Date In: 31 /4/18-13:50	b description	Date &Time Completed	Done by	
Rei No: HA INC 1800 7 395 24	SAS e-filing	i		
	E-mail (within Shrs, AIC 2hrs)			
	-Motor Claim Form	100- POST POOTTM.	2/4/18 19	:06
	-Motor W/O (Within: OD 2h	s, TP 4hrs)		
OD TP Reporting Only	-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	352 E.
TP Particulars: Veh No: 56781355	INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Period: (()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-	Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: () Warra	anty: YES ()/NO ()		
Excess: (\$) Loading: \$1,000 ()/\$2,000()			_
General Remarks:	the state of the state of			
() Walk-In Customer: Customer's information				
() Total Loss Case : to e-mail Insurer UR		N		-
		Towing Co: ()
Drive-In ()/ Towed-In (); Invoice: YES	o()/ 110(),	on mg co. (
Remarks: (INC horline: 6788 6616) : 1) Apply for Transport Allowance () / Courte 2) QC Check / Post Repair Inspection	esy Car ()	Date&Tarrie Comple: 3d.	Done by	,
1) Apply for Transport Allowance ()/Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]	esy Car ()	Date&Tarrie Compte.od	Done by	
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1) Apply for Transport Allowance ()/Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions NA[80207] Claimant's Particulars:- Criver/Owner: Contact No:	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 For claiming	paration Checklist. t Reporting (\$30); Assessment (\$100); INC (\$50); Fee \$60; Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200	Anit (5) fit Bill 550) 40/545 5120 530	Amil
1) Apply for Transport Allowance ()/Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions NA [80207] Claimant's Particulars:- Driver/Owner:	Invoice Pro i) AR: Acciden i) DA: Damage i) TF: Towing i) FT: Follow- For claiming i) TR: Re-inspe 7) N1: Idao DA	paration Checklist. t Reporting (530); Assessment (5100); INC (57) Fee Softhrough Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200) cotion + SMRT Survey	Anit (\$) 15: Bill 880) 40/545 \$120 \$30 25)	Arit
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

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

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

By the lodgement of this report to the insurers, you aforesaid.	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available
The second secon	ACCIDENT STATEMENT
Date Of Report	21/04/2018 13:50
Date Of Accident	20/04/2018 08:00
Exact Location Of Accident	ALONG ORCHARD RD BESIDE MCDONALD HOUSE
Country/State of Loss	SINGAPORE
APPLICATION OF THE PROPERTY OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKT8957B
Insured/Policyholder	
Name Of Registered Owner	S L LIMOUSINE SERVICE
Co Reg No	53282241B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86864028
Alternative Phone No	OFFICE-86864028

Vehicle Particulars

MERCEDES-BENZ Manufacturer

S300L Model

Exact Purpose for which vehicle was being used at

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

NO

COMMERCIAL

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5089240223-01 Policy Number

Cover Note Number

Driver

WONG KOK WAH Name of Driver

S6812971J NRIC No Date Of Birth 04/04/1968 OUTDOOR Occupation 01/01/1985 Date Of Driving Pass

33 YEARS AND 3 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-96557306 Mobile Number

Fax Number

OFFICE-96557306 Contact Number

NOEMAIL EMail Address

BLK 325 BUKIT BATOK STREET 33 Address

#07-01

650325 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

CLEAR Weather Conditions DRY Road Surface

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY ALONG LANE 4 ORCHARD RD. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR RIGHT 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

SLJ8235S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

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.
- 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.

S L LIMOUS NE SERVICE

Blk 108 Postern "vanue 1 #10-1413 Singaporo 580168

Policyholder's Signature Date & Time:

MIST.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Zefei to	Startament.	
		_
		_

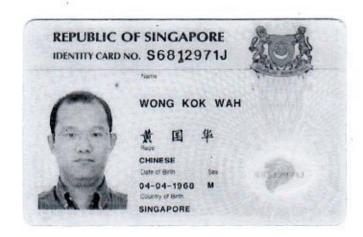
DECLARATION

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.:

SLOCKE SHIPHBIRSHIP VO









eBaoTech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601		1000000		THE PERSON NAMED IN		Change Lan	guage	Change Passwor	d · Log Out
My Desktop	Polic	y Query								
Notice of Loss	Policy N	io.				Date of Acc	ident	20/04	/2018 08:00	
	Vehicle	No.(For Motor)	SKT8957B							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5089240223- 01	S L LIMOUSINE SERVICE	532822418	GPC	drivo CLASSIC	SKT8957B	SKT89578	27/03/2018	27/01/2019
						Continue				

olicy No.	5089240223-01	Policyholder Name	S L LIMOUSINE SERVICE	Policyholder NRIC	53282241B
ddress	BLK 168 #10-1413 HOUGANG	AVENUE 1 SING	SAPORE 530168		
roduct lame	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
olicy ssue Pate	02/02/2018	Effective Date	27/03/2018 00:00	Expiry Date	27/01/2019 23:59
hird arty xcess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	HUI HUA CREDIT PTE LTD	Agent Tel.	64696611	GST Flag	Υ
Co- nsurance Flag Open	No				
Policy Info Certificate Info					
	holder Mailing Address				
Address 1	BLK 168 #10-1413	Address 2	HOUGANG AVENUE 1	Address 3	SINGAPORE 530168
Address 4		Address Type	Singapore address	Post Code	530168
Unit No.	06-71	Related Policy Number	5089240223-01		
) Insure	ed Object: SKT8957B				
♥ Endors	sements				
Sequen	ce Date of Endorsement	Endorse	ement Type Endors	ement Status	Endorsement Content

laim Handling									
cident HT/0991309									
	5089240223-01	venicle No.	SKT8957B			T Registration No.			
	S L CIMOUSINE SERVICE				Po	cyholder NRIC		32822415	
	PRIVATE CAR INGURANCE	Cover Type	drive CLASSIC			ading	0		
	86864028	Contact No.(Office)	0			ntact No.(Home)			
mail Address		Special Remark			eC	ode	1	(C V	
FK	® No ○ Yes	TCA	® No ○Yes		eC	ode Reason			
	No	NCD Entitlement(%)	0		Pri	vate Hire		No.	
Accident Details		A CONTRACT OF STREET AND STREET	Was .		Ac	cident Type	0	Collision - Hea	d to Rear
eport Date	21/04/2018 19:04	Accident Report Within 24 hrs				untry of Accident	9	ingapore	
ate of Accident	20/04/2018	Time of Accident Ishimm	00:00			M No.			
eporting Centre		Orange Force			- 00	PT INO.			
codent Location	ALONG DRCHARD RD BESIDE MCDONA	LD HOUSE							
- Benefits									
· Excess									100.00
Own damage Excess	2,000.00	Additional Excess		0.00	W	indscreen Excess			100.00
Innamed Driver Excess		Outside Singapore CO Excess		2,000.00					
Tried Party Excess	1,500.00	Outside Singapore TP Excess		1,500.00					
GST Registered Informa									
ST Registered	No			Legistration Date		814			
ST Registration No.			GST S	status Verified		No			
fodification History									
Policyholder Mailing Ad	dress				7100			CINCAPORE 1	100168
Address 1	BLK 168 #10-1413	Address 2	HOUGANG A	VENUE 1		ddress 3		SINGAPORE S	NATE OF THE PARTY
Apidness 4		Address Type	Singapore ad	id/ess	8	pat Code		530168	
Unë No	06-71	Related Policy Number	5089240223	1-0g					
□ OI Driver Info	77.1								
Driver Name	Urnamed Driver	Driver Type	Unnamed Dr	iver					
Unnamed priver Name	WONG KOK WAT	Driver NRIC	568129717			river DOB		04/04/1968	
Register Date of Driver License	01/01/1985	Driver Age	50		0	inving Experience		33	
Contact No.(Mobile)	96557306	Contact No.(Office)	0		c	omact No.(Home)		0	
Address 1	BLK 325	Address 2	BUKIT BATO	K STREET 33	. 4	ddress I		SINGAPORE	650325
Address 1	Man, 292								
		Address Type	Singapore as	ddress	9	test Code		650325	
Appress 4	03.01	Address Type	Singapore as	idress	P	ost Code		650325	
Address # Unit No Does he own a Singapore Registered car?	09-01 (Yes @ No	Address Type Driver Vehicle No.	Singapore ad	adress		ost Code	му	650325	
Une No. Does he own a Singapore Registered car? Declaration	○ Yes ® No	Driver Vehicle No.	Singapore ad				иту	850325	
Unit No. Does he own a Singapore Registered car?							иту	650925	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	○ Yes ® No	Driver Vehicle No.					iny	650325	
Une No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	○ Yes ® No	Driver Vehicle No.					erty	650325	
Unit No. Does he own a Singapore Registered Car? Declaration Breathabyser or Blood Test Reading? Modification History	○ Yes ® No 2 mg	Driver Vehicle No. Any injury?	○ Yes ® N	•	t	oriver Insurer Compi	arty.	Trial States	
Unit No. Does he own a Singapore Registered Car? Declaration Breathabyser or Blood Test Reading? Modification History	○ Yes ® No	Driver Vehicle No. Any injury? Insured Name	○ Yes ® N		į.	inver Insurer Compi	eny	\$32822418	
Une No. Does he own a Singapore Registered car? Declaration Breatharyser or Blood Test Raeding? Modification History Claim 003 New	○ Yes ® No 2 mg	Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	○ Yes ® N	•	i i	orwer Insurer Compi	eny	\$1282241B 68442058	
Une No. Does Recown a Singapore Registered Car? Declaration Breatharyser or Blood Test Raeding? Modification History Claim 601 New	O mig CO-MX 97879993 Stimousneservice@gmail.com	Ensured Name Contact No. (Home) Of Vehicle Number	○ Yes ® N	•	i i	Insurer Compi Insured NRIC Comact No.(Office) TP Vehicle Number		\$32822418	
Une No Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Raeding? Ctales 601 New Claim Type * Contact No.(Mobile)	○ Yes (€ No 2 mg CO-MX ▼ 97879993	Ensured Name Contact No. (Home) Of Vehicle Number	○ Yes ® N	O SERVICE		orwer Insurer Compi		\$1282241B 68442058	
Une No. Does he own a Singapore Registered Car? Declaration Breatharyser or Blood Test Reading? Modification History Claim 601 New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact	O mig CO-MX 97879993 Stimousneservice@gmail.com	Ensured Name Contact No. (Home) Of Vehicle Number	○ Yes ® N	SINC SCRVICE		Insurer Compi Insured NRIC Corract No.(Office) IP Vehicle Number Name of Preferred W		\$12822418 58442058 \$1.182355	
Une No. Does income a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Colim Tope * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No.	O mig CO-MX 97879993 Stimousneservice@gmail.com	Ensured Name Conduct No. (Home) Of Verside Number 8	S L LIMOUS SKT89578 Not at Faul	O SERVICE		insurer Compi insured NRIC Corract No.(Office) IP Vehicle Number Name of Preferred W		\$1282241B 68442059 \$1382355	
Une No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reaching? Colom History Colom Type * Contact No. (Moole) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	Ones ® No Diring OD-MK 97879903 SEMOUNINEMENT/CE® gmail. Com SKT89578 / SLJ82355 ON 20 Apr 203	Ensured Name Contact No. (Home) Of Vehicle Number (8)	S L LIMOUS SKT89578 Not at Faul	SINC SCRVICE		Insurer Compi Insured NRIC Corract No.(Office) IP Vehicle Number Name of Preferred W		\$12822418 58442058 \$1.182355	10.00
Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reaching? Modification History Ctales 601 New Colom Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered.	O mig OD-MX 97879903 Skite9678 / SLI82355 On 20 Apr 201 Ves 21/04/2018 19:06	Ensured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferenced Repair Option	S L LIMOUS SKT89578 Not at Faul	SINC SCRVICE		insurer Compi insured NRIC Corract No.(Office) IP Vehicle Number Name of Preferred W		\$1282241B 68442059 \$1382355	10.00
Unit No. Does he own a Singapore Registered Carr? Declaration Breatharyser or Blood Test Reading? Modification History Ctales 001 New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered: Report Taken By	Onig Onig	Ensured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferenced Repair Option	S L LIMOUS SKT89578 Not at Faul	SINC SCRVICE		insurer Compi insured NRIC Corract No.(Office) IP Vehicle Number Name of Preferred W		\$1282241B 68442059 \$1382355	10.00
Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reaching? Modification History Ctales 601 New Colom Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered.	O mig OD-MX 97879903 Skite9678 / SLI82355 On 20 Apr 201 Ves 21/04/2018 19:06	Ensured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferenced Repair Option	S L LIMOUS SKT89578 Not at Faul	SINE SERVICE		insurer Compi insured NRIC Corract No.(Office) IP Vehicle Number Name of Preferred W		\$1282241B 68442059 \$1382355	10.00
Une No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Citales 603 New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Cortact No. Reduce Finalisation Date Registered: Report Taken By Prior AK letter	O mig OD-MX 97879903 Skite9678 / SLI82355 On 20 Apr 201 Ves 21/04/2018 19:06	Ensured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferenced Repair Option	S L LIMOUS SKT89578 Not at Faul	SINE SERVICE		insurer Compi insured NRIC Corract No.(Office) IP Vehicle Number Name of Preferred W		\$1282241B 68442059 \$1382355	10.00
Unit No. Does he own a Singapore Registered Carr? Declaration Breatharyser or Blood Test Reading? Modification History Ctales 001 New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered: Report Taken By	O mig OD-MX 97879903 Skite9678 / SLI82355 On 20 Apr 201 Ves 21/04/2018 19:06	Ensured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferenced Repair Option	S L LIMOUS SKT89578 Not at Faul	SINE SERVICE		insurer Compi insured NRIC Corract No.(Office) IP Vehicle Number Name of Preferred W		\$1282241B 68442059 \$1382355	10.00
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Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Seeding? Modification History Claim 603 New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered: Report Taken By Print AK letter	O mig OD-MX 97879903 Skite9678 / SLI82355 On 20 Apr 201 Ves 21/04/2018 19:06	Insured Name Contact No. (Home) Of vehicle Number Is Insured Liability * Preference Repair Option Claim Close Date	S L LIMOUS SKT89578 Not at Faul	Norkshop, Name unknown		insurer Compi insured NRIC Corract No.(Office) IP Vehicle Number Name of Preferred W		\$1282241B 68442059 \$1382355	10.00
Unit No. Does he own a Singapore Registered Carr? Declaration Breathalyser or Blood Test Reading? Modification History Ctales GOS New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered: Report Taken By [x] Print AK letter	Onig Onig OD-MX 9787993 Simousneservce@gmail.com SKT89578. / SLI82355 ON 20 Apr 201 Vet 21/04/2018 19:06 DACKSON	Ensured Name Contact No. (Home) Of vehicle Number B Insured Liability * Preferent Repair Option Claim Close Oats	S L LIMOUS SKT89578 Not at Faul	t Vorkshop, Name unknown mt 001 21/04/2018 19:07		Insurer Compi Insured NRIC Contact No.(Office) IP Vehicle Number Name of Preferred W GIA report Date Received	forkshop	\$1282241B 68442058 \$1382355 \$8cceived 21/04/2018	00:00
Unit No. Does he own a Singapore Registered Sar? Declaration Breathalyser or Blood Test Reading? Modification History Claim 603 New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered: Report Taken By Print AK letter	Onig Onig Onig On-MX 9787993 pilmoukneservice@gmail.com SkT89576./ SLI82356 ON 20 Apr 201 ves 21/04/2018 19:06 DACKSON	Insured Name Contact No. (Home) Of vehicle Number Is Insured Liability * Preference Repair Option Claim Close Date	S L LIMOUS SKT89578 Not at Faul Preferred V	t V Norkshop, Name unknown mt 001 21/04/2018 19/07 Category *	V	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W GIA report Date Received	Virgent	\$12822418 68442058 \$1382355 \$4000000 21/04/2018	10.00
Unit No. Does he own a Singapore Registered Sar? Declaration Breathalyser or Blood Test Reading? Modification History Claim 603 New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered: Report Taken By Print AK letter	Onig OD-MX 9787993 SITEMULANE SET ON 20 Apr 201 Ves 21/04/2018 19:06 DACKSÓN MT/0993309 € Ves ○ No	Insured Name Contact No. (Home) Of vehicle Number Is Insured Liability * Preference Repair Option Claim Close Date	S L LIMOUS SKT89578 Not at Faul Preferred V	t Vorkshop, Name unknown mt 001 21/04/2018 19:07		Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W GIA report Date Received	forkshop	\$12822418 68442058 \$1383355 \$8600900 21/04/2018	00:00
Unit No. Does he own a Singapore Registered Sar? Declaration Breathalyser or Blood Test Reading? Modification History Claim 603 New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered: Report Taken By Print AK letter	Onig OD-MX 9787993 SITEMULANE SET ON 20 Apr 201 Ves 21/04/2018 19:06 DACKSÓN MT/0993309 € Ves ○ No	Insured Name Consact No.(Home) Of Vehicle Number Insured Nathe Insured Nathify * Preferend Repair Option Claim Close Date Oeim No. Upload Date	St. LIMOUS SKT89578 Not at Faul Preferred V	t V Norkshop, Name unknown mt 001 21/04/2018 19/07 Category *	V	Insured NRIC Correct No.(Office) TP Vehicle Number Name of Preferred W GIA report Date Received Confidential	Virgent	\$12822418 68442058 \$1382355 \$4000000 21/04/2018	00:00
Unit No. Does he own a Singapore Registered Sar? Declaration Breathalyser or Blood Test Reading? Modification History Claim 603 New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered: Report Taken By Print AK letter	Onig OD-MX 9787993 SITEMULANE SET ON 20 Apr 201 Ves 21/04/2018 19:06 DACKSÓN MT/0993309 € Ves ○ No	Insured Name Consuct No.(Home) O) Vehicle Number Insured Nathe Insured Nathify * Preferend Repair Option Claim Close Date Oeim No. Upload Date	St. LIMOUS SKT89578 Not at Faul Preferred V Save Sub	o SINC SERVICE t Vorkshop, Name unknown mt 001 21/04/2018 19:07 Category *		Insured NRIC Corract No.(Office) TP Vehicle Number Name of Preferred W GIA report Date Received Confidential	Urgani Normal	\$12822418 68442058 \$1383355 \$8600900 21/04/2018	00:00
Unit No. Does he own a Singapore Registered Sar? Declaration Breathalyser or Blood Test Reading? Modification History Claim 603 New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered: Report Taken By Print AK letter	Onig OD-MX 9787993 SITEMULANE SET ON 20 Apr 201 Ves 21/04/2018 19:06 DACKSÓN MT/0993309 € Ves ○ No	Insured Name Consuct No.(Inome) O) Vehicle Number Insured Liability * Preferend Repair Option Claim Close Oats Oeim No. upload Date Brow Brow	S L LIMOUS SKT89578 Not at Faul Preferred V Save Sub	INC SERVICE I Vorkshop, Name unknown O01 21/04/2018 19/07 Category * Please Select Please Select Please Select		Insured NRIC Corract No.(Office) TP Vehicle Number Name of Preferred W GIA report Date Received	Urgent Normal Normal	\$12822418 68442058 \$1383355 \$8600900 21/04/2018	00:00
Unit No. Does he own a Singapore Registered Sar? Declaration Breathalyser or Blood Test Reading? Modification History Claim 603 New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered: Report Taken By Print AK letter	Onig OD-MX 9787993 SITEMULANE SET ON 20 Apr 201 Ves 21/04/2018 19:06 DACKSÓN MT/0993309 € Ves ○ No	Insured Name Coreact No.(Inome) O) Vehicle Number Insured Liability * Preferend Repair Option Claim Close Oats Oem No. Upload Date Brow Brow Brow Brow	St. LIMOUS SKT89578 Not at Faul Preferred V Save Sub	INC SERVICE I Vorkshop, Name unknown O01 21/04/2018 19/07 Category * Please Select Please Select Please Select Please Select		Insured NRIC Corract No.(Office) TP Vehicle Number Name of Preferred W GIA report Date Received	Urgani Normal Normal Normal	\$12822418 68442058 \$1383355 \$8442018 21/04/2018	00:00
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Attachment	ū	ploaded By/Date	Category	Y urgancy	Description	Sent? Action (CO)
12 FF	NAC_PAYA_UBL_B00601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 21 Ap. r 2018 19:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-21	Edit
663	NAC_PAYA_UB1_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 21 Ap. + 2018 19:07	SAS	Normal	SAS 2018-4-21	Edit
1	NAC_PAYA_UBI_800501(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 21 Ap r 2018 19:07	Photos	Normal	Photos 2018-4-21	Edit
1/2	NAC_PAYA_URL_BODGOTE NATIO	NAL ASSESSMENT CENTRE SERVICES) on 21 Ap 7 7018 19:07	Photos.	Normal	Phakes 2018-4-21	Edit
2	NAC_PAYA_UB1_800603(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 21 Ap v 2018 19:06	Photos	Normal	Photos 2018-4-21	Edit
5	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 21 Ap r 2018 19:06	Photos	Normal	Photos 2018-4-21	Edit
3	NAC_PAYA_UBI_B00601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 21 Ap r 2018 19:06	Photos	Normal	Photos 2018-4-21	Edit
	NAC_PAYA_UBI_800601(NATIO	INAL ASSESSMENT CENTRE SERVICES) on 21 Ag = 2018 19:06	Photos	Normal	Photos 2018-4-21	Edit
	NAC_PAYA_UBI_800801(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 21 Ap r 2018 19:06	Photos	Normal	Photos 2018-4-21	Edit
8	NAC_PAYA_UBL_BOOKO) NATH	ONAL ASSESSMENT CENTRE SERVICES) on 21 Ap	Photos	Normal	Photos 2018-4-21	Edit
	NAC_PAYA_USI_800603(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 21 Ap + 2018 19:06	Photos	Normal	Photos 2018-4-21	Edit
	NAC_PANA_UBL_BODSOL(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 21 Ap r 2018 19:06	Photos	Normal	Photos 2018-4-21	Edit
	NAC_PAYA_URL_BOOKOS[NAT]	ONAL ASSESSMENT CENTRE SERVICES) on 21 Ap	Photos	Normal	Photos 2018-4-21	Edit
	NAC_PAYA_UST_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 21 Ap + 2018 19:06	Photos	Normal	Photos 2018-4-21	Edit
4	NAC_PAYA_UBI_800601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 21 Ap 7 2018 19:06	Photos	Normal	Photos 2018-4-21	Edil
TE	NAC_PAYA_UBI_800601(NATI	DNAL ASSESSMENT CENTRE SERVICES) on 21 Ap 2018 19:06	Photos	Normal	Photos 2018-4-21	Edit
⊕ Video List		Folder Date	File Name		9 Source	Action