	Job description	Date & Time Completed	Done by	
Date In: 30/4/18-12:47				
REFNO: NA INC 18 007382 /24	SAS e-filing			
Veh No: GY 7NB	E-mail (within Shrs, AIC 2hrs)		201.110 12:	70
D.O.A . 20 4 8-13:20	i-Motor Claim Form	MT 099 1206 -001	70 4 18 17:	73
OD TRY Banarana Culy	i-Motor W/O (Within: OD :	Phrs, TP 4hrs)		W 8
OD TP/ Reporting Only	i-Photo Uploaded			
000000000000000000000000000000000000000	Assessment/Survey Repor			
TP Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tol:	Fax:	
TP Particulars: Veh No: (M)	D3440C INC	( , )/Non-INC( )		
Owner / Driver: (		Tel:		_
Policy No: ( )	Period: (	) Cover Type: (		-
Confirmed by : (	Date:	Time:	)	-
Insured/Driver Liability: ( %)	Note-Est Status (WO): N: 0	-20%; P: 21-79%. F: 30-	100%]	
Year of Registration: ( )	Warranty: YES ( )/NO(	)		
	1,000 ( )/\$2,000 ( )		2723 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
General Remarks;-			Sport Paris	- / (
( ) Walk-In Customer : Customer's in	nformation strictly Confidential &	Strictly NO refer of repairer		
( ) Total Loss Case : to e-mail Ins		No man 1 12	2.	
	pice: YES ( ) / NO ( )	; Towing Co: (		)
		siken.	Done by	,
Remarks:- (INC hotline: 6788 6616		Dates Inne Somple		
1) Apply for Transport Allowance ( )	/ Courtesy Car ( )	THE PARTY OF THE PARTY OF		
-1FF-3			(4	
2) QC Check / Post Repair Inspection	( )			
-7 - FF 2	( )			
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2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions	( ) \$3000] ( ) Invoice	ident Reporting (530);	Ant (S)  (SE Bill  (S80)	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  WAI802495  Lumant's Particulars :	( ) - \$3000] ( ) - \$3000] ( ) - Invoice - I) AR: Acc - 2) DA: Da: - 3) TF: Tow	ident Reporting (530); nege Assessment (5100); INC ing Fee	Ant (5) (§t Bill (580) \$40/\$45	
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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. 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
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 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.

ı	ACCIDENT STATEMENT
	20/04/2018 15:42

Date Of Report 20/04/2018 13:20 Date Of Accident

ALONG SHENTON WAY BEFORE JUNC UNION ST Exact Location Of Accident

SINGAPORE Country/State of Loss

## DETAILS OF OWN VEHICLE

GY734B Vehicle Registration Number

Insured/Policyholder

XING GANG RENOVATION & CONSTRUCTION Name Of Registered Owner

53177056K Co Reg No NOEMAIL **Email Address** 

Mobile Phone No

OFFICE-89999999 Alternative Phone No.

Vehicle Particulars

NISSAN Manufacturer URVAN Model

Exact Purpose for which vehicle was being used at WORKING time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

NO Fleet Policy

5047861571-07 Policy Number

Cover Note Number

Driver

NG YUK PING Name of Driver S2757023B NRIC No 17/10/1956 Date Of Birth OUTDOOR Occupation 07/02/2005 Date Of Driving Pass

13 YEARS AND 2 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-92201667 Mobile Number

Fax Number

OFFICE-92201667 Contact Number

NOEMAIL EMail Address

Address

28 LORONG 31 GEYLANG

#08-02

Postcode

388038

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

\*

Insurance Company of Driver's Own Vehicle

.

# General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

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.

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

## REFER TO STATEMENT.

### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHD3440C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

.

#### SKETCH PLAN

# IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (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)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (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 .:

refer to	statement.		

# DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 2 SHENTON WAY. SUDDENLY VEHICLE B TRAVELLING ALONG LANE 3 TRYING CUT ONTO MY LANE AND HIT ONTO MY VEHICLE FRONT LEFT PORTION.

ACCIDENT STATEMENT

		ACCIDENT STATE	13 20	***
			(HH:)	AM) .
AC	CIL	ENT DATE: Do. / 4 / S (DD/MM/Y)	(YY), IIME.	\$ 500 S
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LO	CAT	ION: Along Theofon Lasy belon	C Jan	
		J 101 1	•	
	1.	DETAILS OF VEHICLE  a) VEHICLE NUMBER: 61774 B	7017/L	
8 6	jac. 2	b)INSURANCE COMPANY: NTOC	0.00	
		C)POUCY NUMBER: 5043861531 - 07		333
		d)POLICY TYPE: (COMPREHENSIVE / THIRD)	PARTY / THIRD PARTY FIRE &TH	EFT)
		e)MAKE & MODEL:	DRRY / MOTORCYCLE. / OTHER	S)
		g) VEHICLE CATEGORY: (PRIVATE / COMME	RCIAL / MOTORCYCLE)	
1		h) PURPOSE OF USING AT ACCIDENT TIME:	working	
1		I) ARE YOU CLAIMING UNDER YOUR OWN	NSURANCE (YES/NO)	
100		IF NO, PLEASE STATE (THIRD PARTY CLAIM	/ REPORTING ONLY)	×
	2.	ANAME: XING GONG REGOVETION &	CONSTRUCTION [MALE / FEMAL	E)
		b) NRIC/FIN/PASSPORT: 53 13 2056 K	CONTACT:	of
	-	b)NRIC/FIN/PASSPORT:		- × HO OF
	99	c)ADDRESS:		Inscender d
		* CONTINUE TO 3.d IF DRIVER ALSO POLICY	YHOLDER	(1)
	3.	DRIVER		
	٥.	CINAME NO VALC PING	CONTACT: 922016	67
		HINRIC/FIN/PASSPORT: 377570275		<del>-1.</del>
		CIADDRESS: 28 Long 31 Geyland	#08-01 (188034)	
		111		
			DD/MM/YYYY)	ē.
(2)		eloccupation: (INDOOR / OUTDOOR)	alast.	# Oc.
			CUREN'S COMPANY? (YES)	NO)
	4.	WAS DRIVER AN EMPLOYEE OF THE INS IF NO, RELATIONSHIP OF THE DRIVER	WITH INSURED:	
	ower.		G / OTHERS	
	5.	b)ROAD SURFACE: (DRY / WET / OTHERS_		
	93	WAS ANYBODY INJURED (YES / NO)		
	6.	WAS ANTBOOT INJUNED (1257 (NOT)		
Ca.	7.	IF YES, PLEASE STATE WHICH POLICE STATE	ION:	and the second
	_	IF YES, PLEASE STATE WHICH I OLIGE OTHER		۸
83	8.	THIRD PARTY VEHICLE  a) VEHICLE NUMBER: SHO 3440 (	MODEL:	*No of passo
		b) DRIVER'S NAME:		- Clududing di
		c) NRIC/FIN/PASSPORT:	CONTACT:	- (L)
	9	THIRD PARTY VEHICLE	71 😪	(
		d) VEHICLE NUMBER:	MODEL:	He of passi
		e) DRIVER'S NAME:		(Including d
. 1		f) NRIC/FIN/PASSPORT:	CONTACT::-	
				().
		(₹,	ar 10 21	

email =

lax =

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$2757023B





NG YUK PING



CHINESE

Date of birth 17-10-1956

Country/Place of North CHINA





9381142





BR NAT. OVERSEAS

05-10-2015

28 LORONG 31 GEYLANG #08-02 SINGAPORE 388038

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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 07 Feb 2005 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A



eBaoTech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601			HE HE HE HALL			Change Lan	guage	Change Passwor	
My Desktop	Polic	cy Query								31
Notice of Loss	Policy N	lo.				Date of Acc	ident	20/04	/2018 13:20	
	Vehicle	No.(For Motor)	GY734B							
					1	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5047861571- 07	XING GANG RENOVATION & CONSTRUCTION	53177056K	GCV	Third Party, Fire & Theft	GY734B	GY7348	17/12/2017	16/12/2018
						Continue				

olicy No.	5047861571-07	Policyholder Name	XING GANG RENOVATION & CO	Policyholder NRIC	53177056K
ddress	54 LORONG 20 GEYLANG SINGA	PORE 398761			
roduct lame	COMMERCIAL VEHICLE INSURAL	Plan		Group Policy Flag	N
Policy Ssue Date	05/12/2017	Effective Date	17/12/2017 00:00	Expiry Date	16/12/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	THINK ONE AUTOMOBILE & TRA	Agent Tel.	65433303	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyl	nolder Mailing Address				
Address 1	54 LORONG 20 GEYLANG	Address 2	SINGAPORE 398761	Address 3	
Address 4		Address Type	Singapore address	Post Code	398761
Unit No.		Related Policy Number	5047861571-07		
) Insure	d Object: GY734B				
⊕ Endor	sements				
Sequen	ce Date of Endorsement	Endors	ement Type Endorseme	ent Status	Endorsement Content

im Handling								
ident MT/0991206				30	112430111111111111111111111			
	5047801571-07	Venicle No.	GY734B		ST Registration No.		177056K	
	CING GANG RENOVATION & CONSTRUCTION				olicyholder NRIC	0	2770000	
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	700							
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port Date	20/04/2018 17:33			3	Country of Accident	Si	ngaporé	
ne of Accident	20/04/2018	Time of Accident hh:mm	13:20		ICM No.			
porting Centre		Grange Forse			ION INC.			
cident Location	ALONG SHENTON WAY BEFORE JUNC UNION	ST						
⇒ Benefits								
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wn damage Excess	0.00	Additional Excess			Windscreen Excess			
mamed Oriver Excess		Outside Singapore OD Excess						
nird Party Excess:	9.00	Outside Singapore TP Excess						
SST Registered Informat	tion							
IT Registered	No			gistration Date				
IT Registration No.			GST St	atus Verified	No			
odification History								
Policyholder Hailing Add	dress	280.10892		Dane!	Address 3			
ddress 1	54 LORONG 20 GEYLANG	Address 2	SINGAPORE 3				98761	
ddress 4		Address Type	Singapore add		Post Code	100		
nit No.		Related Policy Number	5047861571-0	27				
OI Driver Info								
Inver Name	Unnamed Driver	Driver Type	Unnamed Driv	er.				
innemed driver Name	NG YUK PING	Driver NRIC	527570238		Driver DOB		17/10/1956	
legister Date of Driver License		Driver Age	61		Driving Experience		13	
	92201667	Comact No.(Office)	0		Contact No.(Home)		0	
centact No.(Mobile)	28 LORONG 31 GEYLANG				Address 3	,	SINGAPORE 38803	18
		Jugaress 2			Committee of the Commit			
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unit No.	08-02	Address Type	Singapore add	Siress	Post Code			
Address 4			Singapore add	oress .				
udress 4 Jint No. Does he own 4 Singapore Legistered car?	08-02	Address Type	Singapore add	ires	Post Code			
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udiress 4  Just No.  Joes he own a Singapore  legistered car?  peclaration  preachalyser or Blood Test	08-02 ○ Yes <b>®</b> No	Address Type  Driver Vehicle No.			Post Code			
udiress 4  Just No.  Joes he own a Singapore  legistered car?  peclaration  preachalyser or Blood Test	08-02 ○ Yes <b>®</b> No	Address Type  Driver Vehicle No.			Post Code			
udiress 4  Just No.  Does he own a Singapore  Legistered car?  Declaration  Sreathwyser or Blood Test  Reading?	08-02 ○ Yes <b>®</b> No	Address Type  Driver Vehicle No.			Post Code			
udiress 4  Just No.  Does he own a Singapore  Legistered car?  Declaration  Sreathwyser or Blood Test  Reading?	08-02 ○ Yes <b>®</b> No	Address Type  Driver Vehicle No.			Post Code			
odress, 4 int No. toes he own a Singapore egistered car? eclaration trestnaywer or Blood Test toeding?	08-02 ○ Yes <b>®</b> No	Address Type  Driver Vehicle No.			Post Code  Driver Insurer Compa	ату	360318	
Address 4  Unit No.  Does he own a Singapore Legistered car?  Declaration  Breathwyser or Blood Test Reading?  Hoddication History  Claim 001 New	08-02 ○ Yes <b>®</b> No	Address Type  Driver Vehicle No.	○ Ves ⊕ No		Post Code  Driver Insurer Compa	ату		
Address 4  Just No. Joes he own a Singapore legistered car?  Declaration  Inesthalyser or Blood Test Reading?  Claim 001 New  Claim 1001 New	08-02 ○ Yes.	Andress Type  Driver Vehicle No.  Any injury?	○ Ves ⊕ No		Post Code  Driver Insurer Compa  Insured NRIC  Contact No.(Office)	irry	360338 53177056K	
Address 4  Just No. Joes he pern a Singapore legistered car?  Declaration  Incernalyser or Blood Test Reading?  Claim 001 New  Claim Type 5  Contact No.(Mobile)	08-02 ○ Yes  No 0 mg	Andress Type  Driver Vehicle No.  Any mjury?  Insured Name	○ Ves  No  XING GANG		Post Code  Driver Insurer Compa  insured NRIC  Contact No.(Office)  TP Vehicle Number	irry	360318	
Address 4  Just No. Joes he own a Singapore legistered car?  Declaration  Interchalyser or Blood Test Reading?  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address	08-02 ○ Yes ® No © mg   SD-MX	Any mjury?  Insured Name Contact No. (Home)	○ Vec  No  Ving GANG  KING GANG  67415643		Post Code  Driver Insurer Compa  Insured NRIC  Contact No.(Office)	irry	360338 53177056K	
Address 4  Just No.  Does he peen a Singapore Legistered car?  Declaration  Breathalyser or Blood Test Reading?  Claim 001 New  Claim 19pe *  Contact No. (Mobile)  Email Address  Qiam Description	08-02 ○ Yes  No 0 mg	Any mjury?  Insured Name Contact No. (Home) DI Vehicle Number	○ Vec  No  Ving GANG  KING GANG  67415643	RENOVATION & CO	Post Code  Driver Insurer Compa  insured NRIC  Contact No.(Office)  TP Vehicle Number	irry	360338 53177056K	
Address 4  Junt No. Joes he own a Singapore legistered car?  Declaration  Interchalyser or Blood Test Reading?  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claim Buscription  Preferred Workshop Contact No.	08-02 ○ Yes ® No 0 mg 00-MX Y 92201887 GY7348 / SHD1440C DN 20 Apr 2018	Andress Type  Driver Vafixile No.  Any injury?  Insured Name Contact No. (Home) D) Vehicle Number	Ves ® No  XING GANG 67415643 GY7348	SENOVATION & CD	Post Code  Driver Insurer Compa  insured NRIC  Contact No.(Office)  TP Vehicle Number	irry	360338 53177056K	¥
Auditess 4  Just No.  Joes he own a Singapore Legistered car?  Declaration  Breathalyser or Blood Tess Reading?  Idadication History  Claim 001 New  Claim 17ppe *  Consact No. (Mobile)  Email Adjess  Claim Description  Preferred Workshop Contact	08-02  O ves ® No  O mg  GD-MX  92201667  GY7348 / SHD3440C DN 20 Apr 2018	Andress Type  Driver Vafikile No.  Any injury?  Insured Name Contact No. (Home) DI Vehicle Number  Insured Liability * Preferenced Repair Option	Ves ® No  XING GANG 67415643 GY7348	SENCVATION & CD	Post Code  Driver Insurer Compa  insured NRIC  Contact No. (Office)  TP Verside Number  Name of Preferred W  GIA report	irry	53177056K 53177056K	
Address 4  Junt No. Joes he own a Singapore legistered car?  Declaration  Interchalyser or Blood Test Reading?  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claim Buscription  Preferred Workshop Contact No.	08-02 ○ Yes ® No 0 mg 00-MX Y 92201887 GY7348 / SHD1440C DN 20 Apr 2018	Andress Type  Driver Vafixile No.  Any injury?  Insured Name Contact No. (Home) D) Vehicle Number	Ves ® No  XING GANG 67415643 GY7348	SENOVATION & CD	Post Code  Driver Insurer Compa  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred W	irry	\$3177056K \$3177056K \$H03440C	
Address 4  Junt No. Joes he own a Singapore legistered car?  Junt No. June She own a Singapore legistered car?  June She own a Singapore legistered car?  June She own a Singapore	08-02  O ves ® No  O mg  GD-MX  92201667  GY7348 / SHD3440C DN 20 Apr 2018	Andress Type  Driver Vafikile No.  Any injury?  Insured Name Contact No. (Home) DI Vehicle Number  Insured Liability * Preferenced Repair Option	Ves ® No  XING GANG 67415643 GY7348	SENOVATION & CD	Post Code  Driver Insurer Compa  insured NRIC  Contact No. (Office)  TP Verside Number  Name of Preferred W  GIA report	irry	\$3177056K \$3177056K \$H03440C	
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Address 4  Just No.  Joes he peur a Singapore  Legistered car?  Jedaration  Breetnayser or Blood Test  Reading?  Addication History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Cleim Description  Preferred Workshop Contact  No.  Require Finalisation  Date Registered  Report Teken By	08-02  O ves ® No  O mg  O mg  O mg  GD-MX  92201667  GY7348 / SHD3440C DN 20 Apr 2018  Ves  20/04/2018 17:25	Andress Type  Driver Vafikile No.  Any injury?  Insured Name Contact No. (Home) DI Vehicle Number  Insured Liability * Preferenced Repair Option	Ves ® No  XING GANG 67415643 GY7348	RENOVATION & CO	Post Code  Driver Insurer Compa  insured NRIC  Contact No. (Office)  TP Verside Number  Name of Preferred W  GIA report	irry	\$3177056K \$3177056K \$H03440C	
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Address 4  Just No.  Joes he peur a Singapore  Legistered car?  Jedaration  Breetnayser or Blood Test  Reading?  Addication History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Cleim Description  Preferred Workshop Contact  No.  Require Finalisation  Date Registered  Report Teken By	08-02  O ves ® No  O mg  O mg  O mg  GD-MX  92201667  GY7348 / SHD3440C DN 20 Apr 2018  Ves  20/04/2018 17:25	Andress Type  Driver Vafikile No.  Any injury?  Insured Name Contact No. (Home) DI Vehicle Number  Insured Liability * Preferenced Repair Option	XING GANG  KING GANG  57415643  GY7348  Paot at Fault  Preferred W	RENOVATION & CO	Post Code  Driver Insurer Compa  insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred W  GIA report	irry	\$3177056K \$3177056K \$H03440C	
Autochment  Autoch	08-02  O ves ® No  O mg  O mg  O mg  GD-MX  92201667  GY7348 / SHD3440C DN 20 Apr 2018  Ves  20/04/2018 17:25	Andress Type  Driver Vafikile No.  Any injury?  Insured Name Contact No. (Home) DI Vehicle Number  Insured Liability * Preferenced Repair Option	XING GANG  KING GANG  57415643  GY7348  Paot at Fault  Preferred W	RENOVATION & CO	Post Code  Driver Insurer Compa  insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred W  GIA report	irry	\$3177056K \$3177056K \$H03440C	
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Audit No.  Does he peur a Singapore legistered car?  Declaration  Breathalyser or Blood Test Reading?  Additional Mew  Claim 1901 New  Claim 1901 New  Claim 1902 Contact No.  Chemical Address  Com Description  Perferred Workshop Contact No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment	08-02  ○ Yes  No  Omg  OD-MX  92201667  GY734B / SHD3440C DN 20 Apr 2016  Ves  20/04/2018 17:35  Jackson	Any mjury?  Insured Name Contact No. (Hisme) DI Vehicle Number  Insured Liability * Preferenced Repair Option Claim Close Date	XING GANG  KING GANG  57415643  GY7348  Paot at Fault  Preferred W	DENOVATION & CO	Post Code  Driver Insurer Compa  insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred W  GIA report	irry	\$3177056K \$3177056K \$H03440C	0
Audit No.  Does he peur a Singapore legistered car?  Pedaration  Breathalyser or Blood Test Reading?  Additional History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Opin Description  Preferred Workshop Contact No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment	08-02  ○ Yes  No  Omg  OD-MX  92201667  GY734B / SHD3440C DN 20 Apr 2018  Ves  20/04/2018 17135  Jackson  Mt/0991205  © Yes  No	Any mjury?  Insured Name Contact No. (Home) DI Vehicle Number  Insured Liability * Preference Repair Option Claim Close Date	XING GANG  KING GANG  57415643  GY7348  Paot at Fault  Preferred W	SENOVATION & CD  orkshop, Name unknown	Post Code  Driver Insurer Compa  insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred W  GIA report	irry	\$31,77056K \$31,77056K \$H03440C Received 20/04/2018 00 0	
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Attachment	Ü	proaded Sy/Date	Category	Ŷ	Urgency	Description	Sent? Action (CD)
r-wi	NAC_PAYA_UBI_800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 20 Ap + 2018 17:36	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-4-20	Edit
663	NAC_PAYA_UBI_800501( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 20 Ap / 2018 17:36	SAS		Normal	SAS 2018-4-20	Edit
9	NAC_PAYA_UBL_800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 20 Ap r 2018 17:36	Photos		Normal	Photos 2018 4-29	Edit
	NAC_PAYA_UBI_800601(-NATIO	NAL ASSESSMENT CENTRE SERVICES) on 20 Ap. r 2018 17:36	Photos		Normal	Photos 2018-4-20	Edit
	NAC_PAYA_UBI_800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 70 Ap. / 2016 17:36	Photos		Normal	Photos 2018-4-20	Edit
	NAC PAYA URL BOOGDS[ NATIO	NAL ASSESSMENT CRINTRE SERVICES) on 20 Apr 7 2018 17:35	Protos		Kormal	Photos 2018-4-20	Edit
9	NAC_PAYA_UBI_800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 20 Ap r 2018 17:35	Photos		Normal	Photos 2018-4-20	Edit
00	NAC PAYA_UBL_BOBOD! NATIO	NAL ASSESSMENT CENTRE SERVICES) on 20 Ap r 2018 17:35	Photos		Normal	Photos 2018-4-20	Edit
96	NAC_PAYA_UBI_BOOKD1( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 20 Apr r 2018 17:35	Photos		Normal	Phonos 2018-4-20	Edit
	MAC_PAYA_US1_B00601( NATIO	INAL ASSESSMENT CENTRE SERVICES) on 20 Ap. r 2018 17:35	Photos		Normal	Photos 2018-4-20	Edit
	NAC_PAYA_UBI_600601( NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 20 Ap v 2018 17:35	Photos		Normal	Photos 2018-4-20	Edit
					0		Antina
	Uploaded By/Date	Folder Date	File Name		Y	Source	Action