	e Services	16 000 C1-1	Done by	
Date In: >1/4/18-17:38	Jeb description	Date & Time Completed	Done of	-
Rel No: NA INC 18007394/24	SAS e-filing			
Veh No: USS819E	E-mail (within Shrs, AIC 2hrs)			*
D.O.A .: 11 1/18-18:15	i-Motor Claim Form	W1 0885738-007	21/4/18 19	8:27
	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
OD : TP ! Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	
TP Particulars: Veh No: SKR	135 IJ INC	)/Non-INC( ).		
Owner / Driver: (		Tel:	)	-1100
	eriod: (	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [	Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( )	Warranty: YES ( )/NO (	)		
	000()/\$2,000()		SANGE THE PERSON OF	-
General Remarks:-			or Silver	
( ) Walk-In Customer : Customer's info	and the second s	A ALAST AND DESCRIPTION OF THE PARTY OF THE	•	
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1) Apply for Transport Allowance ( )/	Courtesy Car ( )			
The state of the s				
2) QC Check / Post Repair Inspection	( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$	3000] ( )			
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in general reservices

## 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

aforesaid,	SASSACANAOLGANICIA CALCANAS I C
And the second second second second	ACCIDENT STATEMENT
Date Of Report	21/04/2018 17:38
Date Of Accident	11/01/2018 18:15
Exact Location Of Accident	ALONG ADMIRALTY ROAD WEST
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS5879E
Insured/Policyholder	
Name Of Registered Owner	1969 SBA RENTAL LLP
Co Reg No	T09LL1713F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91063591
Alternative Phone No	OFFICE-91063591
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 1.6L SDN
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
	5000550554.04

5089258654-01 Policy Number

Cover Note Number

#### Driver

TAN PIN HONG Name of Driver S9429803B NRIC No. 16/08/1994 Date Of Birth OUTDOOR Occupation 21/03/2013 Date Of Driving Pass

4 YEARS AND 9 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-91803985 Mobile Number

Fax Number

OFFICE-91803985 Contact Number

NOEMAIL **EMail Address** 

47 SUNBIRD CIRCLE Address

487285 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER 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

COLLISION - HEAD TO REAR Type Of Accident

DRIZZLING Weather Conditions WET Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

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) 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?

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 NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SKR1751J Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

NO

NO

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.

SBA Remail

Policyholder's Signature Date & Time: A

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

Name:

NRIC/FIN No.:

Date & Time:

(a- (SKR 1751 J) in Grant stopped kellind the stop line

I am behind him (SKR 1751)

As his car moves forward, enting Admiralty Road West, he suddenly jammed his brake and Stopped again

During his moving out into Admiralty Road West, naturally I moved behind him douby.

When he suddenly applied his emergency brake, I saw and had no choice but to apply my emergency brake too which zeatly touched his year bunger.

We both verbally and concluded that there The driver and I got down to inspect each other vehicles. Were as physical por visual damages found or made

However, his concern was only about the rew left severe sever as he informed me that he will go bade home to check and would call me later that day if there is was a problem.

He asked formy information, I gave him my 1182 phone number

I did not ask for his particulars as we did not working to file any accident report or de He did not call me regarding about the lett rear reverse sensor having any arms or any dama; to it, when suddenly now. I review this injury claim from a gentle touch.

Attached is 1 Drawing of accident area

from

from

Before and after photos of rehicle condition dated 6/12/17 226/

Admiralty Coal Not - SLR 1751J



# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00

UEN: S66SS0020G / GST Reg. No.: M400017735 RECORDS MANAGEMENT CENTRE

Address

Contact (Tel)

**Email Address** 

Date of Accident

Place of Accident :\_

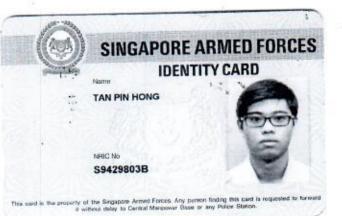
IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

# **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MNA118053835 Vehicle Registration No: 555879 E Name(as shownin NRIC): Ton Pin Hong NRIC/FIN/Passport No : 594298038 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Singapore(487285) . 47 Sunbird Girde Mobile No.:\_\_\_\_\_ \_Time of Accident : \_\_\_\_\_\_ \ 8715 Along admiralty

Insurance Company: NTOC (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: vehicle number Add in Reporting Centre Personnel's Signature Policyholder / Driver's Signature Name: Date: NRIC/FIN No .:

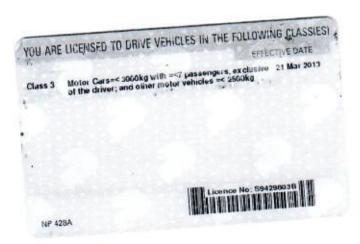
Date:

eBaoTech								Gene	ralClaim
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My Desktop	<b>Policy Query</b>						-Wissiphi		
Notice of Loss	Policy No.				Date of Acc	ident	11/01	/2018 18:15	
	Vehicle No.(For Motor)	S)S5879E							
					Search				
	Select Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5089258654- 01	1 9 6 9 SBA RENTAL LLP	T09LL1713F	GFT	drivo CLASSIC	SJS5879E	S3S5879E	15/11/2017	
	01	RENTAL LLP	10170000		Continue				









aim Handling										
cident HT/0968238										
HCV No.	5089259654-01	Venicle No.	S)S5879E			Registration No.		T09LL1713F		
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ontact No.(Mobile)	NA-	Contact No.(Office)			eCo		Ì	100.W		
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eport Date	29/03/2018 15:16	Academ Report Within 24 hrs	Yes			ident Type				
ate of Accident	11/01/2018	Time of Accident hhomm	18:15			untry of Accident	-	Singapore		
eporting Centre		Orange Force			10	4 No.				
coldent Location	ADMIRALTY ROAD WEST (OUTSIDE \$	(MBAWANG CAMP)								
<b>▽</b> Benefits										
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wn damage Excess	2,000.00	Additional Excess		0.00	Wir	ndscreen Excess			100.00	
nnamed Driver Excess		Outside Singapore OD Excess		2,000.00						
nird Party Excess	1,500.00	Cutside Eingapore TP Excess		1,500.00						
GST Registered Informe	tion		75550							
ST Registered	No			registration Date Status Venfied		Yes				
ST Registration No. logification History	29/03/2018 16:43:51	Karthlyn Yuan changed GST Status Vent								
AND STREET, STREET, ST.										
Policyholder Mailing Add		Address 2	#02-09 YEAR	I BUKIT AUTOHUB	Ad	idress 3		SINGAPORE	417921	
Addresis 1	2 KAKI BUKIT AVENUE 2		Singapore ad			st Code		417921		
Apdress 4		Address Type Related Policy Number	5094586012							
Int No.	02-09	rocates rong statum	100000000000000000000000000000000000000							
OI Driver Info		Driver Type								
Onver Name		Driver NRIC			D	river DOB				
Innamed driver Name. Register Date of Driver License		Driver Age			Dr	riving Expenence				
rediging mater or mires process					-	have my market				
Contact No (Mobile)		Contact No. (Office)			-	ontact No.(Home)				
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Address 4		Address 2	Foreign addr	1463	A	ddress 3				
	○ Yek <b>®</b> No	Address 2	Foreign addr	1653	Po	ddress 3	arty			
Address 4 Address 4 Unit No. Does he own a Singapore	○ Yes <b>®</b> No	Address 7 Address Type	Foreign addr	ress	Po	ddress 3 ost Code	arty			
Address 1 Address 4 Unit No. Does ne own a Singapans Registered Car <sup>2</sup>	○ Yes <b>®</b> No	Address 7 Address Type	foreign addr	resa	Po	ddress 3 ost Code	srty			
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Address 1 Address 4 Unit No. Does he own a Singapore Registered car?  Modification History  Claim 002 New  Claim 004 New  Cornect No. (Mobile) Email Address Claim Description Preferred Workshop Contact	S355879E / SKRL7511 ON 21 Jan 20	Address Type  Address Type  Driver Vehicle No.  Insured Name  Contact No.(Home)  OI Vehide Number  Insured Liabitity *	1 9 6 9 SBA SJS5879E Pully at Fac	RENTAL LLP	Art Pro	ddress 3 ast Code river Insurer Compt river Insurer Compt river Office Name P Vehicle Number tame of Preferred W		NOL GKR17513	,	
Address 1 Address 4 Unit No. Does he den a Singspore Registered (car')  **Modification History  Claim 002   Mew  Claim 102   Mew  Commit No. (Mobile)  Email Address  Claim Description  Preferred Workshop Contact No.	CO-MX	Address Type  Address Type  Driver Vehicle No.  Insured Name  Contact No.(Home)  Of Vehicle Number  Insured Liability *  Preferend Rapair Option	1 9 6 9 SBA SJS5879E Pully at Fac	RENTAL LLP	Art Pro	ddress 3 ast Code river Insurer Compt river In		NDL SKR17513 Received	V	
Address 1 Address 4 Unit No. Does he deen a Singspane Registered Car <sup>2</sup> Modification History  Claim 002 New  Claim Type * Cornact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Final-Sation	CO-MX   V	Address Type  Address Type  Driver Vehicle No.  Insured Name  Contact No.(Home)  OI Vehide Number  Insured Liabitity *	1 9 6 9 SBA SJS5879E Pully at Fac	RENTAL LLP	Art Pro	ddress 3 ast Code river Insurer Compt river Insurer Compt river Office Name P Vehicle Number tame of Preferred W		NOL GKR17513	V	
Address 1 Address 4 Unit No. Does he ben a Singapone Registered car?  Modification History  Claim 002 New  Committye * Corract No.(Modification Modification Modi	S355879E / SHR [751] ON 21 Jun 20	Address Type  Address Type  Driver Vehicle No.  Insured Name  Contact No.(Home)  Of Vehicle Number  Insured Liability *  Preferend Rapair Option	1 9 6 9 SBA SJS5879E Pully at Fac	RENTAL LLP	Art Pro	ddress 3 ast Code river Insurer Compt river In		NDL SKR17513 Received	V	
Address 1 Address 4 Unit No. Does he den a Singspane Registered car?  Modification History  Claim 002 New  Claim Type * Corract No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	S355879E / SHORT/7513 GN 21 Jan 20 Ves V	Address Type  Address Type  Driver Vehicle No.  Insured Name  Contact No.(Home)  Of Vehicle Number  Insured Liability *  Preferend Rapair Option	1 9 6 9 SBA SJSS879E Pully at Pau Preferred V	IRENTAL LLP	Art Pro	ddress 3 ast Code river Insurer Compt river In		NDL SKR17513 Received	V	
Address 1 Address 4 Unit No. Does he den a Singspane Registered Car <sup>2</sup> Modification History  Claim 902 News  Claim 709s * Cornect No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registared Report Taken By	S355879E / SHORT/7513 GN 21 Jan 20 Ves V	Address Type  Address Type  Driver Vehicle No.  Insured Name  Contact No.(Home)  Of Vehicle Number  Insured Liability *  Preferend Rapair Option	1 9 6 9 SBA SJS5879E Pully at Fac	IRENTAL LLP	Art Pro	ddress 3 ast Code river Insurer Compt river In		NDL SKR17513 Received	V	
Address 1 Address 4 Unit No. Does he den a Singspane Registered Car <sup>2</sup> Modification History  Claim 902 News  Claim 709s * Cornect No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registared Report Taken By	S355879E / SHORT/7513 GN 21 Jan 20 Ves V	Address Type  Address Type  Driver Vehicle No.  Insured Name  Contact No.(Home)  Of Vehicle Number  Insured Liability *  Preferend Rapair Option	1 9 6 9 SBA SJSS879E Pully at Pau Preferred V	IRENTAL LLP	Art Pro	ddress 3 ast Code river Insurer Compt river In		NDL SKR17513 Received	V	
Address 1 Address 4 Unit No. Does he own a Singspore Registered Car?  Modification History  Claim 902 New  Claim 902 New  Claim 902 Contact No. Claim 1040 Preferred Workshop Contact No. Require Finalisation Date Registared Report Taken By  Print AK letter	S355879E / SHORT/7513 GN 21 Jan 20 Ves V	Address Type  Address Type  Driver Vehicle No.  Insured Name  Contact No.(Home)  Of Vehicle Number  Insured Liability *  Preferend Rapair Option	1 9 6 9 SBA SJSS879E Pully at Pau Preferred V	IRENTAL LLP	Art Pro	ddress 3 ast Code river Insurer Compt river In		NDL SKR17513 Received	V	
Address 1 Address 4 Unit No. Does he own a Singspore Registered Car <sup>2</sup> Modification History  Claim 902 New  Claim 902 New  Contact No. (Mobile) Email Address Claim Description Preferred Workshog Contact No. Require Finalisation Date Registared Report Taken By  Print AX letter	S355879E / SMRL75LI ON 21 Jan 20 VES V 21/04/2018 18/52 JACKSON	Address Type  Address Type  Driver Vehicle No.  Insured Name  Contact No.(Home)  Of Vehicle Number  Insured Liability *  Preferend Rapair Option	1 9 6 9 SBA SJSS879E Pully at Pau Preferred V	IRENTAL LLP	Art Pro	ddress 3 ast Code river Insurer Compt river In		NDL SKR17513 Received	V	
Address 1 Address 4 Unit No. Does he own a Singspore Registered Car <sup>2</sup> Modification History  Claim 902 New  Claim 902 New  Cornect No. (Mobile) Email Address Claim Description Preferred Workshog Contact No. Require Finalisation Date Registered Report Taken By  Print AX letter  Attachment	S355879E / SHRLT511 ON 21 Jan 26 VES V 21/04/2018 18:52 JACKSON	Address Type  Driver Vehicle No.  Insured Name Contact No.(Home) OI Vehide Number  Insured Labisty * Preferend Rapair Option Claim Close Date	1 9 6 9 SBA SJSS879E Pully at Pau Preferred V	ARENTAL LLP	Art Pro	ddress 3 ast Code river Insurer Compt river In		NDL SKR17513 Received	V	
Accident No.	S355879E / SMRL7511 CM 21 Jan 26  VES  21/04/2018 18:52  JACKSON  MIT/0908238  Ves No	Address Type  Driver Vehicle No.  Insured Name Contact No.(Home) OI Vehide Number  Insured Labisty * Preferend Rapair Option Claim Close Date  Claim No.	1 9 6 9 SBA SJSS879E Pully at Pau Preferred V	ARENTAL LLP  JAR  WORKSTOP, Name unknown  mt	Art Pro	ddress 3 ast Code river Insurer Compt river In		No. GMR17513 Received 21/04/201	V	
Accident No.	S355879E / SHRLT511 ON 21 Jan 26 VES V 21/04/2018 18:52 JACKSON	Address Type  Driver Vehicle No.  Insured Name Contact No.(Home) OI Vehide Number  Insured Labisty * Preferend Rapair Option Claim Close Date  Claim No.	1 9 6 9 SB4 SJSS679E Preferred V	Workshop, Name unknown  O02 21/04/2018 18:53 Category *	Art Pro	odress 3 ost Code river Insurer Compa river In	orkshop:	No. GMR17513 Received 21/04/201	\$ 00:00	
Accident No.	S355879E / SMRL7511 CM 21 Jan 26  VES  21/04/2018 18:52  JACKSON  MIT/0908238  Ves No	Address Type  Driver Vehicle No.  Insured Name Contact No.(Home) DI Vehide Number  Insured Labisty * Preferend Rapair Option Claim Close Date  Claim No. Upload Date	SJSS879E  Pully at Pac  Preferred V  Save Sub	NOTESTOP, Name unknown  OO2  21/04/2018 18:53	A A PA	diress 3 ast Code river Insurer Compa river In	(orkshop) Urgen	No. [GKR17513 Received 21/04/201	\$ 00:00	
Address 1 Address 4 Unit No. Does he deen a Singapore Registered Car <sup>2</sup> Modification Hisbory  Claim 902 New  Claim 902 New  Claim 904 New  Claim 400 ress  Claim Description Preferred Workshog Contact No. Require Finalisation Date Registered  Report Taken By  Print AX letter  Attachment	S355879E / SMRL7511 CM 21 Jan 26  VES  21/04/2018 18:52  JACKSON  MIT/0908238  Ves No	Address Type  Driver Vehicle No.  Insured Name Contact No.(Home) OI Vehide Number  Insured Labisty * Preferend Rapair Option Claim Close Date  Claim No. Upload Date  Brow Brow	SJSS879E  Pully at Pau  Preferred V  Seve Sub	INTERPOLATION OF THE CONTRACT	A A PA	odress 3 ost Code river Insurer Compa river In	Urgen: Normal	No. [GKR17513] [Received 21/04/201]	\$ 00:00	
Address 1 Address 4 Unit No. Does he deen a Singapore Registered Car?  Rediffication Hisbory  Claim 902 New  Claim 902 New  Claim 904 New  Claim 400 ress  Claim Description Preferred Workshod Contact No.  Require Finalisation Date Registered  Report Taken By  Print AX letter  Attachment	S355879E / SMRL7511 CM 21 Jan 26  VES  21/04/2018 18:52  JACKSON  MIT/0908238  Ves No	Address Type  Driver Vehicle No.  Insured Name Contact No.(Home) OI Vehide Number  Insured Liabisty * Preferend Rapair Option Claim Close Date  Oaim No. Upload Date  Brow Brow	SJSS879E  Pully at Pau  Preferred V  Seve Sub	INTERPOLATION OF THE CONTROL OF THE	A A PA	odress 3 ost Code river Insurer Compt river In	Urgen: Normal	No.     GKR17513	\$ 00:00	
Address 1 Address 4 Unit No. Does he deen a Singapore Registered Car?  Rediffication Hisbory  Claim 902 New  Claim 902 New  Claim 904 New  Claim 400 ress  Claim Description Preferred Workshod Contact No.  Require Finalisation Date Registered  Report Taken By  Print AX letter  Attachment	S355879E / SMRL7511 CM 21 Jan 26  VES  21/04/2018 18:52  JACKSON  MIT/0908238  Ves No	Address Type  Driver Vehicle No.  Insured Name Contact No.(Home) OI Vehide Number  Insured Liability * Preferend Rapair Option Claim Close Date  Drow Brow Brow Brow	SJSS879E  Pully at Pau  Preferred V  Seve Sub  Seve Sub  Chear  Chear  Chear  Chear  Chear  Chear	INTERPOLATION OF THE CONTRACT	A A PA	odress 3 ost Code river Insurer Compt river In	Urgen- Normal Normal Normal	No.   GKR17513     Received     21/04/201	\$ 00:00	
Accident No.	S355879E / SMRL7511 CM 21 Jan 26  VES  21/04/2018 18:52  JACKSON  MIT/0908238  Ves No	Address 7 ype  Driver Vehicle No.  Insured Name  Contact No.(Home)  OI Vehicle Number  Insured Liability *  Preferend Repair Option  Claim Close Date  One No.  Upload Date  Brow  Brow  Brow  Brow  Brow  Brow  Brow  Brow	SISSETSE  Proferred V  Seve Sub  Seve Sub  Char  Char	INTERPOLATION OF THE CONTRACT	AA PN DO	diversity of the control of the cont	Urgen Normal Normal Normal	No.     GKR17513	\$ 00:00	
Accident No.	S355879E / SMRL7511 CM 21 Jan 26  VES  21/04/2018 18:52  JACKSON  MIT/0908238  Ves No	Address Type  Driver Vehicle No.  Insured Name Contact No.(Home) OI Vehide Number  Insured Liability * Preferend Rapair Option Claim Close Date  Drow Brow Brow Brow	SISSETSE  Proferred V  Seve Sub  Seve Sub  Char  Char	INTERPOLATION OF THE CONTRACT	AA PN DO	diversity of the control of the cont	Urgen- Normal Normal Normal	No.   GKR17513     Received     21/04/201	Description •	oc Wayner
Accident No.	S355879E / SMRL7511 CM 21 Jan 26  VES  21/04/2018 18:52  JACKSON  MIT/0908238  Ves No	Address 7 ype  Driver Vehicle No.  Insured Name  Contact No.(Home)  OI Vehicle Number  Insured Liability *  Preferend Repair Option  Claim Close Date  One No.  Upload Date  Brow  Brow  Brow  Brow  Brow  Brow  Brow  Brow	SISSETSE  Proferred V  Seve Sub  Seve Sub  Char  Char	INTERPOLATION OF THE CONTRACT	AA PN	diversity of the control of the cont	Urgen Normal Normal Normal	No.     GKR17513	\$ 00:00	DR MARK

http://giclaim.income.com.sg/gcs/icm/eclaim/claimantEdit.do?caseId=2449075&objectId=... 21/4/2018

NAC\_PAYA\_USI\_BOORDI( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Ap

	Uploaded By/Date	Folder Date	File Name	9	Source	Action
Video List	NAC PAYA_UBI_800601( NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 21 Ap r 2018 18:52	Photos	Normal	A10403 TOTB-4-11	470
5			Photos	Normal	Photos 2018-4-21	Edit
6	NAC_PAYA_UBI_800601( NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 21 Ap r 2018 18:52	Photos	Normal	Photos 2018-4-21	Edit
0	NAC PAVA_UBI_800501( NATI	DNAL ASSESSMENT CENTRE SERVICES) on 21 Ap + 2018-18:52	Photos	Normal	Photos 2016-4-21	Edit
3	NAC_PAYA_URIT_BD0603( NAT)	INAL ASSESSMENT CENTRE SERVICES) on 21 April 2018 18:52	Photos	Normal	Photos 2018-4-21	Edit
	NAC_PAYA_UBI_BOOKO1  NATE	ONAL ASSESSMENT CENTRE SERVICES) on 21 Ap + 2018 18:52	Photos	Normal	Photos 2018:4-21	Edit
A	NAC_PAYA_UBI_800603( NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 21 Ap + 2018 18:52	Photos	Normal	Photos 2018-4-21	Edit
<b>E</b>	NAC_PAYA_UBL_8000036 NATIO	ONAL ADDESSMENT CENTRE SERVICES) on 21 April 2018 18:52	Photos	Monthal	Photos 2018-4-21	Edit
No.	NAC_PAYA_UBI_BOOGOI[ NATX	NAL ASSESSMENT CENTRE SERVICES) on 21 Ap + 2018 18:52	Phótos	Normal	Photos 2018-4-21	Edit
<b>E</b> 3	NAC_PAYA_UEL_800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 21 Ap r 2018 18:52	SAS.	Normal	SAS 2016-4-21	Edit
Q 780			NRIC/ Driving License	Normal	NRIC/ Onling License 2018-4-21	