	re Services well Jamos N	I in a min Chamber	Done by	C 1
Date In: 30 4/18 - 09 50	Jeb description	Date &Time Completed		
Res No: NA /141080079 46/24	SAS e-filing	1		
Veh No: S6740400	E-mail (within Shrs, AIC 2hrs)			
D.O.A .: 28/4/18 -16:45	i-Motor Claim Form	(MT) 0992486-001	30/4/18 20	16:
	i-Motor W/O (Within: OD 2	hrs, TP 4hrs)		* # 10 1 11
OD TP Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (101.	Fax:)
TP Particulars: Veh No: SKD	1842X . INC	(,)/Non-INC().		
Owner / Driver: (Tel:		
Policy No: () F	Period: () 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 (_)		
Excess: (\$) Loading: \$1	,000()/\$2,000()	Name of the Party of Con-	THE COLUMN TO THE	7
General Remarks;-			State State State	
() Walk-In Customer : Customer's in	formation strictly Confidential &	Strictly NO refer of repairer	·	
() Total Loss Case : to e-mail Insu				
		Towing Co: ()
Remarks: (INC hotline: 6788 6616)	Nig.	Date&Time Completed	Done	y
	Courtesy Car ()			
1) Apply for Hansport Andwarded ()	Courted) (
2) OC Check / Post Penair Inspection	()		THE STREET STREET	
2) QC Check / Post Repair Inspection	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >	()			
	()			
Upload Resurvey Photo [Repair Cost > Injury:	() \$3000] ()			
3) Upload Resurvey Photo [Repair Cost > Injury:				
3) Upload Resurvey Photo [Repair Cost > Injury:				
Upload Resurvey Photo [Repair Cost > Injury:				
Upload Resurvey Photo [Repair Cost > Injury:				
3) Upload Resurvey Photo [Repair Cost > Injury:				(Ami(5)
3) Upload Resurvey Photo [Repair Cost> Injury: Date/Time Actions		Preparation Checklist	Anit (\$)	Ami(\$)
3) Upload Resurvey Photo [Repair Cost> Injury: Date/Time Actions	Invoice I	Preparation Checklist:	And (5)	A 17 14 P. C. L.
3) Upload Resurvey Photo [Repair Cost> Injury: Date/Time Actions	Inveice I 1) AR: Acci 2) DA: Dan	reparation Checklist: dent Reporting (\$30); sege Assessment (\$100); INC	And (5)	1000
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NAISO > 710 Claimant's Particulars:	Inveice I 1) AR: Acci 2) DA: Dam 3) TF: Tow 4) FT: Follo	Feparation Checklist: dent Reporting (\$30); lege Assessment (\$100); INC ng Fee w-Through Survey	(\$80) 540/\$45 \$120	1000
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions MAISO > 710 Claimant's Particulars: Driver/Owner:	Invoice I 1) AR: Acci 2) DA: Dan 3) TF: Tow 4) FT: Folic 5) FT: Folic For claim	Preparation Checklist dent Reporting (\$30); age Assessment (\$100); INC ng Fee w-Through Survey w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan 2)	(\$80) \$40/\$45 \$120 \$30 \$205)	1000
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions MAISO > 710 Claimant's Particulars: Driver/Owner: Contact No:	Invoice I 1) AR: Acci 2) DA: Dan 3) TF: Tow 4) FT: Folic 5) FT: Folic For claim 6) TR: Re-i	Preparation Checklist: dent Reporting (\$30); tage Assessment (\$100); INC	(\$80) \$40/\$45 \$120 \$30	A 17 14 P. C. L.
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions MAISO > 710 Claimant's Particulars: Driver/Owner: Contact No:	Invoice I 1) AR: Acci 2) DA: Dan 3) TF: Tow 4) FT: Follo 5) FT: Follo For claim 6) TR: Re-i 7) N1: Idao	Preparation Checklist dent Reporting (\$30); age Assessment (\$100); INC ng Fee w-Through Survey w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan 2)	(\$80) \$40/\$45 \$120 \$30 \$20(\$5) \$75	A 17 14 P. C. L.
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions MARO > 210 Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion:	Invoice I 1) AR: Acci 2) DA: Dan 3) TF: Tow 4) FT: Follo 5) FT: Follo For claim 6) TR: Re-i 7) N1: Idac 3) NTUC A OD*	Preparation Checklist dent Reporting (\$30); age Assessment (\$100); INC ng Fee w-Through Survey w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan 2) aspection DA + SMRT Survey delitional Services	(\$80) \$40/\$45 \$120 \$30 \$20(\$5) \$75	1 1 1 1 P. C.
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions MARO > 210 Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion:	Invoice I 1) AR: Acci 2) DA: Dan 3) TF: Tow 4) FT: Follo 5) FT: Follo For claim 6) TR: Re-i 7) N1: Idae 8) NTUC A OD* • N5: Cou	reparation Checklist. dent Reporting (\$30); to ge Assessment (\$100); INC to ge Assessment (\$1	(\$80) \$40/\$45 \$120 \$30 \$20(\$5) \$75 \$160	1 1 1 1 P. C.
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	Invoice I 1) AR: Acci 2) DA: Dan 3) TF: Tow 4) FT: Follo 5) FT: Follo For claim 6) TR: Re-i 7) N1: Idae 8) NTUC A OD* *N5: Cou	dent Reporting (\$30); loge Assessment (\$100); INC loge Assessment (\$100)	(\$80) \$40/\$45 \$120 \$30 \$75 \$160 \$5 \$10 \$25	A 17 14 P. C. L.
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions MARO > 210 Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments::	Invoice I 1) AR: Acci 2) DA: Dan 3) TF: Tow 4) FT: Follo 5) FT: Follo For claim 6) TR: Re-i 7) N1: Idae 8) NTUC A OD* *N5: Cou *N6: Rep *N7: Fos *N8: DV	dent Reporting (\$30); sege Assessment (\$100); INC ng Fee w-Through Survey w-Through Survey (Resurvey) ing against INC Only (wef 10 Jan 2) aspection DA + SMRT Survey diltional Services: rtesy Car / Tpt Allowence sit Co-ordination Repair Inspection / Collect Excess Coordination	(\$80) \$40/\$45 \$120 \$30 \$75 \$160 \$5 \$10 \$25 \$5 \$20	1000
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	Invoice I 1) AR: Acci 2) DA: Dan 3) TF: Tow 4) FT: Follo 5) FT: Follo For claim 6) TR: Re-i 7) N1: Idae 8) NTUC A OD* *N5: Cou *N6: Rep *N7: Fos *N8: DV	dent Reporting (\$30); loge Assessment (\$100); INC long Fee w-Through Survey w-Through Survey (Resurvey) long against INC Only (wef 10 Jan 2) long against INC Only (wef 10 Jan 2) long against INC Only (wef 10 Jan 2) long against INC only (long in Inc.) long against INC only (long in Inspection / Collect Excess Coordination TP (Non INC) against INC on Mobile	(\$80) \$40/\$45 \$120 \$30 \$25 \$160 \$5 \$10 \$25 \$5 \$20 30	1000

4 . per 11 + 201

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.

proresaid,	ACCIDENT STATEMENT
Date Of Report	30/04/2018 09:50
	28/04/2018 16:45
Exact Location Of Accident	ALONG PIE (TUAS) BEFORE TOH GUAN RD EXIT
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGT4040U
Insured/Policyholder	
Name Of Registered Owner	LEE LIANG CHUNG BENJAMIN
NRIC No	S8024361H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90704134
Alternative Phone No	OFFICE-90704134
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	THIRD PARTY
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	5084303154-01
Cover Note Number	
Driver	
Name of Driver	SNG MEI YUN, MERLYN (SUN MEIYUN, MERLYN)
NRIC No	S8123713A
Date Of Birth	31/07/1981
Occupation	INDOOR
Date Of Driving Pass	17/11/2009
Driving Experience	8 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97701983
Fax Number	

OFFICE-97701983

NOEMAIL

BLK 140 BEDOK NORTH STREET 2

Address #02-208

460140

Postcode

Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

SPOUSE

Insurance Company of Driver's Own Vehicle

NO

4

NAME:

NO

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

DRIZZLING Weather Conditions WET 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?

Was any injured conveyed to hospital by ambulance?

Passenger 2

Was any other material or property damaged? YES I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME: : -

> GENDER: : MALE

GENDER: : MALE

- -

Passenger 3 NAME: . .

> GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 1 PIE (TUAS) BEFORE TOH GUAN RD EXIT. SUDDENLY A PRIVATE CAR JAM BRAKE IN FRONT OF MY VEHICLE. I BRAKE MY VEHICLE ACCORDINGLY. VEHICLE B COULDN'T BRAKE HIS VEHICLE AND HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SKD1845X 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)

5

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
- 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 Personner's Signature Name:

NRIC/FIN No.:

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 IDENTITY CARD NO. \$8123713A



To the second

SNG MEI YUN, MERLYN (SUN MEIYUN, MERLYN)

小 美 云

CHINESE Date of birth

SINGAPORE

31-07-1981 F

F error

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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers exclusive 17 Nov 2009 of the driver; and officer mater vehicles =< 2500kg

Licence No: S8123713A

NP 428A

Address

APT BLK 140 BEDOK NORTH STREET 2

#02-208
SINGAPORE 460140

5052060



Date of leave 22-06-2012

eBao Tech									GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601			THE PERSON NAMED IN	NAME OF TAXABLE PARTY.		Change Lan	guage '	Change Passwo	d + Log Out	
My Desktop Natice of Loss	Policy N	oy Query Io. No.(For Motor)	SGT4040U		=	Date of Acc	ident	28/04/	2018 16:45		
	venicie	NO.(FOR PROCEST)	5014040			Search					
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5084303154- 01	LEE LIANG CHUNG BENJAMIN	S8024361H	GPC	drivo CLASSIC	SGT4040U	SGT4040U	21/10/2017	20/10/2018	
		67.03	BENJAMIN		-	Continue					

♥ Endor	rsements				Endorsemer		Endorsement Content
	ed Object: SGT4040U						
Unit No.	04-129		ited Policy ober	5084303154-01			
Address 4			ress Type	Singapore addres	s	Post Code	460140
Address 1	BLK 140 #02-208	Add	ress 2	BEDOK NORTH S		Address 3	SINGAPORE 460140
Policy	holder Mailing Address				WARE COST ALIA	NATIONAL STATES	Constant reason
Certificate Info							
Open Policy Info							
Co- insurance Flag	No						
Agent	TELESALES-DIRECT MARKETI	NC Agent Tel.			GST Flag	Y	
Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/Ine	experience Driver Excess
Additional Excess Outside	0	Premium	0				
hird Party Excess	0	Own damage Excess OS	600		Windscreen Excess	100	
xcess ype		All Claim Excess					
olicy ssue Date	18/09/2017	Effective Date	21/10/2017	7 00:00	Expiry Date	20/10/2018 23:59	
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
ddress	BLK 140 #02-208 BEDOK NOR	TH STREET 2 S	INGAPORE 4	60140	C		
olicy No.	5084303154-01	Name	LEE LIMITO	CHUNG BENJAMIN	NRIC		

im Handling									
dent MT/0992486									
	5084303184-01	Velvcie No.	SGT4040U			Registration No.			
	SEE LIANG CHUNG BENJAMIN				Policy	ynalder NRIC	Si	8024351H	
	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Load	ing	0		
and control		Contact No.(Office)	0.		Conti	act No.(Home)	0		
	90704134	Special Remark			eCod	te	15	× ×	
ii Address	Water Chang	TCA	® No ○Yes		*Cod	se Reason			
	® No ○ Yes	NCD Encidement(%)	50		Priva	ste Hink	N	D	
	No.	HELD CHROBITORY (4)	25						
Accident Details		the second secon	WAR		Accid	dent Type	C	officion - Head	to Rear
ort Date	30/04/2018 20:19	Accident Report Within 24 hrs				ntry of Accident	5	ingapore	
e of Acodem	28/04/2018	Time of Academ hhimm	16:45					0.000	
orting Centre		Grange Force			TOM	NO.			
	ALONG PIE (TUAS) BEFORE TOH GUAN I	D EXIT							
	THE RESERVE AND ADMITTED TO THE CONTROL OF THE CONT								
Benefits									
Excess	2222	Additional Excess	0		Wind	dscreen Excess	1	00.00	
n damage Excest	600.00			600.00					
samed Driver Excess	0.00	Outside Singapore OD Excess		0.00					
rd Party Excess	0.00	Outside Singapore TP Excess		0.00					
GST Registered Informa	tion			Date					
T Registered	No			egistration Date		Yes			
T Registration No.			GST SI	ratus Venfied		107850			
dification History									
	4.100								
Policyholder Mailing Add		Address 2	BEDOK NORT	H STREET 2	Add	tress 3		SINGAPORE 4	0140
ddress 1	BLK 140 #02-206	Address Type	Singapore ad		Pos	t Code	,	460140	
adress 4		Related Policy Number	5084303154						
ng No.	04-129	Related Policy Number	3004303134	W1					
OI Driver Info		10.00.02.00	Manual Police						
over Name	SNG MET YUN MERLYN	Driver Type	Named Drives		Driv	ver DOB		31/07/1981	
nnamed driver Name		Driver NRIC	58123713A			wing Experience		8	
gister Date of Driver License	17/11/2009	Oriver Age	36					0	
intact No.(Mobile).	97701983	Contact No. (Office)	0			neact No.(Home)			
ddress 1	BUK 140	Address 2	BEDOK NORT	TH STREET 2	A.di	gress 3		SINGAPORE 4	90140
			The second second						
		Address Type	Singapore ad		Por	st Code		460140	
address 4		Address Type			Por	st Code		460140	
Init No.	02-208					st Code		460140	
		Address Type Driver Vehicle No.						460140	
init No. logs he own a Singapore legistered car? ectaration sreathalyser or (\$000) Test	02-208			dress				460140	
init No. Joes he own a Singapore legistened cat? ectaration	02-208 () Yes ® No	Driver Vehicle No.	Singapore ad	dress				460140	
init No. logs he own a Singapore legistered car? ectaration sreathalyser or (\$000) Test	02-208 () Yes ® No	Driver Vehicle No.	Singapore ad	dress				460140	
init No. Does he own a Singapore legistered car? ectaration seathalyser or \$1000 Test (seathaly)	02-208 () Yes ® No	Driver Vehicle No.	Singapore ad	dress				460140	
nit No. oes he own a Singapore egistered Cat? echaration reachalyser or Blood Test matting?	02-208 () Yes ® No	Driver Vehicle No.	Singapore ad	dress				460140	
nit No. oes he own a Singapore egistared Cat? retaration reachalyser or Blood Test mading?	02-208 (*) Yes (*) NO O mg	Driver Vehicle No. Any injury?	Singapore ad	cr-ssa	De	nover Insurer Compi		58024361H	
nit No. oes he own a Singapore egistared ca?? edaration reachalyser or Blood Test eading? oddfication History Claim 001 Next	02-208 (*) Yes (*) No O mg	Driver Vehicle No. Any injury?	Singapore ad O Yes ® No	dress	De la	nover Insurer Compile			
nit No. oes he own a Singapore registered Cat? reachalyser or Blood Test reachalyser or Blood	02-208 (*) Yes (*) NO O mg	Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	O Yes ® No.	cr-ssa	Den Jen Co	over Inquirer Compi		58024361H 64353715	
ot No. oes he own a Singapore registario Car? rediration reachalyser or Blood Test mading? Claim 003 Nexe Claim 1/yee *	02-208 () Yes (a) No O mg (DO-MX	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number	Singapore ad O Yes ® No	cr-ssa	In Co	soured NRIC entect No.(Office) P Vehicle Number	any	5802 4 361H	
not No. opes he own a Singapore registered car? retaration reachayser or Blood Test making? Claim 003 New . contact No.(Mobile) cmail Address carm Opescoption	02-208 () Yes () No 0 mg	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number	O Yes ® No.	CHASE	In Co	over Inquirer Compi	any	58024361H 64353715	
nit No. oes he own a Singapore egatared Car? ectaration reachalyser or Blood Test eading? Claim 003 New Claim 004 New Contact No. (Mobile) impal Address Claim Description referred Workshop Contact	02-208 () Yes (a) No O mg (DO-MX	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number	O Yes ® No.	CHASE	In Co	ssured NRIC ontact No.(Office) P Vehicle Number arms of Preferred W	any	58024361H 64353715 5KD1845X	
ot No. ores he own a Singapore craration eachayser or \$1000 Test sading? Claim 003 Next contact No. (Mobile) mail Address tam Description referend Workshop Contact	02-208 () Yes (a) No O mg O	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number	O Yes ® No LEE LIANG 6 64006526 SGT40401 Not at Faul	CHANG BENGAMIN	In Co	soured NRIC entect No.(Office) P Vehicle Number	any	58024361H 6435371S SKD1845X	>
os No. oes he own a Singapore registered car? reducation reachalyser or Blood Teld mading? Claim 003 Next Claim 004 Next contact No. (Mobile) madi Address Talm Description referend Workshop Contact to. lesquire Prindisation	02-208 (*) Yes (*) No O mg DD-MX 90704134 Cattusetwatercoder @yahoo.com SGT4040u / SKD1645X ON 28 Apr 20 Yes	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability *	O Yes ® No LEE LIANG 6 64006526 SGT40401 Not at Faul	CHANG BENGAMIN	In Co	ssured NRIC ontact No.(Office) P Vehicle Number arms of Preferred W	any	58024361H 64353715 5KD1845X	CO La Charles
os No. oes he own a Singapore registared car? reachalyser or Blood Tels mading? Claim 003 New Claim 004 New Chaim Oss Proposition restered Workshop Contact to lequine Problestion one Registered	02-208 (*) Yes (*) No O mg DD-MX 90704134 Cattusetwetercoder @yahoo.com SGT4040u / SKD1845X ON 28 Apr 20 Yes 20/04/2018 20:21	Driver Vehicle No. Any injury? Insured Name Contact Res (Home) Of Vehicle Number 18 Insured Liability * Preferend Repair Option	O Yes ® No LEE LIANG 6 64006526 SGT40401 Not at Faul	CHANG BENGAMIN	In Co	soured NRIC ontact No (Office) P Vehicle Number arms of Preferred W	any	58024361H 6435371S SKD1845X	CO La Charles
not No. oes he own a Singapore registered Car? reducation reachalyser or Blood Test meding? Claim 003: Next Common Type * Contact No. (Mobile) Compil Address Claim Description redeferred Workshop Contact leaguere Penaisstillen Date Registered Registered Registered Registered Registered Registered Registered Registered	02-208 (*) Yes (*) No O mg DD-MX 90704134 Cattusetwatercoder @yahoo.com SGT4040u / SKD1645X ON 28 Apr 20 Yes	Driver Vehicle No. Any injury? Insured Name Contact Res (Home) Of Vehicle Number 18 Insured Liability * Preferend Repair Option	O Yes ® No LEE LIANG 6 64006526 SGT40401 Not at Faul	CHANG BENGAMIN	In Co	soured NRIC ontact No (Office) P Vehicle Number arms of Preferred W	any	58024361H 6435371S SKD1845X	CO La Charles
not No. oes he own a Singapore registered Car? reducation reachalyser or Blood Test meding? Claim 003: Next Common Type * Contact No. (Mobile) Compil Address Claim Description redeferred Workshop Contact leaguere Penaisstillen Date Registered Registered Registered Registered Registered Registered Registered Registered	02-208 (*) Yes (*) No O mg DD-MX 90704134 Cattusetwetercoder @yahoo.com SGT4040u / SKD1845X ON 28 Apr 20 Yes 20/04/2018 20:21	Driver Vehicle No. Any injury? Insured Name Contact Res (Home) Of Vehicle Number 18 Insured Liability * Preferend Repair Option	O Yes ® No. LEE LIANG 6 64006526 SGT40401 Not at Faul	CHUNG BENJAMIN	In Co	soured NRIC ontact No (Office) P Vehicle Number arms of Preferred W	any	58024361H 6435371S SKD1845X	CO. Land
not No. oes he own a Singapore registered Car? reducation reachalyser or Blood Test meding? Claim 003: Next Common Type * Contact No. (Mobile) Compil Address Claim Description redeferred Workshop Contact leaguere Penaisstillen Date Registered Registered Registered Registered Registered Registered Registered Registered	02-208 (*) Yes (*) No O mg DD-MX 90704134 Cattusetwetercoder @yahoo.com SGT4040u / SKD1845X ON 28 Apr 20 Yes 20/04/2018 20:21	Driver Vehicle No. Any injury? Insured Name Contact Res (Home) Of Vehicle Number 18 Insured Liability * Preferend Repair Option	O Yes ® No LEE LIANG 6 64006526 SGT40401 Not at Faul	CHUNG BENJAMIN	In Co	soured NRIC ontact No (Office) P Vehicle Number arms of Preferred W	any	58024361H 6435371S SKD1845X	CO. Land
not No. opes he own a Singapore registered car? reducation reactnayour or Blood Test mading? Claim 003 New Claim 003 New contact No. (Mobile)	02-208 (*) Yes (*) No O mg DD-MX 90704134 Cattusetwetercoder @yahoo.com SGT4040u / SKD1845X ON 28 Apr 20 Yes 20/04/2018 20:21	Driver Vehicle No. Any injury? Insured Name Contact Res (Home) Of Vehicle Number 18 Insured Liability * Preferend Repair Option	O Yes ® No. LEE LIANG 6 64006526 SGT40401 Not at Faul	CHUNG BENJAMIN	In Co	soured NRIC ontact No (Office) P Vehicle Number arms of Preferred W	any	58024361H 6435371S SKD1845X	CO. Land
ot No. ores he own a Singapore craration eachayser or Moot Test eachayser or Moot Test eachay	02-208 (*) Yes (*) No O mg DD-MX 90704134 Cattusetwetercoder @yahoo.com SGT4040u / SKD1845X ON 28 Apr 20 Yes 20/04/2018 20:21	Driver Vehicle No. Any injury? Insured Name Contact Res (Home) Of Vehicle Number 18 Insured Liability * Preferend Repair Option	O Yes ® No. LEE LIANG 6 64006526 SGT40401 Not at Faul	CHUNG BENJAMIN	In Co	soured NRIC ontact No (Office) P Vehicle Number arms of Preferred W	any	58024361H 6435371S SKD1845X	CO. Land
at No. Pes he own a Singapore craration eachayser or Mooti Test adding? Claim 003 Next Claim 003 Next Permit Address tarm Type * contact No. (Mobile) mail Address tarm Obscription referred Workshop Contact or Replatered argure Produstion one Replatered report Taken By d Print AK letter	02-208 () Yes () No O mp DD-MX	Driver Vehicle No. Any injury? Linsured Name Curriact No.(Home) Of Vehicle Number 18 Insured Liability * Preference Repair Option Claim Close Date	O Yes ® No. LEE LIANG 6 64006526 SGT40401 Not at Faul	CHUNG BENJAMIN Corkshop, Name unknown	In Co	soured NRIC ontact No (Office) P Vehicle Number arms of Preferred W	any	58024361H 6435371S SKD1845X	CO. Land
not No. oes he own a Singapore registared Cat? redaration reachalyser or Blood Test mading? Claim 001 New Claim 001 New Contact No. (Mobile) contact No. (M	02-208 (*) Yes (*) No O mg DD-MX 90704134 Cattusetwetercoder @yahoo.com SGT4040u / SKD1845X ON 28 Apr 20 Yes 20/04/2018 20:21	Driver Vehicle No. Any injury? Linsured Name Curriact No.(Home) Of Vehicle Number 18 Insured Liability * Preference Repair Option Claim Close Date Claim No.	O Yes ® No. LEE LIANG 6 64006526 SGT40401 Not at Faul	CHUNG BENJAMIN Torkshop, Name unknown	In Co	soured NRIC ontact No (Office) P Vehicle Number arms of Preferred W	any	58024361H 6435371S SKD1845X	CO. Land
ore No. ores he own a Singapore egistared Car? ectaration reachalyser or Blood Test mading? Claim 001 Nice: Contact No. (Nobile) Email Address Claim Description Preferred Workshop Contact No. Require Production Description Descripti	02-208 () Yes () No O mp DD-MX	Driver Vehicle No. Any injury? Linsured Name Curriact No.(Home) Of Vehicle Number 18 Insured Liability * Preference Repair Option Claim Close Date	O Yes ® No. LEE LIANG 6 64006526 SGT40401 Not at Faul	CHUNG BENJAMIN CONTRACTOR NAME UNKNOWN CONTRACTOR NAME UNKNOWN CONTRACTOR NAME UNKNOWN CONTRACTOR NAME UNKNOWN	In Co	issured NRIIC potact No. (Office) P Vehicle Number ame of Preferred W IA report late Received	rorkahop	58024361H 64353715 SKD1845K Received 30/04/2018	00.00
oes he own a Singapore egataration reachalyser or Blood Test mading? Claim 001 New Contact No. (Mobile) Email Address Claim Description Descripti	02-208 () Yes (a) No O mp DD-MX	Driver Vehicle No. Any injury? Linsured Name Curriact No.(Home) Of Vehicle Number 18 Insured Liability * Preference Repair Option Claim Close Date Claim No.	O Yes ® No. LEE LIANG 6 64006526 SGT40401 Not at Faul	CHUNG BENJAMIN Torkshop, Name unknown	In Co	issured NRIC sets of Professed Wilders of Professed Wilders of Professed Wilders of Professed Wilders of Received	ingence Linguistics	58024361H 64353715 5KD1845K Received 30/04/2018	CO. Land
one No. one he own a Singapore registered car? retaration reachayser or Blood Test making? Claim 003 New Claim 003 New Claim 004 New Chaim 1/20 * Contact No. (Mobile) one i Address Laim Description referred Workshop Contact one Registered heaver Taken By of Print AK letter Attachment	02-208 () Yes (a) No O mg DD-MX	Driver Vehicle No. Any injury? Linsured Name Curriact No.(Home) Of Vehicle Number 18 Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date	O Yes ® No. LEE LIANG (64004525 SGT#040U Not at Faul Preferred W	CHUNG BENJAMIN CONTRACTOR NAME UNKNOWN CONTRACTOR NAME UNKNOWN CONTRACTOR NAME UNKNOWN CONTRACTOR NAME UNKNOWN	In Co	source NRIC secured NRIC secured NRIC secured NRIC secured Number ame of Preferred W IA report age Received	urgenc Normal	58024361H 64353715 SKD1845K Received 30/04/2018	00.00
not No. oes he own a Singapore registared Car? redaration reachalyser or Blood Test mading? Claim 001 New Claim 001 New Contact No. (Mobile) contact	02-208 () Yes (a) No O mg DD-MX	Driver Vehicle No. Any injury? Lingured Name Contact No. (Home) Of Vehicle Number 18 Insured Libitity * Preference Repair Option Claim Close Date Claim No. Uplead Date Bro	Singapore ad O Yes ® No LEE LIANG (64006526 SGT#040U Not et Faul Preferred W Save Sub	CO1 30/Q4/2018 20:22 Category *	In Co	issured NRIC intact No. (Office) P Vehicle Number ame of Preferred W IA report intelligible Received	ingence Linguistics	58024361H 64353715 5KD1845K Received 30/04/2018	00.00
not No. oes he own a Singapore registared Car? redaration reachalyser or Blood Test mading? Claim 001 New Claim 001 New Contact No. (Mobile) contact	02-208 () Yes (a) No O mg DD-MX	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date Bro	Singapore ad O Yes ® No LEE LIANG (Saccesses Screed-00 Not at Faul Preferred W Save Sub	CO1 30/04/2018 20:22 Category * Please Select	In Co	soured NRIC secured NRIC secured NRIC secured NRIC secured Number ame of Preferred W IA report age Received	urgenc Normal	58024361H 64353715 SKD1845K Received 30/04/2018	00.00
one No. one he own a Singapore registered car? retaration reachayser or Blood Test making? Claim 003 New Claim 003 New Claim 004 New Chaim 1/20 * Contact No. (Mobile) one i Address Laim Description referred Workshop Contact one Registered heaver Taken By of Print AK letter Attachment	02-208 () Yes (a) No O mg DD-MX	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date Bro	Singapore ad O Yes ® No LEE LIANG (Saccesses Screed World Not at Faul Preferred W Save Sub	CONTRACTOR OF THE CONTRACTOR O	In Co. TP No.	soured NRIC secured NRIC secured NRIC secured NRIC secured Number ame of Preferred W IA report age Received	Lingence Normal Neemal	58024361H 64353715 SKD1845K Received 30:04:2018	00.00
oes he own a Singapore egataration reachalyser or Blood Test mading? Claim 001 New Contact No. (Mobile) Email Address Claim Description Descripti	02-208 () Yes (a) No O mg DD-MX	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Library * Preferend Repair Option Claim Close Date Claim No. Upload Date Bro	Singapore ad O yes ® No LEE LIANG (64006526 SGT#040U Not et Faul Preferred W Save Sub	CONTRACTOR OF THE CONTRACTOR O	In Co. TP No.	confidential	Lirgenc Normal Normal Normal	\$8024361H 64353715 \$KD1345X Received 30m4/2018	00.00
not No. Note he own a Singapore egatared Cal? ectaration reactnayaer or Blood Test inside 192 foothcation History Claim 001 Next Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Problestion Date Registered tregort Taken By Sid Print AK letter	02-208 () Yes (a) No O mg DD-MX	Driver Vehicle No. Any injury? Linsured Name Contact No. (Home) Of Vehicle Number 18 Insured Librity * Preferend Repair Option Claim Close Date Claim No. Uplead Date Bre Bre Bre Bre Bre Bre	Singapore ad O Yes ® No LEE LIANG (64006526 SGT#040U Not et Faul Preferred W Save Sub Waso Cear Waso Cear Waso Cear	CONTRACTOR OF THE CONTRACTOR O	In Co. TP No.	soured NRIC entact No. (Office) Vehicle Number are of Preferred W Conflidential Conflidential Conflidential Conflidential Conflidential	Lingence Normal Normal	\$8024361H 64353715 \$KD1845X Received 30m4/2018	00.00

		Display in	New Window	Scan and upload	ng			
⊕ Video List	Uploaded By/Date	Folder Date	File Name		?	Source	Action	
8	NAC_PAYA_UBI_BOOKOI(NATKO	NAL ASSESSMENT CENTRE SERVICES) on 30 Apr. 2018 20:21	Photos		Normal.	Photos 2018-4-30		Edit
V	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 30 Ap + 2018 20121	Photos		Normal	Photos 2018-4-30		Edit
100	NAC_PAYA_UBI_800603(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 30 Apr + 2018 20:21	Photos		Normal	Photos 2018-4-30		Edit
	NAC_PAYA_UBI_BOOSO1 NATIO	NAL ASSESSMENT CENTRE SERVICES) on 30 Ap / r 2018 20:21	Photos		Normal	Photos 2018-4-30		Edit
1	NAC_PAYA_USI_800601(NATIO	NAL ASSESSMENT CENTRS SERVICES) on 30 Au + 2018 20:21	Photos		Normal	Photos 2018-4-30		Edit
1	NAC_PAYA_URI_BOOKO1{ NATIO	NAL ASSESSMENT CENTRE SERVICES) on 30 Ap / 2018 20:21	Photos		Normal	Photos 2018-4-30		Edit
3	NAC_PAYA_UBI_800501(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 30 Ap r 2018 20:21	Photos		Normal	Photos 2018:4-30		Edit
3	NAC_PAYA_UBI_800603(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 20:21	Photos		Normal	Photos 2018:4-30		Edit
1	NAC_DAYA_LIBI_BOOKOTI NATION	UAL ASSESSMENT CENTRE SERVICES) on 30 Ap. / 2018 20:21	Photos		Normal	Photos 2018-4-30		Edit
3	NAC_PAYA_UBI_800601(NATION	VAL ASSESSMENT CENTRE SERVICES) on 30 Ap. 7 JULY 2018 20:21	Photos		Normal	Photos 2018-4-30		Edit
	NAC PAYA USI 800601(NATION	(AL ASSESSMENT CENTRE SERVICES) on 30 Ap r 2018 20:21	Photos		Normal	Protos 2018-4-30		Edit
The	NAC_PAYA_UBL_BOOKDEY NATION	(AL ASSESSMENT CENTRE SERVICES) on 30 Apr / 2018 20:21	Photos		Normal	Photos 2018-4-30		Ean
63	NAC_PAYA_UBI_B00001 INATION	IAL ASSESSMENT CENTRE SERVICES) on 30 Apr / 2016 20:21	SAS		Normal	SAS 2018-4-30		Edit
4/11 -	NAC_PAYA_UBI_800601(NATION	AL ASSESSMENT CENTRE SERVICES) on 30 Ap y 2018 20:22	NRIC/ Driving License		Normal	NKIC/ Driving Licerde 2018-4-30		Edit
Attachment	Uj	loaded By/Date	Cetegory	7	Urgency	Description	Sent? A (CD)	ictio