Province Page 1917 The second second		100	Date &Time Completed	Done	pr.
Date In: 10 4 18-10:07	Jeb description	-	Date to I time completed	20110	
Ref No: NA/INC18006563/24	SAS e-filing				
Veh No: SM9736P	E-mail (within	8hrs, AIC 2hrs)	1		
D.O.A. 9/4/18-1655	i-Motor Clai	m Form	M70989694	10/4/18 10	1133
OD TP ! Reporting Only	i-Motor W/O	(Within: OD 2hr:	s, TP 4hrs)		
OB (1) reporting only	i-Photo Uplo	aded			
TD Inches	Assessment/Su	rvey Report	1		
TP Insurer:	Ass't Report b	y Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (2150089 UNSS: -1.33		Tel:	Fax:	
TP Particulars: Veh No: 6462	।वंभ .	. INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Pc	riod: ()	Cover Type: () .	
Confirmed by : (Date:	Time:)	
			0%; P: 21-79%. F: 30-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,0	And the second s	The same of the sa	Y	POPE THE WAST	
General Remarks:			TO MAKE THE STATE OF THE STATE		
() Walk-In Customer: Customer's info	rmation strictly Co	nfidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail Insure	er URGENTLY.	2.4	N 44 1 3		-
Drive-In ()/ Towed-In (); Invoice		NO();T	owing Co: ()
			Date& Timie Comple 34	Done	bV -
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/C	Courtesy Car (\ \			-
2) QC Check / Post Repair Inspection	ouricsy car (1	,	
2/ OC CHECK / FUSI REDAIL HISDECTION	46 (1	1	N 00		
	()	V - 1			
	3000] ()			
3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	3000] ()			
3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	()) (a) (2 () () ()	Description 1 Section 1		1 . No. 19. 1
3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	()		The second		- 00 Pro-
3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	3000] ()			3 . OH. P
3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	()) (01.14.14.70)	Draw, and the second se		
3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	3000] (
3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	3000] (TAPE OF
3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions	3000] (Invoice Pre	paration Checklist	Ant (S)	Amu(3)
3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions	3000] (1) AR : Accident	paration Checklist	Ant (S)	
3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions NA 80 2177	3000] (1) AR : Accident 2) DA : Damage	paration Checklist: Reporting (\$30); Assessment (\$100); INC (\$100);	Ant (S)	
3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions NA 802 74 Inimant's Particulars:	3000] (1) AR : Accident 2) DA : Damage 3) TF : Towing I 4) FT : Follow-T	paration Checklist: Reporting (530); Assessment (5100); INC (500); hrough Survey	#mt(\$) fit Bill 10/545 \$120	A CONTRACTOR OF THE PARTY OF TH
3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions NA 802 72 laimant's Particulars:	3000] (1) AR : Accident 2) DA : Damage 3) TF : Towing I 4) FT : Follow-T 5) FT : Follow-T	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$60 \$60) Frough Survey hrough Survey (Resurvey)	#mt(\$). ##Bill 880) #0/\$45 \$120 \$30 \$5)	
3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions NA 802177 Inimant's Particulars: river/Owner:	3000] (1) AR: Accident 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspe	paration Checklist: Reporting (530); Assessment (5100); INC (500); INC (500)	#mt(\$). ##Bill 880) #0/\$45 \$120 \$30 \$5) \$75	
3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions NA 802 77 Inimant's Particulars: river/Owner:	3000] (1) AR : Accident 2) DA : Damage 3) TF : Towing I 4) FT : Follow-T 5) FT : Follow-T For claiming a	paration Checklist: Reporting (530); Assessment (5100); INC (500); INC (500)	#mt(\$). ##Bill 880) #0/\$45 \$120 \$30 \$5)	A CONTRACTOR OF THE PARTY OF TH
3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time: Actions NA 802 77 Liumant's Particulars': priver/Owner: pontact No: hmaged Portion:	3000] (1) AR: Accident 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming 8 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD*	par ation Checklist. Reporting (330); Assessment (\$100); INC (320); ee Schrough Survey hrough Survey (Resurvey) against INC Only (wef 10 Jan 200) ction + SMRT Survey onal Services.	Ant (5) fit Bill 880) 40/545 \$120 \$30 25) \$75 \$160	
3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time: Actions NA 802 77 Itumant's Particulars': river/Owner: ontact No: amaged Portion:	3000] (1) AR: Accident 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming 8 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD* *N5: Courtes) *N6: Repair C	par ation Ghecklist. Reporting (330); Assessment (\$100); INC (\$200); Assessment (\$100); Assessment (\$100	\$40/\$45 \$120 \$30 \$5/\$5 \$160	
3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions NA 80 2177 Italimant's Particulars: river/Owner: ontact No: armaged Portion: C Checked by (Engr-In-Charge):	3000] (1) AR: Accident 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming 8 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep	paration Ghecklist. Reporting (330); Assessment (\$100); INC (320); Assessment (\$100); INC (320)	\$80) 40/\$45 \$120 \$30 \$5) \$75 \$160 \$5 \$10 \$25	
3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time! Actions NA[802]77 Inimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): uditors! Comments::	3000] (1) AR: Accident 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming 8 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	par ation Ghecklist. Reporting (330); Assessment (\$100); INC (\$200); Assessment (\$100); Assessment (\$100	\$80) 40/\$45 \$120 \$30 \$5) \$75 \$160 \$5 \$10 \$25 \$25	
3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions	3000] (1) AR: Accident 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming 8 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$30); Note: Note	\$\frac{\fir}{\frac	

1 , pop 11 + 150

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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

•	\mathbf{c}	\sim	DEN	Tel	ГΛТ	-M	EN	•
А	u	u	DEN				-	ш

10/04/2018 10:07 Date Of Report Date Of Accident 09/04/2018 16:55

PIE (CHANGI) BEFORE CTE EXIT Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJM9736P

Insured/Policyholder

ENG CHIN MENG Name Of Registered Owner

S6885725B NRIC No NOEMAIL Email Address

(LOCAL) +65-94774995 Mobile Phone No OFFICE-94774995 Alternative Phone No

Vehicle Particulars

HONDA Manufacturer

STREAM 1.8X A 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?

NO

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

5041508360-08 Policy Number

Cover Note Number

Driver

ENG CHIN MENG Name of Driver

S6885725B NRIC No 21/11/1968 Date Of Birth INDOOR Occupation 13/08/2001 Date Of Driving Pass

16 YEARS AND 7 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-94774995 Mobile Number

Fax Number

OFFICE-94774995 Contact Number

NOEMAIL EMail Address

BLK 17A CIRCUIT ROAD Address

#02-206

371017 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

Insurance Company of Driver's Own Vehicle

3

General Information of the Accident

CHAIN COLLISION 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? 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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

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, MY VEHICLE WAS SLOWING DOWN ALONG PIE (CHANGI) LANE 3 BEFORE CTE EXIT. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION. VEHICLE C 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 audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GY6219H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SFY3390B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

2

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (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.

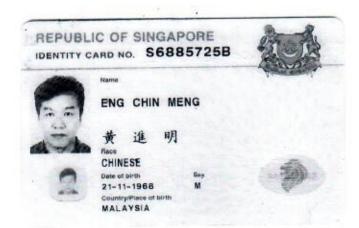
Policyholder's Signature Date & Time:

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

NRIC/FIN No.:

KETCH PLAN		
		A: 5mg=36P
		F. 6163194
		B: 6463194
		C: SFY 3390 B
916		
a		
bre (grand)	A	
9		
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
SAME PORT I		
Refer to stateme	nt :	
		/
DECLARATION		
//We declare the foregoing part	iculars are true in every respect.	\sim
919		Ma
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:
GIANNIC Stenen From a m_v3		2





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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 13 Aug 2001
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive 13 Aug 2001
of the driver; and other motor vehicles =< 2500kg

Date of Issue 20-05-2013 APT BLK 17A CIRCUIT ROAD #02-206 SINGAPORE 371017 NRIC No: \$68857258 Date: 01/12/2015

5173225

NP 428A

eBao Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601				and the same of		Change Lan	guage '	Change Passwo	rd • Log Out
My Desktop	Poli	cy Query						, partitions		- 0.
Notice of Loss	Policy N	lo.				Date of Acc	ident	09/04	/2018 16:45	
	Vehicle	No.(Far Mator)	S3M9736P							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5041508360- 08	ENG CHIN MENG	568857258	GPC	drivo CLASSIC	SJM9736P	SJM9736P	22/01/2018	21/01/2019
					Į.	Continue				

Policy No.	5041508360-08	Policyholder Name	ENG CHIN MENG	Policyholder NRIC	S6885725B
ddress	BLK 17A #02-206 CIRCUIT RO	AD MACPHERSON	N RESIDENCY SINGAPORE 3	71017	
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	19/01/2018	Effective Date	22/01/2018 00:00	Expiry Date	21/01/2019 23:59
Third Party Excess	0.0	Own damage Excess	600.0	Windscreen Excess	100.0
Additional excess	0	OS Premium	0		
Outside Singapore OD Excess	600.0	Outside Singapore TP Excess	0.0		
Agent	SIX PHASE E & T	Agent Tel.	65523600	GST Flag	Y
Co-insurance Flag Open Policy Info	No				
Certificate Info					
	der Mailing Address				DATE OF THE STATE OF THE STATE OF THE
Address 1	BLK 17A #02-206	Address 2	CIRCUIT ROAD	Address 3	MACPHERSON RESIDENCY
Address 4	SINGAPORE 371017	Address Type	Singapore address	Post Code	371017
Unit No.		Related Policy Number	5041508360-08		
Insured (Object: SJM9736P				
□ Endorser	nents				
Sequence	Date of Endorsement 22/01/2018 00:00	Endorsem Basic Informa Endorsement		sement Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 22 Jan 2018, the premium of this policy is revised to \$796.46 (inclusive of GST) due to conversion of your vehicle from Off-peak Car Scheme to Normal Car Scheme In view of this amendment, an additional premium of \$203.82 (inclusive of GST) is payable under your policy. Please ignorthis premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card on NETS.

im Handling									
dent MT/0989694									
cy. No.	5041508360-08	Vehicle No.	51M9736P		gistration No.	- 2	esetants.		
cyttolder Name	ENGICHEN MENG				older NRIC		58857258		
uct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading		0			
ect No. (Mobile)	94774995	Cornact No. (Office)	0		No.(Home)	0			
Address		Special Remark		eCode		13	V		
	® No ∵ Yes	TCA	® No ○ Yes	eCode		160	200		
Protection	res	NCD Entitlement(%)	50	Private	Hre	N.	D		
Accident Details									
rt Date	10/04/2018 10:31	Accident Report Within 24 hrs.	Yes	Acode			hain Cultision		
of Accident	09/04/2018	Time of Accident hhomm	16:55	Countr	y of Accident	s	ingapore		
ting Centre		Orange Force		ICM No	N.C.				
ent Location	PIE (CHANGI) BEFORE CTE EXIT								
Benefits									
Excess								1923/22	
damage Excess	600.00	Additional Excess	0.00	Winds	reen Excess			100.00	
med Driver Excess	0.00	Outside Singapore OD Excess	600.00						
Party Excess	0,00	Outside Singapore TP Excess	0.00						
SST Registered Inform	ation								
egistered	No		GST Registration Date						
egistration No.			GST Status Verified		Yes				
lostion History									
Policyholder Mailing Ad			CIRCUIT SOAD	Addre	6.3	- 1	MACPHERSON	RESIDENCY	
195 1	BLK 17A #02-206	Address 2	CIRCUIT ROAD				371017		
155 4	SINGAPORE 371017	Address Type	Singapore address	Post C	and .	-	1444		
No.		Related Policy Number	5041508360-08						
OI Driver Info		(2000) (2000)	Main Betting						
r Name	ENG CHIN MENG	Driver Type	Main Driver S68857258	Driver	DOB	15	21/11/1968		
med driver Name		Driver NRIC	49		g Experience		16		
ter Date of Driver License		Driver Age			ct No.(Hame)		0		
et No.(Mobile)	94774995	Contact No. (Office) Address 2	0	Addre			MACPHERSON	RESIDENCY	
ess 1	BLK 17A								
			CIRCUIT ROAD				371017		
ess 4	\$INGAPORE 371017	Address Type	Singapore address	Post (371017		
No.				Post (ode		371017		
No. s he own a Singapore	SINGAPORE 371017			Post (371017		
No. s he own a Singapore stered car?	\$3NGAPORE 371017 62-206	Address Type		Post (ode		371017		
No. s he own a Singapore stered car?	\$2NGAPORE 371017 02-206 ○ Vec ③ No	Address Type Driver Vehicle No.	Singapore address	Post (ode		371017		
t No. Is he own a Singapore intered car? Isracium Isracium Isracium Isracium	\$3NGAPORE 371017 62-206	Address Type		Post (ode		371017		
ress 4 (No. Is he own a Singapore intered car? Intered car.	\$2NGAPORE 371017 02-206 ○ Vec ③ No	Address Type Driver Vehicle No.	Singapore address	Post (ode		371017		
No. Is he own a Singapore Istered Car? Istakkin Istakkin	\$2NGAPORE 371017 02-206 ○ Vec ③ No	Address Type Driver Vehicle No.	Singapore address	Post (ode		371017		
No. Is he own a Singapore Instered car? anation antihityaer or Blood Test ding?	\$2NGAPORE 371017 02-206 ○ Vec ③ No	Address Type Driver Vehicle No.	Singapore address	Post (ode		371017		
No. I he own a Singapore stered Car? Ination Inatyser or Blood Test ling?	\$2NGAPORE 371017 02-206 ○ Vec ③ No	Address Type Driver Vehicle No.	Singapore address	Post (ode		371017		
No. The own a Singapore stered car? Traition Thalyser or Slood Test ling? Traition History aim 001 New	Sensapone 371017 02-206 ○ Vet ③ No 0 mg	Address Type Driver Venicle No. Any injury?	Singapore address ○ Yes No	Post (ode	ипу	371017 S68857258		
No. he own a Singapore itered car? ration thatyaer or Blood Test ang? Next 1001 Next	Sensapone 371017 02-206 ○ Vet No 0 mg	Address Type Oriver Vehicle No. Any Injury? Insured Name	Singapore address ○ Y4a No ENG CHON MENG	Post (Driver	ode - Insurer Compa es NRIC	ипу			
No. Ne own a Singapore itered car? ration thatpair or Blood Test ing? Interest in Mexication Heathry aim 003 New In Type *	\$200-00 371017 02-206 ○ Yes	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	Singapore address ○ Y43 ® No ING CHON MENG. 63652856	Post (Drives Insur Contr	es NRIC	iny [\$6885725B		
No. Ine own a Singapore Stered Car? Ination Inalyser or Blood Test Ising? Iscation History In Type * Issat No. (Mobile)	\$200,000 \$71017 02-206 ○ Yes	Address Type Oriver Vehicle No. Any Injury? Insured Name	Singapore address ○ Y4a No ENG CHON MENG	Post (Drive) Insur Control TP Ve	es NRIC to No. (DMGe) tricle Number	iny			
No. In election a Singapore stered Car? Institution Interpret of Shood Test lang? Incation History Incation Memory In Type * Incat No. (Mobile) In Address In Description	\$200-00 371017 02-206 ○ Yes	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	Singapore address	Post (Drive) Insur Control TP Ve	es NRIC	iny	\$6885725B		
no he own a Singapore intered car? ration thalyser or Stood Test long? contion History sim 001 Next n Type * act No. (Mobile) in Address. in Description	\$200,000 \$71017 02-206 ○ Yes	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	Singapore address ○ Y43 ® No ING CHON MENG. 63652856	Post (Driver Indur Contri TP V Name	es NRIC to No. (DMice) tricle Number of Preferred W	torkshop	568857258 GV62194		
no he own a Singapore itered car? ration thatyser or Blood Test leng? ication History aim 003 New n Type * act No (Mobile) is Address. in Description tred Workshep Contact	\$200,000 \$71017 02-206 ○ Yes	Address Type Oriver Vehicle No. Any mjury? Insured Name Contact No.(Home) DI Vehicle Number	Singapore address	Post (Drives Insur Control TP Vo Name	es NRIC (c) No. (DMce) (ricle Number (c) of Preferred W	Iny	\$68857258 \$682194 Received		
No. In election a Singapore stered Car? Ination Inalysaer or Blood Test ling? Incation History In Type * Incit No. (Mobile) In Address In Description Increase Werkshop Contact Line Finalisation	SINGAPORE 371017 02-206 Vet (a) No 0 mg 0 mg 00-MX 94774995 meng 12281@hotmail.com SIM9736P / GY6219H ON 9 Apr 2018	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) DI Vehicle Number	Singapore address ○ Y42 ® No ENG CHON MENG. 63652856 SIM9736P Not at Fault	Post (Drives Insur Control TP Vo Name	es NRIC to No. (DMice) tricle Number of Preferred W	Iny	568857258 GV62194		
No. The own a Singapore itered Car? Tratism Inalysae or Blood Test ling? Scation History aim 001 New In Type * Inct No. (Mobile) In Address In Description Interest Workshap Contact Line Finalisation In Registered	SINGAPORE 371017 02-206 Ves Alo Omg OD-MX 98774995 meng12281@hotmail.com SIM9736P / GY6219H ON 9 Apr 2018 Ves:	Address Type Oriver Vehicle No. Any mjury? Insured Name Contact No.(Home) DI Vehicle Number Insured Lizolity * Preferred Repar Option	Singapore address ○ Y42 ® No ENG CHON MENG. 63652856 SIM9736P Not at Fault	Post (Drives Insur Control TP Vo Name	es NRIC (c) No. (DMce) (ricle Number (c) of Preferred W	Iny	\$68857258 \$682194 Received		
No. In election a Singapore stered Car? Ination Inalysaer or Blood Test ling? Incation History In Type * Isset No. (Mobile) In Address In Description Interest Workshop Contact Line Finalisation In Registered In Taken By	\$200,000 371017 02-206 Ves Alo O mg O mg OO-MX 96774995 meng 12261@hotmail.com SJM9736P / GY6219H DN 9 Apr 2018 Ves L0/04/2016 10:33	Address Type Oriver Vehicle No. Any mjury? Insured Name Contact No.(Home) DI Vehicle Number Insured Lizolity * Preferred Repar Option	Singapore address ○ Y42 ® No ENG CHON MENG. 63652856 SIM9736P Not at Fault	Post (Drives Insur Control TP Vo Name	es NRIC (c) No. (DMce) (ricle Number (c) of Preferred W	Iny	\$68857258 \$682194 Received		
No. The own a Singapore stered Car? Trakish Inalysaer or Blood Test ling? Scation History aim 003 New In Type * Inct No. (Mobile) In Address In Description Erros Workshap Contact Line Finalisation In Registered In Taken By	\$200,000 371017 02-206 Ves Alo O mg O mg OO-MX 96774995 meng 12261@hotmail.com SJM9736P / GY6219H DN 9 Apr 2018 Ves L0/04/2016 10:33	Address Type Oriver Vehicle No. Any mjury? Insured Name Contact No.(Home) DI Vehicle Number Insured Lizolity * Preferred Repar Option	Singapore address ○ Y42 ® No ENG CHON MENG. 63652856 SIM9736P Not at Fault	Post (Drives Insur Control TP Vo Name	es NRIC (c) No. (DMce) (ricle Number (c) of Preferred W	Iny	\$68857258 \$682194 Received		
No. The own a Singapore stered Car? Trabian Thalyser or Blood Test ling? Scation History aim 001 New Type * Type	\$200,000 371017 02-206 Ves Alo O mg O mg OO-MX 96774995 meng 12261@hotmail.com SJM9736P / GY6219H DN 9 Apr 2018 Ves L0/04/2016 10:33	Address Type Oriver Vehicle No. Any mjury? Insured Name Contact No.(Home) DI Vehicle Number Insured Lizolity * Preferred Repar Option	Singapore address	Post (Drives Insur Control TP Vo Name And V GIA 7	es NRIC (c) No. (DMce) (ricle Number (c) of Preferred W	Iny	\$68857258 \$682194 Received		
no he den a Singapore tered car? ration halyser or Blood Test long? Interest long test long New hType * act No. (Mobile) ii Address in Description orned Workshap Contact are Finalisation Registered by Taken By fried Aid letter	\$200,000 371017 02-206 Ves Alo O mg O mg OO-MX 96774995 meng 12261@hotmail.com SJM9736P / GY6219H DN 9 Apr 2018 Ves L0/04/2016 10:33	Address Type Oriver Vehicle No. Any mjury? Insured Name Contact No.(Home) DI Vehicle Number Insured Lizolity * Preferred Repar Option	Singapore address	Post (Drives Insur Control TP Vo Name And V GIA 7	es NRIC (c) No. (DMce) (ricle Number (c) of Preferred W	Iny	\$68857258 \$682194 Received		
no he den a Singapore tered car? ration halyser or Blood Test long? Interest long test long New hType * act No. (Mobile) ii Address in Description orned Workshap Contact are Finalisation Registered by Taken By fried Aid letter	\$200,000 371017 02-206 Ves Alo O mg O mg OO-MX 96774995 meng 12261@hotmail.com SJM9736P / GY6219H DN 9 Apr 2018 Ves L0/04/2016 10:33	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) DI Vehicle Number Insured Lability * Proferend Repair Option Claim Claim Claim Date	Singapore address Yes ® No Fing Chini Meng 63652656 SIN97386 Not at Fault Preferred Workshop, Name unkno	Post (Drives Insur Control TP Vo Name And V GIA 7	es NRIC (c) No. (DMce) (ricle Number (c) of Preferred W	Iny	\$68857258 \$682194 Received		
no he dain a Singapore letted Car? ration halyser or Stood Test leg? cation Hittory lim 001 New n Type * act No. (Mobile) in Address in Description prod Workshep Centact are Finalisation Registered by Taken by frim AK letter	Sendapore 371017 02-206 Ver No Omg Omg Omg S0M9736P / GY6219H ON 9 Apr 2018 Ves	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) DI Vehicle Number Insured Labority * Proferend Repair Option Claim Claim Claim Claim Claim No.	Singapore address Yes ® No ENG CHON MENG 63652856 SIM9736P Not at Fault Preferred Workshop, Name unkno	Industrial	es NRIC (c) No. (DMce) (ricle Number (c) of Preferred W	Iny	\$68857258 \$682194 Received		
no he dain a Singapore letted Car? ration halyser or Stood Test long? cation History lim 001 New n Type * act No. (Mobile) in Address in Description prod Workshop Centact are Finalisation. Registered yet Taken by frim Aid letter tachment	Sendapore 371017 02-206 ○ Ves ② No 0 mg 0 mg 00-MX 94774995 meng 12281@hotmail.com S3M9736P / GV6219H GN 9 Apr 2015 Ves LOy04/2016 10:33 Tackson	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) DI Vehicle Number Insured Lability * Proferend Repair Option Claim Claim Claim Date	Singapore address Yes ® No ENG CHON MENG 63652856 SIM97389 Not at Fault Preferred Workshop, Name unkno 001 10/04/2018 10:3	Insur Driver Insur Contr TP VV Name	es NRIC ict No. (DMice) chicle Number of Preferred W eport Received	lorkshop	\$68857258 \$V6215H Received 10/04/2018 D	000	
ne own a Singapore tered Car? ration halyser or Stood Test ong? cation History lim 001 New Type * act Ne. (Mobrie) i Address i Description ross Workshop Centact are Finalisation. Registered yt Taken by from AX letter	Sendapore 371017 02-206 Ver No Omg Omg Omg S0M9736P / GY6219H ON 9 Apr 2018 Ves	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) D1 Vehicle Number Insured Laberty * Preferend Repair Option Claim Close Date Claim No. Liptoad Date	Singapore address O Yea ® No ENG CHON MENG 63652856 SIM9736P Not at Fault Preferred Workshop, Name unkno Save Submit Category Category	Indur Conti TP V Name Onte	es NRIC tot No. (DMice) tricle Number of Preferred W eport Received	Urgency Urgency	\$68857258 \$V62194 Received 10/04/2018 0		
ne own a Singapore tered Car? ration halyser or Stood Test ong? cation History lim 001 New Type * act Ne. (Mobrie) i Address i Description ross Workshop Centact are Finalisation. Registered yt Taken by from AX letter	Sendapore 371017 02-206 ○ Ves ② No 0 mg 0 mg 0 mg S00-MX S1M9736P / GV6219H ON 9 Apr 2018 Ves LO/04/2016 10:33 Tackson HT/0989694 ② Yes ○ No	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) DI Vehicle Number Insured Labority * Proferend Repair Option Claim Claim Claim Claim Claim No.	Singapore address Yes ® No ENG CHIN MENG 63652856 SIM97389 Not at Fault Preferred Workshop, Name unkno 10/04/2018 10:3 Cacegory	Fost C Drives Sincur Control TP vv Name Name V GIA 7	es NRIC set No. (Office) ricle Number of Preferred W report Received	Urgency Normal	S68857258 GV62194 Received 10/04/2018 D	000	
ne own a Singapore tered Car? ration halyser or Stood Test ong? cation History lim 001 New Type * act Ne. (Mobrie) i Address i Description ross Workshop Centact are Finalisation. Registered yt Taken by from AX letter	Sendapore 371017 02-206 ○ Ves ② No 0 mg 0 mg 0 mg S00-MX S1M9736P / GV6219H ON 9 Apr 2018 Ves LO/04/2016 10:33 Tackson HT/0989694 ② Yes ○ No	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) D1 Vehicle Number Insured Laberty * Preferend Repair Option Claim Close Date Claim No. Liptoad Date	Singapore address Yes ® No ENG CHON MENG 63652656 SIN9738P Not at Fault Preferred Workshop, Name unkno 10/04/2018 10: Cacegory Clear Please Select	Fost (Driver Indur Contr TP V Name Onte	es NRIC set No. (Office) ricle Number of Preferred W report Received	Urgency Urgency	S68857258 SV62194 Received 10/04/2018 0	000	
ne own a Singapore tered Car? ration halyser or Stood Test ong? cation History lim 001 New Type * act Ne. (Mobrie) i Address i Description ross Workshop Centact are Finalisation. Registered yt Taken by from AX letter	Sendapore 371017 02-206 ○ Ves ② No 0 mg 0 mg 0 mg S00-MX S1M9736P / GV6219H ON 9 Apr 2018 Ves LO/04/2016 10:33 Tackson HT/0989694 ② Yes ○ No	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) DI Vehicle Number Insured Labolity * Profesered Repair Option Claim Claim Claim Solute Upload Date Brows	Singapore address Yes ® No ENG CHON MENG 63652656 SIN9738P Not at Fault Preferred Workshop, Name unknown 10/04/2018 10:1 Category Clear Please Select De Clear Please Select	Fost C Drives Sincur Control TP vv Name Name V GIA 7	es NRIC set No. (Office) ricle Number of Preferred W eport Received	Urgency Normal	S68857258 GV62194 Received 10/04/2018 D	000	
no he dain a Singapore letted Car? ration halyser or Stood Test long? cation History lim 001 New n Type * act No. (Mobile) ii Address in Description prod Workshop Centact are Finalisation. Registered yet Taken by frim Aid letter tachment	Sendapore 371017 02-206 ○ Ves ② No 0 mg 0 mg 0 mg S00-MX S1M9736P / GV6219H ON 9 Apr 2018 Ves LO/04/2016 10:33 Tackson HT/0989694 ② Yes ○ No	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) DI Vehicle Number Insured Labority * Profesered Repair Option Claim Claim Claim Cone Date Brows Brows Brows	Singapore address Yes ® No ENG CHON MENG 63652656 SIN9738P Not at Fault Preferred Workshop, Name unkno 10/04/2018 10: Category Le Clear Please Select De Clear Please Select	Fost C Drives Sincur Contr TP VV Name All Solves All	es NRIC ict No. (DMice) chicle Number conflicted W eport Received	Urgency Normal	S68857258 SV62194 Received 10/04/2018 0	000	M.
No. The own a Singapore stered Car? Tration Thatyser or Shood Test ling? Incation History aim GO1 New In Type * Test No. (Mobile) In Address In Description Errod Workshop Contact Lare Finalisation In Repatient Out Taken Sy Price Act lietter Stackheepst Stackhe	Sendapore 371017 02-206 ○ Ves ② No 0 mg 0 mg 0 mg S00-MX S1M9736P / GV6219H ON 9 Apr 2018 Ves LO/04/2016 10:33 Tackson HT/0989694 ② Yes ○ No	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) DI Vehicle Number Drivenide Number Drivenide Number Claim Claim Claim Cone Date Brows Brows Brows Brows	Singapore address O Yes ® No ENG CHIN MENG 63652856 SIM9738P Not at Fault Preferred Workshop, Name unkno Category Loy04/2018 10:1 Category Category Celear Please Select Celear Please Select	Industrial Post of Driver	es NRIC act No. (DMice) chicle Number a of Preferred W eport Received	Urgency Normal Normal	S68857258 Sv62194 Received 10/04/2018 D	000	
No. The own a Singapore stend car? That sing the stend of the stend o	Sendapore 371017 02-206 ○ Ves ② No 0 mg 0 mg 0 mg S00-MX S1M9736P / GV6219H ON 9 Apr 2018 Ves LO/04/2016 10:33 Tackson HT/0989694 ② Yes ○ No	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) DI Vehicle Number Insured Labority * Profesered Repair Option Claim Claim Claim Cone Date Brows Brows Brows	Singapore address O Yes ® No ENG CHIN MENG 63652856 SIM97380 Not at Fault Preferred Workshop, Name unkno 10/04/2018 10:1 2ategory 6. Clear Please Select	Industrial Post of Driver	es NRIC set No. (DMice) chicle Number of Preferred W eport Received	Urgency Normal Normal	S68857258 SV62194 Received 10/04/2018 0	000	

Attachment		ploaded By/Date	Category	8	Urgency	Description	Sent? Action (CO)
101 c. 7	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 30 Apr / 2018 10:34	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-4-10	Edis
40	NAC_PAYA_UB3_BD0603(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 10 Ap 2018 10:24	SAS		Normal	SAS 2015-4-10	Edit
(3)	NAC_PAYA_UBI_800603(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 10 Apr / 2018 10:24	Photos		Normali	Photos 2018-4-10	Edit
Sec.	NAC PAVA_URI_BDOSD1(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 10 April 2018 10:34	Photos		Normal	Photos 2018-4-10	Edit
	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 10 Ap r 2018 10:34	Photos		Normal	Photos 2018-4-10	Edit
Te	NAC_PAYA_LIBI_SOCSOL(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 10 Ap r 2018 10:34	Photos		Normal	Photos 2018-4-10	Edit
10/	NAC_PAYA_UBI_B00601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 10 Ap r 2018 10:34	Photos		Normal	Photos 2018-4-10	Edit
0	NAC_PAYA_UB3_B00603(NATIO	NAL ASSESSMENT CENTRE BEAVICES) on 10 Ap + 2018 10:33	Photos		Normal	Photos 2018-4-10	Edit
W.	NAC_PAYA_UBI_800601(NATIO	INAL ASSESSMENT CENTRE SERVICES) on 10 Ap r 2018 10:33	Photos		Normal	Photos 2018-4-10	Edit
W.	NAC_RAYA_UBI_B00601/ NATIO	WAL ASSESSMENT CENTRE SERVICES) on 10 Ap v 2018 10:33	Photoe		Normal	Photos 2018-4-10	Edit
*	NAC_PAYA_UBL_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 10 Ap + 2018 10:33	Photos		Normal	Protos 2018-4-10	Edit
	NAC_PAYA_UBI_800603(NATIO	MAL ASSESSMENT CENTRE SERVICES) on 10 Ap = 2018 10:33	Photos		Normal	Photos 2018-4-10	Edit
6	NAC_PAYA_UBI_800601(NATIO	INAL ASSESSMENT CENTRE SERVICES) on 10 Ap + 2018 10:33	Photos		Normal	Photos 2018-4-10	Edit
-	NAC_PAYA_UBL_800501(NATIX	INAL ASSESSMENT CENTRE SERVICES) on 10 Ap. / 2018 10:33	Photos		Normal	Photos 2018-4-10	Edit
4	NAC_PAYA_UBI_BOOKOL[NATX	OMAL ASSESSMENT CENTRE SERVICES) on 10 Ap r 2018 10: 33	Photos		Normal	Phoess 2018-4-10	Edit
21.00	NAC_PAVA_UBI_B00601[NATH	DNAL ASSESSMENT CENTRE SERVICES) on 10 Ap r 2018 10:33	Photos		Normal	Photos 2018-4-10	Edit
1	NAC_PAYA_UBI_800603(NATI	ONAL ASSESSMENT CENTRI[SERVICES] on 10 Ap + 2018 10:33	Photos		Normal	Photos 2018-4-10	Lan
12	NAC_PAVA_UBI_800601(NATI	DNAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 10:33	Photos		Normal	Phonos 2018-4-10	Edn
	NAC_PAYA_UBI_800601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 10 Apr r 2018 10:33	Photos		Normal	Photos 2018-4-10	Edit
♥ Video List			File Name		8	Source	Action

Display in New Window Scan and uploading