| Date In a deal of the | | | Date & Time Completed | Done | DV. |
|--|---------------------|--|--|--|--|
| Date In: 21/4/18-15:17 | Jcb description | | - Date & Time Completed | 20110 | - |
| Ref No: NA / INC 1800 7397 /24 | SAS e-filing | | | | |
| Vch No: SLN50290 | E-mail (within 8 | hrs, AIC 2hrs) | | | |
| D.O.A .: 21 4/18-13:55 | i-Motor Clain | n Form | MT/09 9 1311 -031 | 31/4/18 | 2019 |
| | i-Motor W/O | (Within: OD 2hr | s, TP 4hrs) | | V |
| OD / TP / Reporting Only | i-Photo Uploa | ided | | | |
| TP Insurer: | Assessment/Sur | rvey Report | | | |
| IP insurer: | Ass't Report by | Fax / Hand | o Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | | Tel: | Fax: | |
| TP Particulars: Veh No: 57468 | Ψ8 H | . INC(|)/Non-INC() | | |
| Owner / Driver: (| | | Tel: |) | |
| Policy No: () Per | riod: (|) | Cover Type: (| | |
| Confirmed by : (| | Date: | Time: |) | |
| | | | 0%; P: 21-79%. P: 30- | 100%] | |
| | Warranty: YES (|)/NO(|) | | |
| | 00 ()/\$2,000 (| | | সম্ভাগে কে | |
| | | | | | |
| () Walk-In Customer : Customer's infor | mation strictly Con | fidential & St | rictly NO refer of repairer | <u> </u> | |
| () Total Loss Case : to e-mail Insure | r URGENTLY. | The Paris of the P | 10000 | | |
| Drive-In ()/Towed-In (); Invoice: | : YES() / N | O();T | owing Co: (| W |) |
| | | | Date& Time Completed | Done | hv |
| Remarks: (INC hotline: 6788 6616) | | | Dates Into Soupe | Andrew Valley | - |
| 1) Apply for Transport Allowance ()/C | ourtesy Car () |) | | 1000 | |
| | | | | | |
| | () | | <u> </u> | | |
| | () | | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: | () | | | | |
| 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: | () | | | | |
| 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: | () | | | Magacine. | ************************************** |
| 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: | () | | | SE SON SE | |
| 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: | () | | | San Pacarinas | ************************************** |
| 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: | () | | | | |
| 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: | () | | | | |
| 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions | () | | paration Checklist. | Ant(s) | |
| Injury: Date/Time Actions | () | Invoice Pre | paration Checklist: | Ant(5) | |
| Injury: Date/Time Actions | () | Invoice Pre 1) AR: Acciden 2) DA: Damage | paration Checklist: t Reporting (\$30); Assessment (\$100); INC | Ant(5) | |
| Injury: Oate/Time Actions NAISO2505 Inimant's Particulars:- | () | Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 | paration Checklist: tReporting (330); Assessment (\$100); INC (Fee S Through Survey | Anit (5) (ii Bill \$80) 40/\$45 \$120 | |
| July : Date/Time Actions NAISO2505 Injury : Particulars :- river/Owner: | () | Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I | paration Checklist: t Reporting (\$30); Assessment (\$100); INC (Fee S hrough Survey hrough Survey (Resurvey) | Ant (5) fst Bill \$80) 40/\$45 \$120 \$30 | |
| Onte/Time Actions NAISOLS OF Contact No: | () | Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I For claiming 6) TR: Re-inspe | paration Checklist: t Reporting (\$30); Assessment (\$100); INC (Fee S through Survey Through Survey (Resurvey) against INC Only (well 0 Jan 20) ection | \$30 \$30 \$30 \$30 \$51 \$51 \$51 \$51 \$51 \$51 \$51 \$51 \$51 \$51 | |
| July: Date/Time Actions Actions Laimant's Particulars:- river/Owner: | () | Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I For claiming 6) TR: Re-inspe 7) N1: Idao DA | paration Checklist: t Reporting (\$30); Assessment (\$100); INC (Fee S through Survey Through Survey (Resurvey) against INC Only (well 0 Jan 20) action + SMRT Survey | \$80) 40/\$45 \$120 \$30 95) | |
| Injury: Date/Time Actions Actions Laimant's Particulars:- portact No: Inmaged Portion: | () | Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD* | paration Checklist: Reporting (\$30); Assessment (\$100); INC (Fee S Prough Survey Prough Survey (Resurvey) Reginst INC Only (wef 10 Jan 20) etion + SMRT Survey onal Services. | \$30 \$30 \$30 \$30 \$55 \$120 \$30 \$55 \$160 | |
| July : Date/Time Actions NAISO25 05 Injury : Date/Time Actions | () | Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtes | paration Checklist. t Reporting (\$30); Assessment (\$100); INC (Fee S Through Survey Through Survey (Resurvey) against JNC Only (wef 10 Jan 20 otton + SMRT Survey onal Services. | \$30 \$160 \$35 \$10 \$30 | Control of the Contro |
| 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions NAIS 025 05 Claimant's Particulars: river/Owner: ontact No: amaged Portion: C. Checked by (Engr-In-Charge): | () | Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD* *N5: Courtes *N6: Repair (*N7: Fost Re- *N7: Fost Re- *N7: Fost Re- | paration Checklist: Reporting (330); Assessment (\$100); INC (Fee S Prough Survey Prough Survey (Resurvey) Reginst INC Only (wef 10 Jan 20) ction + SMRT Survey onal Services: Co-ordination sair Inspection | \$80) 40/\$45 \$120 \$30 \$55 \$10 \$25 | Am(1) |
| July : Date/Time Actions NANO 25 05 Injury : Particulars :- Injury : C Checked by (Engr-In-Charge): Inditors' Comments :- | () | Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD* N6: Repair (N7: Fost Re; +N8: DV / Co | paration Checklist: t Reporting (330); Assessment (\$100); INC (Fee S hrough Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 20 ction + SMRT Survey onal Services: Car/Tpt Allowance Ca-ordination anir Inspection illect Excess Coordination | \$30 \$160 \$25 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 | The second second |
| 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions NANO2505 Italimant's Particulars:- river/Owner: ontact No: amaged Portion: | () | Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD* N6: Repair (N7: Fost Re; +N8: DV / Co | paration Checklist. t Reporting (\$30); Assessment (\$100); INC (Fee S Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 20 ction + SMRT Survey onal Services:- Co-ordination mair Inspection licet Excess Coordination P (N:10 INC) against INC | \$30 \$120 \$30 \$55 \$10 \$25 \$5 \$20 \$30 | Control of the Contro |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number Fax Number

Contact Number

EMail Address

Gender

- 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.
- 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.
- 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.

| foresaid. | |
|--|--|
| graduation with the same spice of the same | ACCIDENT STATEMENT |
| Date Of Report | 21/04/2018 15:17 |
| Date Of Accident | 21/04/2018 13:55 |
| Exact Location Of Accident | BLK 212 HOUGANG ST 21 OPEN SPACE CARPARK |
| Country/State of Loss | SINGAPORE |
| D. D | ETAILS OF OWN VEHICLE |
| /ehicle Registration Number | SLN5029U |
| Insured/Policyholder | |
| Name Of Registered Owner | CHUA MAY KHENG |
| NRIC No | S8701038D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98759253 |
| Alternative Phone No | OFFICE-98759253 |
| Vehicle Particulars | |
| Manufacturer | CHEVROLET |
| Model | CRUZE NB 1.4D TURBO 6AT |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | PRIVATE CAR |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5090896339 |
| Cover Note Number | |
| Driver | |
| Name of Driver | CHUA MAY KHENG (CAI MEIQING) |
| NRIC No | S8701038D |
| Date Of Birth | 20/01/1987 |
| Occupation | INDOOR |
| Date Of Driving Pass | 11/04/2011 |
| | |

7 YEARS AND 0 MONTHS

(LOCAL) +65-98759253

OFFICE-98759253

FEMALE

NOEMAIL

3 RIVERVALE LINK Address

#07-21

NO

NO

2

NO

NO

545119 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

General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR Weather Conditions DRY

Road Surface

Other Information Was any foreign vehicle involved in this accident?

2 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)

Passenger 1

NAME:

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG HOUGANG ST 21 OPEN SPACE CARPARK. VEHICLE B TRAVELLING FROM OPPOSITE DIRECTION, TRYING MERGED ONTO MY LANE AND HIT ONTO MY VEHICLE FRONT LEFT PORTION.

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJA6848H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

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 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.
- 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.

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 .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| Refer to | statement. | |
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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.:

REPUBLIC OF SINGAPORE

IDENTIFY CARD NO. \$8701038D





CHUA MAY KHENG (CAI MEIQING)





CHINESE

20-01-1987 SINGAPORE





4083019



18-07-2007

3 RIVERVALE LINK #07-21 SINGAPORE 545119 NRIC No: \$87010380

Date: 30/11/2016

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

Motor Cars=< 3000kg with =<7 passengers, exclusive 11 Apr 2011 of the driver; and other motor vehicles =< 2500kg

NP 428A



| eBaoTech | | | | 1.33 | | | | | Gene | ralClaim |
|------------------------|----------|----------------|--|--|---------|---------------|----------------|-------------------|------------------|--------------|
| Hello, NAC_PAYA_UBI_BO | 0601 | | THE PARTY OF THE P | The same of the sa | | | Change Lan | guage , | Change Passwo | rd • Log Out |
| My Desktop | Polic | y Query | | | | | | and success | | 139 |
| Notice of Loss | Policy N | 0. | | | | Date of Acc | ident | 21/04 | 2018 13:55 | |
| | Vehicle | No.(For Motor) | SLN5029U | | | | | | | |
| | | | | | | Search | | | | |
| | Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5090896339 | CHUA MAY KHENG | S8701038D | GPC | drivo PREMIUM | SLN5029U | SLN5029U | 05/05/2017 | 04/05/2018 |
| | | | | | | Continue | | | | |

| Policy No. | 5090896339 | Policyholder Name | CHUA MAY KHENG | Policyholder NRIC | S8701038D |
|---|-------------------------------|-----------------------------------|------------------------|----------------------|---------------------|
| Address | 3 RIVERVALE LINK #07-21 THE | RIVERVALE SI | INGAPORE 545119 | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy ssue Date | 06/06/2017 | Effective Date | 05/05/2017 00:00 | Expiry Date | 04/05/2018 23:59 |
| Third Party Excess | 0 | Own damage Excess | 600 | Windscreen Excess | 100 |
| Additional Excess | 0 | OS Premium | 0 | | |
| Outside Singapore OD Excess | 600 | Outside Singapore TP Excess | 0 | | |
| Agent | ALPINE CREDIT PTE LTD | Agent Tel. | 65113025 | GST Flag | Y |
| Co- insurance Flag Open Policy Info | No | | | | |
| Certificate Info | | | | | |
| Policy! | holder Mailing Address | | | | |
| Address 1 | 3 RIVERVALE LINK | Address 2 | #07-21 THE RIVERVALE | Address 3 | SINGAPORE 545119 |
| Address 4 | | Address Type | Singapore address | Post Code | 545119 |
| Unit No. | 07-21 | Related Policy Number | 5090896339-01 | | |
| D Insure | d Object: SLN5029U | | | | |
| ▼ Endor | sements | | | | |
| | arrester to the second arrest | Endorse | enca autori ve zaviter | ement Status | Endorsement Content |

| aim Handling | | | | | | | | |
|--|--|--|--|--|---|--|---|--|
| cident MT/0991311 | | | | | | | | |
| | 5090896339 | Vehicle No. | 9JN5029U | (6) | T Registration No. | | | |
| ney ne. | | | | Pt | ncyhelder NRIC | S870103B |) | |
| Telline and the second | CHUA MAY ICHENG | de la Trans | drive PREMIUN | t Li | ading | 0 | | |
| NIERIO I | PRIVATE CAR INSURANCE | Cover Type | 0 | | intact No.(Home) | 0 | | |
| intact No.(Mobile) | 98759253 | Contact Ne.(Office) | 70 | | ode | No. V | | |
| nail Address | | Special Remark | ® No ○Yes | | Code Reason | | | |
| × | ® No O Yes | TCA | 0 | p, | ivate Hire | No | | |
| CD Protection | No | NCD Entitlement(%) | 9 | | | | | |
| Accident Details | | | | | coident Type | Side Swipe | 100 | |
| eport Date | 25/04/2018 20:17 | Accident Report Within 24 hrs | Yes | | | Singapore | | |
| ate of Accident | 21/04/2018 | Time of Accident hhimm | 13:55 | | ountry of Acadent | Singapore | | |
| | | Orange Force | | N N | M No. | | | |
| eporting Centre | BLK 212 HOUGANG ST 21 OPEN SPACE (| | | | | | | |
| | BCK 212 HOUGHROUS) 21 GT GT ST ST ST | | | | | | | |
| ⇒ Benefits | | | | | | | | |
| © Excess | | 80 (84) or 1 Hought could | | 0.00 W | indscreen Excess | | 100.00 | |
| wn damage Excess | 600.00 | Additional Excess | | | | | | |
| nnamed Driver Excess | 0.00 | Outside Singapore OD Excess | | 600.00 | | | | |
| hird Party Excess | 0.00 | Curside Singapore TP Excess | | 0,00 | | | | |
| GST Registered Informat | tion | | | | | | | |
| ST Registered | No | | | egistration Date | | | | |
| ST Registration No. | | | GST S | tatus Venhed | Yes | | | |
| adification History | | | | | | | | |
| | | | | | | | | |
| Policyholder Mailing Add | dress . | | | | oddress 3 | SINGAPO | RE 645119 | |
| ddress 1 | 3 RIVERVALE LINK | Address 2 | #07-21 THE | | oddress 3 | | 100000000000000000000000000000000000000 | |
| uppress 4 | | Address Type | Singapore ad | | ost Code | 545119 | | |
| int No. | 07-21 | Related Policy Number | 5090896339 | -01 | | | | |
| OI Driver Info | | | | | | | | |
| | Chua May Kheng | Driver Type | Main Driver | | | | | |
| Jover Name Jonamed driver Name | | Driver NRIC | 587010380 | | Driver DOB | 20/01/19 | 07 | |
| | 1110412011 | Driver Age | 31 | | Oriving Experience | 7 | | |
| Register Date of Driver License | 11/04/2011 | Contact No.(Office) | 90 | | Contact No.(Home) | 0 | | |
| Contact No.(Mobile) | 98759253 | | THE RIVERY | 416 | Apidresa 3 | SINGAPO | SRE 545119 | |
| Apdress 1 | 3 RIVERVALE LINK | Address 2 | | | | | | |
| ADDITION I | a new colonostics | | | | Boot Code | 545119 | | |
| Agidiness 4 | | Address Type | Singapore ad | | Post Code | 545119 | | |
| | 07-21 | | | odress | | | | |
| Address 4 Unit No. Does he own a Singapore | 07-21 | | | odress | Post Code Oriver Indurer Campa | | | |
| Azigness 4 Unit No. | | Address Type | | odress | | | | |
| Address 4 Unit No. Does he own a Singapore | 07-21 | Address Type | | odress | | | | |
| Address 4 Link No. Does he own a Singapore Registered car? Deciaration Breathalyser or Blood Test | 07-21 | Address Type | | ndress | | | | |
| Address 4 Unit No. Does he own a Singapore Registered car? Declaration | 07-21 ☐ Yes ® No | Address Type Driver Vehicle No. | Singapore ad | ndress | | | | |
| Address 4 Link No. Does he own a Singapore Registered car? Deciaration Breathalyser or Blood Test Reading? | 07-21 ☐ Yes ® No | Address Type Driver Vehicle No. | Singapore ad | ndress | | | | |
| Address 4 Link No. Does he own a Singapore Registered car? Deciaration Breathalyser or Blood Test | 07-21 ☐ Yes ® No | Address Type Driver Vehicle No. | Singapore ad | ndress | | | | |
| Address 4 Lind No. Does he own a Singapore Registered car? Deciaration Breathelyser or Blood Test Reading? Modification History | 07-21 ☐ Yes ® No | Address Type Driver Vehicle No. | Singapore ad | ndress | | | | |
| Address 4 Link No. Does he own a Singapore Registered car? Deciaration Breathalyser or Blood Test Reading? | 07-21 ☐ Yes ® No | Address Type Driver Vehicle No. | Singapore ad | ndress | | | | |
| Address 4 Lind No. Does he own a Singapore Registered car? Deciaration Breathelyser or Blood Test Reading? Modification History | 07-21 ☐ Yes ® No | Address Type Driver Vehicle No. | Singapore ad | ndress | Oriver Insurer Comp | | 18D | |
| Address 4 Lind No. Does he own a Singapore Registered car? Deciaration Breathelyser or Blood Test Reading? Modification History | 07-21 ☐ Yes ® No | Address Type Driver Vehicle No. | Singapore ad | ndress | Oriver Indurer Compi | any | 16D | |
| Address 4 Unit No. Does he own a Singapore Registreed car? Decisional Breathayser or Blood Test Reading? Modification Hattory Claim 001 New | 07-21 ○ Yes ® No 0 mg | Address Type Driver Vehicle No. Any Injury? | Singapore ad | ndress N-ENG | Oriver Induser Compa Indused NRTC Contact No.(Office) | S87010 | -4 | |
| Address 4 Unit No. Does he own a Singapore Registered car? Decisiation Breathayser or Blood Test Reading? Claim 901 Maxw Claim Type 4 Careact No. (Mobile) | 07-21 ☐ Yes | Address Type Driver Vehicle No. Any Injury? Insured Name | Singapore ad ○ Yes (●) No | ndress N-ENG | Oriver Indurer Compa Indured NRTC Contact No.(Office) TP Webcle Number | \$87010 \$3246841 | -4 | |
| Address 4 Unit No. Does he own a Singapore Registered car? Dectaration Breathayser or Blood Test Reading? Claim 901 Maw Claim Type 1 Contact No. (Mobile) Email Address | 07-21 ☐ Yes | Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) Of Vehicle Number | ○ Yes (●) No CHUA MAY I 63847085 | ndress N-ENG | Oriver Induser Compa Indused NRTC Contact No.(Office) | \$87010 \$3246841 | -4 | |
| Address 4 Lind No. Does he own a Singapore Repistered car? Dectaration Breathalyser or Blood Test Reading? Claim 001 Maw Claim Type 1 Contact No. (Mobile) Email Address Claim Description | 07-21 ☐ Yes | Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number | O Yes (€) No OHUA MAY I 63847095 SUNS029U | o . K+€NG | Oriver Indurer Compa Indured NRTC Contact No.(Office) TP Webcle Number | \$87010 \$3246841 | -4 | |
| Address 4 Unit No. Does he own a Singapore Registered car? Dectaration Breathayser or Blood Test Reading? Claim 901 Maw Claim Type 1 Contact No. (Mobile) Email Address | 07-21 ☐ Yes | Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability.* | O Yes (®) No CHUA MAY 1 6384 7085 SUNS029U | NHENG. | Insured NRIC Coreact No. (Office) TP Vehicle Number Name of Preferred W | \$87010 \$3246841 | 311 | |
| Address 4 Unit No. Does he own a Singapore Registered car? Decisration Breathelyser or Blood Test Reading? Modification History Claim 1001 New Claim Type 4 Contact No (Mobile) Email Address Claim Description Preferred Workshop Contact | 07-21 ☐ Yes | Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Herne) OI Vehicle Number Insured Liabrity * Proferered Rapair Option | O Yes (®) No CHUA MAY 1 6384 7085 SUNS029U | o . K+€NG | Insured NRTC Contact No.(Office) TP Vehicle Number Name of Preferred Vehicle Number | S870101 S3M6644 | 3H | |
| Address 4 Unit No. Does he own a Singapore Registered car? Decisiation Breathalysist or Blood Test Reading? Claim 001 Maxw Claim Type 1 Contact No (Mobile) Email Address Daim Description Preferred Workshop Contact No. | 07-21 ☐ Yes | Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability.* | O Yes (®) No CHUA MAY 1 6384 7085 SUNS029U | NHENG. | Insured NRIC Coreact No. (Office) TP Vehicle Number Name of Preferred W | S870101 S3M6644 | 311 | |
| Address 4 Unit No. Does he own a Singapore Registered car? Dectaration Breathalysise or Blood Test Reading? Modification History Claim 901 Msw Claim Type * Contact No. (Motile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation | 07-21 ☐ Yes | Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Herne) OI Vehicle Number Insured Liabrity * Proferered Rapair Option | O Yes (®) No CHUA MAY 1 6384 7085 SUNS029U | NHENG. | Insured NRTC Contact No.(Office) TP Vehicle Number Name of Preferred Vehicle Number | S870101 S3M6644 | 3H | |
| Address 4 Unit No. Does he own a Singapore Registered car? Dectaration Breathalysise or Blood Test Reading? Modification History Claim 901 Msw Claim Type * Contact No. (Mobile) Email Address Dam Description Preferred Workshop Contact No. Require Finalisation Date Registered | 07-21 ○ Yes No 0 mg 0D-MX 90739233 maykheng@gmail.com SLNS020U / SJA6848H ON 21 Apr 2011 Vec 21/04/2018 20:19 | Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Herne) OI Vehicle Number Insured Liabrity * Proferered Rapair Option | O Yes (®) No CHUA MAY 1 6384 7085 SUNS029U | NHENG. | Insured NRTC Contact No.(Office) TP Vehicle Number Name of Preferred Vehicle Number | S870101 S3M6644 | 3H | |
| Address 4 Lind No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification Haxtory Claim 001 Maw Claim 1001 Maw Claim Type * Contact No. (Mobile) Email Address Does proposition Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken by | 07-21 ○ Yes No 0 mg 0D-MX 90739233 maykheng@gmail.com SLNS020U / SJA6848H ON 21 Apr 2011 Vec 21/04/2018 20:19 | Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Herne) OI Vehicle Number Insured Liabrity * Proferered Rapair Option | O Yes (®) No CHUA MAY 1 6384 7085 SUNS029U | NHENG Fault Vorkshop, Name unknown | Insured NRTC Contact No.(Office) TP Vehicle Number Name of Preferred Vehicle Number | S870101 S3M6644 | 3H | |
| Address 4 Unit No. Does he own a Singapore Registered car? Dectaration Breathalyser or Blood Test Reading? Modification History Claim 901 history Claim 1901 history Claim 1901 history Claim 1901 history Regular Address Dam Description Preferring Workshop Contact No. Regular Finalization Date Registered Report Taken by Editor AK letter | 07-21 ○ Yes No 0 mg 0D-MX 90739233 maykheng@gmail.com SLNS020U / SJA6848H ON 21 Apr 2011 Vec 21/04/2018 20:19 | Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Herne) OI Vehicle Number Insured Liabrity * Proferered Rapair Option | CHUA MAY I 63847085 SUNS029J Partially at Preferred W | NHENG Fault Vorkshop, Name unknown | Insured NRTC Contact No.(Office) TP Vehicle Number Name of Preferred Vehicle Number | S870101 S3M6644 | 3H | |
| Address 4 Lind No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification Haxtory Claim 001 Maw Claim 1001 Maw Claim Type * Contact No. (Mobile) Email Address Does proposition Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken by | 07-21 ○ Yes No 0 mg 0D-MX 90739233 maykheng@gmail.com SLNS020U / SJA6848H ON 21 Apr 2011 Vec 21/04/2018 20:19 | Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Herne) OI Vehicle Number Insured Liabrity * Proferered Rapair Option | CHUA MAY I 63847085 SUNS029J Partially at Preferred W | NHENG Fault Vorkshop, Name unknown | Insured NRTC Contact No.(Office) TP Vehicle Number Name of Preferred Vehicle Number | S870101 S3M6644 | 3H | |
| Address 4 Unit No. Does he own a Singapore repistered car? Deciaration Breathalyser or Blood Test Reading? Modification History Claim Tope * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalization Date Registered Report Taken by St. brief AK letter Attachment | 07-21 ○ Yes No 0 mg 0D-MX 90739233 maykheng@gmail.com SLNS020U / SJA6848H ON 21 Apr 2011 Vec 21/04/2018 20:19 | Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Herne) OI Vehicle Number Insured Liabrity * Proferered Rapair Option | CHUA MAY I 63847085 SUNS029J Partially at Preferred W | NHENG Fault Vorkshop, Name unknown | Insured NRTC Contact No.(Office) TP Vehicle Number Name of Preferred Vehicle Number | S870101 S3M6644 | 3H | |
| Address 4 Unit No. Does he own a Singapore Repistered car? Deciaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type 1 Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalization Date Registered Report Taken by SE trent AK letter Attachment | 07-21 ○ Yes | Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Herne) OI Vehicle Number Insured Liabrity * Proferered Rapair Option | CHUA MAY I 63847085 SUNS029J Partially at Preferred W | NHENG Fault Vorkshop, Name unknown | Insured NRTC Contact No.(Office) TP Vehicle Number Name of Preferred Vehicle Number | S870101 S3M6644 | 3H | |
| Address 4 Lind No. Does he own a Singapore Repistered car? Deciaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalization Date Registered Report Taken by 56 Dent AK letter Attachment | 07-21 ○ Yes | Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Heme) OI Vahicle Number B Incured Liabrilly * Proferered Repair Option Claim Gose Date Claim No. | CHUA MAY I 63847085 SUNS029J Partially at Preferred W | ROPENG Fault Vorkishop, Name unknown wat 001 | Insured NRTC Contact No.(Office) TP Vehicle Number Name of Preferred Vehicle Number | S870101 S3M6644 | 3H | |
| Address 4 Unit No. Does he own a Singapore Repistered car? Deciaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type 1 Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalization Date Registered Report Taken by SE trent AK letter Attachment | 07-21 ○ Yes | Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Heme) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date | CHUA MAY I 63847085 SUNS029J Partially at Preferred W | Four Voricshop, Name unknown V | Insured NRTC Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Date Received | \$87050. \$3,46644 Workshop | 3H | |
| Address 4 Lind No. Does he own a Singapore Repistered car? Deciaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalization Date Registered Report Taken by 56 Dent AK letter Attachment | 07-21 ○ Yes | Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Heme) Of Vehicle Number S Incured Liabrilly * Proferered Repair Option Claim Close Date Claim No. Upload Date | O Yes (a) No O Yes (b) No O Yes (c) No O Yes (c) No O Yes (d) No O Yes | Fault On 1 21/04/2018 20:19 Category * | Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Date Received | S870101 S0A6644 Varkahop Receive 21/04/2 | es V | |
| Address 4 Lind No. Does he own a Singapore Repistered car? Deciaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalization Date Registered Report Taken by 56 Dent AK letter Attachment | 07-21 ○ Yes | Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Heme) OI Vahicle Number B Incured Liabrilly * Proferered Repair Option Claim Gose Date Claim No. | OHUA MAY I 63847085 SUNS029U Partially at Preferred W | Fault OCI 21/04/2018 20:19 Category * Please Scient | Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Date Received Confidential | S870101 S0A6644 S1A6644 Varkahop Receive 21/04/2 | es V | |
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| Address 4 Lind No. Does he own a Singapore Repistered car? Deciaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalization Date Registered Report Taken by 56 Dent AK letter Attachment | 07-21 ○ Yes | Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Herme) Of Vehicle Number Browned Liabrilly * Preferend Repair Option Claim Close Date Claim No. Upload Date Brow Brow Brow Brow Brow Brow Brow | CHUA MAY I GRAF 7095 SUNSO29U Partially at Preferred W Seve Sub | Fault On School Select Please Sele | Insured NRTC Coreact No. (Office) TP Vehicle Number Name of Preferred W GIA report Date Received Confidential Vic. V | S87050. S3A6644 S3A6644 S1/04/2 Vorkahop Beceive 21/04/2 Normal Normal | es V | |
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| Video List | NAC_PAYA_UBI_BOOGGI NAT) | ONAL ASSESSMENT CENTRE SERVICES) on 21 Ap r 2018 20:19 | Photos | | | | |
| 40 | | | Photos | | Normal | Prioces 2018-4-21 | 9 |
| 30 | | - 2018 20 19 | 22.5 | | Normal | Photos 2018-4-21 | 1 |
| 421 | NAC PAYA URL BOOSOLI NATH | NUL ASSESSMENT CENTRE SERVICES) on 21 Ap | Photos | | Normal | Phobos 2018-4-21 | 1 |
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| 7 | NAC_PAYA_UBI_800603(NATIO | NAL ASSESSMENT CENTRE SERVICES) on 21 Ap ; 2018 20:19 | Photos | | Normal | Photos 2018-4-21 | 9 |
| | NAC_PAYA_UBI_800601(NATIO | NAL ASSESSMENT CENTRE SERVICES) on 21 Ap r 2018 20:19 | Photos | | Normal | Photos 2018-4-21 | |
| | NAC PAYA_UEL_800601(NATIO | NAL ASSESSMENT CENTRE SERVICES) on 21 Ap ± 2018 20:19 | Photos | | Normal | Photos 2018-4-21 | 1 |
| 93 | MAC_PAYA_UBI_800601(NATIO | VAL ASSESSMENT CENTRE SERVICES) on 21 Ap y 2018 20:19 | SAS | | Normal | SAS 2018-4-21 | |
| - 1 25 | NAC_PAYA_L/RS_SDOGDS(NATIO | (AL ASSESSMENT CENTRE SERVICES) on 21 Ap + 2018 20:19 | NRIC/ Driving License | | Normal | NRIC/ Driving Ucerae 2018-4-21 | , |
| tachment | U | sloaded By/D#I/e | Category | 9 | urgency | Description | (00) |