Hodification History	Yes a No	W1.175-4-101.5-001.4	Yes a No		Driver Insurer Company	
poes he own a Singapore tegistared car? eclaration Breathalyser or Blood Test teading? sodification History	Yes a No	Any injury?				53367601X
coes he own a Singapore Registered car? Pocclaration Breathalyser or Blood Test Reading? Modification History Claim 901 OD-MX Ne	Yes a No	W1.175-4-101.5-001.4	Yes * No		Insured NRIC	\$3367601X
coes he own a Singapore begistered car? exclaration greathalyser or Blood Test leading? Claim 001 OD-MX Ne	Yes a No 0 mg	Any injury?			Insured NRIC Contact No.{Office}	NIL
cons he own a Singapore begistered car? sectiaration sreathalyser or Blood Test leading? Claim 001 OD-MX Ne Claim Type * Contact No. (Mobile)	Yes a No Ö mg	Any injury?	NIC CAR		Insured NRIC Contact No.{Office} TP Vehicle Number	NIL RD6149G
coes he own a Singapore Registered car? Reclaration Breathalyser or Blood Test Reading? Claim 901 OD-MX Ne Claim Type * Contact No.(Mobile) Email Address	Yes = No 0 mg OD-MX 96664383	Any injury? Insured Name Contact No.(Home)	NIC CAR		Insured NRIC Contact No.{Office}	NIL
coes he own a Singapore legistared car? exclaration greathalyser or Blood Test leading? Claim 001 OD-MX Ne Claim Type * Contact No.(Nobile) Email Address Claim Description	Ves = No 0 mg OD-MX 96664383 SLR5462Y ON 6 Apr 2018	Any Injury? Insured Name Contact No.(Home) OI Vehicle Number	NIC CAR	•	Insured NRIC Contact No.{Office} TP Vehicle Number	NIL RD6149G
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coses he own a Singapore lagistered car? Declaration Breathalyser or Blood Test Reading? Claim 001 OD-MX Ne Claim Type * Contact No. (Nobile) Email Address Claim Description Preferred Workshop Contact	Ves = No 0 mg OD-MX 96664383 SLR5462Y ON 6 Apr 2018	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	NIC CAR NIL SLR5482Y Not at Fault	op, Name unknown	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL RD6149G D
coes he own a Singapore Registered car? Recidention Blood Test Reading? Claim 001 OD-MX Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No.	Yes = No O mg OD-MX 96664383 SLR5462Y ON 6 Apr 2018 0	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	NIC CAR NIL SLR5482Y Not at Fault		Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	NIL RD6149G D Received
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coses he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Colaim 001 OD-MX Ne Claim 001 OD-MX Ne Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ** Print AK letter	Yes = No O mg OD-MX 96664383 SLR5462Y ON 6 Apr 2018 O Yes V DS/04/2018 15:15	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	NIC CAR NIL SLR5482Y Not at Fault Preferred Worksh		Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	NIL RD6149G D Received
coes he own a Singapore begistered car? beclaration sreathalyser or Blood Test leading? colaim 001 OD-MX Necessary Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	Yes = No O mg OD-MX 96664383 SLR5462Y ON 6 Apr 2018 O Yes V DS/04/2018 15:15	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	NIC CAR NIL SLR5482Y Not at Fault Preferred Worksh		Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	NIL RD6149G D Received
coses he own a Singapore lagistered car? Declaration Breathalyser or Blood Test Reading? Claim 001 OD-MX Ne Claim 700 OD-MX Ne Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ** Print AK letter Attachment	Yes = No O mg OD-MX 96664383 SLR5462Y ON 6 Apr 2018 O Yes V DS/04/2018 15:15	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	NIC CAR NIL SLR5482Y Not at Fault Preferred Worksh		Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	NIL RD6149G D Received
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Does he own a Singapore Registered Car? Pocclaration Breathalyser or Blood Test Reading? Modification History Claim 901 OD-MX Ne Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ** Print AK letter Attachment	Yes = No Omg OD-MX 96664383 SLR5462Y ON 6 Apr 2018 0 Yes V OS/04/2018 15:15 LIEW SHAN HUI	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer Claim No.	NIC CAR NIL SLR5482Y Not at Fault Preferred Worksh	op, Name unknown	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	NIL RD6149G D Received
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Does he own a Singapore Registered Car? Pocclaration Breathalyser or Blood Test Reading? Modification History Claim 901 OD-MX Ne Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ** Print AK letter Attachment	Yes = No Omg OD-MX 96664383 SLR5462Y ON 6 Apr 2018 0 Yes V OS/04/2018 15:15 LIEW SHAN HUI	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer Claim No.	NIC CAR NIL SLR5482Y Not at Fault Preferred Worksh	001 05/04/2018 00:00 Category *	Insured NRIC Contact No-{Office} TP Vehicle Number Name of Preferred Workshop GIA report Date Received Total Loss but Repaired Confidential Urg	NIL RD6149G D Received 06/04/2018 00:00
Does he own a Singapore Registered Car? Recitaration Breathalyser or Blood Test Reading? Modification History Claim 901 OD-MX Ne Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By * Print AK letter Accident No. Last Doc. Received	Yes = No Omg OD-MX 96664383 SLR5462Y ON 6 Apr 2018 O Yes VS/04/2018 15:15 LIEW SHAN HUS MT/0989302 • Yes ○ No Path •	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer Claim No.	NIC CAR NIL SLR5482Y Not at Fault Preferred Worksh Save Submit	001 06/04/2018 00:00 Category *	Insured NRIC Contact No.{Office} TP Vehicle Number Name of Preferred Workshop GIA report Date Received Total Loss but Repaired Confidential Urg	NIL RD6149G D Received 06/04/2018 00:00
Does he own a Singapore Registered Car? Pocclaration Breathalyser or Blood Test Reading? Modification History Claim 901 OD-MX Ne Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ** Print AK letter Attachment	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer Claim No.	NIC CAR NIL SLR5482Y Not at Fault Preferred Worksh Save Submit	001 05/04/2018 00:00 Category *	Insured NRIC Contact No-{Office} TP Vehicle Number Name of Preferred Workshop GIA report Date Received Total Loss but Repaired Confidential Urg	NIL RD6149G D Received 06/04/2018 00:00

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Attachment Lis	13					
Attachment	Uploaded By/Date		Category	9	Urgency	Description
Action in	NAC_PAYA_UBI_SODGD1(NATIONAL ASSESSMEN Apr 2018 15:06	T CENTRE SERVICES) on 06	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-4-6
(G)	NAC_PAYA_UBI_800601(NATIONAL ASSESSMEN Apr 2016 15:06	T CENTRE SERVICES) on 06	SAS		Normal	SAS 2018-4-6
	NAC_PAYA_UBI_800601{ NATIONAL ASSESSMEN Apr 2018 15:06	IT CENTRE SERVICES) on 06	Photos		Normal	Photos 2018-4-6
) <u>ē</u> (NAC_PAYA_UBI_800601(NATIONAL ASSESSMEN Apr 2018 15:05	YT CENTRE SERVICES) on 06	Photos		Normal	Photos 2018-4-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSME! Apr 2018 15:05	VT CENTRE SERVICES) on 06	Photos		Normal	Photos 2018-4-6
1887	NAC_PAYA_UBI_800601(NATIONAL ASSESSMEI Apr 2018 15:05	NT CENTRE SERVICES) on 06	Photos		Normal	Photos 2018-4-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSME Apr 2018 15:05	NT CENTRE SERVICES) on 06	Photos		Normal	Photos 2018-4-6
	NAC_PAYA_UB1_800601(NATIONAL ASSESSME Apr 2018 15:05	NT CENTRE SERVICES) on 06	Photos		Normal	Photos 2018-4-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSME Apr 2018 15:05	NT CENTRE SERVICES) on 06	Photos		Normal	Photos 2018-4-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSME Apr 2018 15:02	NT CENTRE SERVICES) on 06	Photos		Normal	Photos 2018-4-6
3	NAC_PAYA_UBI_800601[NATIONAL ASSESSME Apr 2018 15:07	INT CENTRE SERVICES) on 06	Photos		Normal	Photos 2018-4-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMI Apr 2018 15:02	INT CENTRE SERVICES) on 06	Photos		Normal	Photos 2018-4-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMI Apr 2018 15:02	ENT CENTRE SERVICES) on 06	Photos		Normal	Photos 2018-4-6
V	NAC_PAYA_UBI_800601(NATIONAL ASSESSM Apr 2018 15:02	ENT CENTRE SERVICES) on 06	Photos		Normal	Photos 2018-4-6
8	NAC_PAYA_UBI_800601(NATIONAL ASSESSM Apr 2018 15:02	ENT CENTRE SERVICES) on 06	Photos		Normal	Photos 2018-4-6
Video List					0	Source

Display in New Window Scan and uploading

Folder Date

File Name

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Source

Uploaded By/Date