Date In: 2/5/18-12-45	cb description	Date &Time Completed	Done	· U
17771779	SAS e-filing			
	E-mail (within 8hrs, AIC 2hrs)			
The state of the s	i-Motor Claim Form	MT/0992711-001	2/2/18	18:47
0.0.1.2.113113-10.44	i-Motor W/O (Within: OD :			
OD / TP / Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey Report			
TP Incurer:	Ass't Report by Fax / Han			
Preferred Wksp / INC Assign Wksp / QW: (			Fax:	
TP Particulars: Veh No: 6BDS69	INC INC	( )/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: ( ) Period:	(	) Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
	-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 80-	-100%]	
Year of Registration: ( ) Warra	anty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,000 (	)/\$2,000( )			
General Remarks	(F)		3 may 2	
( ) Walk-In Customer : Customer's informati		CONTRACTOR OF THE PARTY OF THE		
( ) Total Loss Case : to e-mail Insurer UF	RGENTLY.			
			10	1
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Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/ Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  C Checked by (Engr-In-Charge):	Invoice P	Date& Time Completed  ceparation Checklist  ent Reporting (330);  ge Assessment (5100); INC (6  g Fee S  -Through Survey -Through Survey (Resurvey)  g against INC Only (wef 10 Jan 20)  pection  A + SMRT Survey  itional Services  cey Cat / Tpt Allowance  r Co-ordination	Anit (5) fist Bill  S80) 40/545 \$120 \$30  05) \$75 \$160	Amut
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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.

5. 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.

Service of the servic	ACCIDENT STATEMENT
Date Of Report	02/05/2018 17:45
Date Of Accident	01/05/2018 16:45
Exact Location Of Accident	ALONG BUANGKOK GREEN
Country/State of Loss	SINGAPORE
Designation of the second seco	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD9357S
Insured/Policyholder	
Name Of Registered Owner	GLOBE DENKI MARINE PTE LTD
Co Reg No	201105184H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092412957
Cover Note Number	
Driver	
nary interpolar progressio	TAY HOOK SOON

TAY HOCK SOON Name of Driver S1206002E NRIC No Date Of Birth 05/12/1956 OUTDOOR Occupation 19/09/1977 Date Of Driving Pass

40 YEARS AND 7 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-96271104 Mobile Number

Fax Number

OFFICE-96271104 Contact Number

NOEMAIL EMail Address

BLK 206C COMPASSVALE LANE Address

#06-115

Postcode 543206

Was driver an employee of the Insured's Company YES

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions Road Surface DRY

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident 2

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) 2

Passenger 1

NAME:

GENDER: : FEMALE

NO

NO

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

GBD5691C

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 12

#### SKETCH PLAN

# IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- Z. 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.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy hability 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
- 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)

Lunderstand, 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;
  - (in) carrying out and/or dealing with my instructions or responding to any enquiries by me,
  - (iv) approxistering 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 uncluding 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, regulato 6, law enforcement and government agencies as reasonably required for the purposes stated, or

for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Oriver's Signature (if driver is not the policyholder)

Date & Time:

Reporting Centre ! Name

Signature

NRIC/FIN No.:

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	10	
Bungleule	1	
Grean		1
	1	1

DCA: 1/5/18
A: GOD 93575
B: GBD 5691C

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Albert Land	by uch	3.				
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			13/10/2	IVW T		<u>\</u>
	•					

DECLARATION

Chie forekoing partitions are true in every respect

Den WWW Senatur

Date & Times

Oriver's Signature

(If driver is not the policyholder)

Date & Time.

Reporting Centre Per

Name

NBIC/FIN No :

Personal Particulars	
Date of Accident: 15 18 Time of Accident: 4 · 45	<u>om</u>
Exact Location of Accident: Burnglook Gree?	
Owner's Name: Globe Deaki Morine Pk Ltokric No:	HP No:
Driver's Name: Tay Hock Soon NRIC No: \$1206 002 E	
Date of Birth: 5 (2 1950 Driving Licence Passing Date: 12 1970 Occupation: Inc	door/Outdoor
Address: 201 ( Compress unle Lone #06 - 115 (543206	97889
Relationship of Driver with Insured: Employ @Email Address: edmund @ gedm	. com sq
Vehicle No: GBD 9357S Make & Model: Nrsscn	
Insurance Co: NTUC Coverage: Compahous Apolicy No:	
*Purpose of Reporting?	ist Reporting Only
*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Pri	
*Weather Condition? dear / Raining / Others: Wet / Op /	
* Any passenger inside vehicle involved? (Yes / No) if yes, Vehicle No &	
A: 1+1 B- 1+0 C: D	
*Was Anybody Injured ? (Yes / Nd) If yes,	
Name / NRIC / In Vehicle:	
"Was The Accident Reported To The Police?	
O No O Yes, Which Police Station?	
*Does the Driver Own Any Other Vehicle?	
No O Yes, Vehicle Registration No:insurer:	
*Was any foreign vehicle involved? (Yes / N6) If yes, Vehicle No & Category:	
*Was there any video captured by Car Camera? (Yes/Ne)	
Third Party Driver's Particulars	
Vehicle & No: 680 5691C Make & Model:	
Driver's Name: NRIC No:	
Vehicle C No: Make & Model:	
Driver's Name:NRIC No:	HP No:
Witness Particulars	
Name: NRIC No:	HP No:

470472

S1206002L IDENTITY CARD NO. \$1206002E REPUBLIC OF SINGAPORE





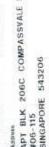












APT BLK 206C COMPASSVALE LANE #06-115 SINGAPORE 543206

TO DOINE MEHICLES IN THE FOLLOWING LLA in and I Motor Trackers the weight of





#### THE SCHEDULE

### Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- 3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M4-0003030-8

Policy Number

: 5092412957

The Policyholder

: GLOBE DENKI MARINE PTE. LTD.

32 OLD TOH TUCK ROAD #02-16/17 I.BIZ CENTRE SINGAPORE 597658

Period of Insurance

: 13 Jul 2017 To 12 Jul 2018

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: S\$1,369.11

Interest Insured

Cover Type

: Preferred Workshop Plan

Make/Model

: NISSAN/NV200

Number of Seater

Capacity Registration Number

: 0.70 ton(s) : GBD9357S

: 13 Jul 2015 Registration Date

Chassis Number

: VSKYBAM20Z0093915

Insure with COE

: Yes

Excess (Section 1)

NCD Entitlement

: \$\$600

: 20%

Excess (Section 2)

: N/A

Hire Purchase Company

: UNITED OVERSEAS BANK LIMITED

Memo A: N/A

Endorsement Operative: M7

Agency

: AUTO WORLD PTE, LTD. (00000573401)

Date of Issue

: 04 Jul 2017 14:46 hrs

## DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

eBaoTech									Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601				- STEEL STREET	9	Change Lan	guage	Change Passwo	ord • Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	io.				Date of Ac	cident	01/05	/2018 16:45	
	Vehicle	No.(For Motor)	G8D93575							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5092412957	GLOBE DENKI MARINE PTE. LTD.	201105184H	GCV	Preferred Workshop Plan	GBD93575	GBD9357S	13/07/2017	12/07/2018
						Continue				

Seque	nce Date of Endorser	ment	Endorseme	nt Type	Endorsemen	t Status	Endorsement Content
□ Endor	sements					NO STATE OF THE PARTY OF THE PA	200780000000000000
D Insur	ed Object: GBD93575						
Jnit No.		Rela Num	ted Policy ber	5092412957			
Address 4			ess Type	Singapore address		Post Code	597658
Address 1	32 OLD TOH TUCK RO	2000	ess Z	#02-16/17 I.BIZ C	ENTRE	Address 3	SINGAPORE 597658
□ Policy	holder Mailing Address		CONTRACT	Service Conference Constitution	av reservici	Mayor over	611101000F F075F0
Certificate Info							
Open Policy Info							
lag							
Co- nsurance	No						
igent	AUTO WORLD PTE, LTD.	Agent Tel.	68169988		GST Flag	Y	
outside Singapore OD Excess		Outside Singapore TP Excess					/Inexperience Driver Excess
dditional xcess		OS Premium	0				
hird arty xcess	0	Own damage Excess	600		Windscreen Excess	100	
xcess ype		All Claim Excess					
olicy ssue ate	04/07/2017	Effective Date	13/07/2017	00:00	Expiry Date	12/07/2018 2	3:59
roduct lame	COMMERCIAL VEHICLE INSUR	Ai Plan			Group Policy Flag	N	
ddress	32 OLD TOH TUCK ROAD #02	-16/17 I.BIZ CE	NTRE SINGA	PORE 597658	22000		
olicy No.	5092412957	Policyholder Name	GLOBE DEN	IKI MARINE PTE, LTD	NRIC	201105184H	

laim Handling								
cident MT/0992711								
alicy No.	5093412957	Vehicle No.	GBD92575		GST Registration No.		201105184н	
olicyholder Name	GLOBE DENKI MARINE PTE, LTD.				Policyholder NRIC		201105184H	
oduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Preferred Wor	rashop Plan	Loeding		0	
ontact No. (Mobile)	0	Contact No.(Office)	0		Contact No.(Home)		0	
mai Address		Special Remark			eCode .		N. V	
KC.	No ○ Yes	TCA	® No ○Yes		eCode Reason			
20 Protection	No	NCD Entitlement(%)	20		Private Hire		No	
Accident Details	CT)	MATERIAL CONTROL						
	02/05/2018 18:45	Accident Report Within 24 hrs	Yes		Accident Type		Collision - Hea	d to Rear
sport Date					Country of Accident		Singapore	
ste of Accident	01/05/2018	Time of Accident hh:mm	16:45		ICM No.		DESCRIPTION OF THE PARTY OF THE	
porting Cirilin		Orenge Force			ICH NO.			
zident Location	ALONG BUANGKOK GREEN							
# Renefits								
♥ Excess							100.00	
en demage Excess	600.00	Additional Excess			Windscreen Excess		100.00	
snamed Driver Excess		Outside Singapore OD Excess						
ind Party Excess	0.00	Outside Singapore TP Excess						
GST Registered Informa	etion							
T Registered	Yes		GST R	tegistration Date	01/05/2011	101		
T Registration No.	201105184H		GST S	Status Verified	Yes			
dification History								
Policyholder Mailing Ail	dress							
Idrem 1	32 OLD TON TUCK ROAD	Address 2	±02-16/17 I	BIZ CENTRE	Address 3		SINGAPORE 5	97658
tdress 4	THE PARTY OF THE P	Address Type	Singapore ad		Post Code		397658	
rot No.		Related Policy Number	5092412957					
ot No.		Senting Port Advisor	30341647					
	Unnamed Driver	Driver Type	Unnamed Dri	iver				
iver Name market driver Name	TAY HOCK SOON	Dover NRIC	S1206002E		Driver DOS		05/12/1956	
		Driver Age	61		Driving Experience		40	
gister Date of Driver License			0		Contact No.(Home)		n	
intact No (Mobile)	96271104	Contact No.(Office)	9					47706
			Paradick States 72				CONCADOR S	
Doreso I	BLK 2060	Address 2	COMPASSVA		Address 3		SINGAPORE S	H3200
	BLK 206C	Address Type	COMPASSIVA Singapore ad		Address 3 Post Code		SINGAPORE 5 543206	43200
uddress 4	8LK 208C							M3200
iddress I Init No. Dess ne own a Singapore legistared Car?						pany		43200
ddress 4 init No. Iousi he own a Singapone agasterod Car? ectaration	06-115 ☐ Yes <b>⑥</b> No	Address Type  Driver Vehicle No.	Singapore ad	Idress	Post Code	seny		H3200
iddress 4 Init No. Daws he own a Singapone	06-115	Address Type		Idress	Post Code	sany		A3200
ddrest 4 Init No. Ious he own a Singapore registered Car? eclaration reathalyser or Blood Test	06-115 ☐ Yes <b>⑥</b> No	Address Type  Driver Vehicle No.	Singapore ad	Idress	Post Code	pany		A3209
doness 4 not No. use the own a Singapore agastared Cor? ectaration reatheliser or Blood Teat eading?	06-115 ☐ Yes <b>⑥</b> No	Address Type  Driver Vehicle No.	Singapore ad	Idress	Post Code	yany		A2209
Idrest 4  Int No. Less ne own a Singapore Ligitation Coloration Eathlyser or Blood Teal Ladding 9  Addication History	06-115 ☐ Yes <b>⑥</b> No	Address Type  Driver Vehicle No.	Singapore ad	Idress	Post Code	any .	543206	
torest 4  Int No.  In	06-115 ☐ Yes <b>⑥</b> No	Address Type  Driver Vehicle No.	Singapore ad	Idress	Post Code	JATY .		
torest 4  Int No.  In	06-115 ☐ Yes ® No 0 mg	Address Type  Driver Vehicle No.  Any injury?	Singapore ad	idress	Post Code  Driver Insurer Comp	any	543206	
direct 4  nit No.  bes ne own a Singapore restrictionation reatheliser or Blood Teal reading?  Claim 093 New  laim Type *  oncact No (Mobile)	06-115 ☐ YES ♠ No  0 mg	Address Type  Driver Vehicle No.  Any injury?  Insured Name	Singapore ad	idress	Post Code  Driver Insurer Comp	seny	201105184H	
donest 4  not No.  bots no own a Singapore reparation reatheleser or Blood Test reading)  odification History  Claim 005 New  laim Type *  oreact No. (Mobile) mail Address	06-115  ☐ Yes ♠ No  0 mg  ☐O-MX  Selies@gam.com.sg	Address Type  Driver Vehicle No.  Any Injury I  Insured Name  Contact No.(Home)  Of Vehicle Number	Singapore ad  Vex ® No	idress	Post Code  Driver Insurer Comp  Insured NRIIC Contact No. (Office)		201105184H 67958803	
toress 4  art No.  art No.  art No.  art No.  art No.  art No.  claration  catheliser or Blood Test  ading?  diffication History  Claim 005 Nom  arm Type *  breact No. (Mobile)  nail Address  elm Description	06-115 ☐ YES ♠ No  0 mg	Address Type  Driver Vehicle No.  Any Injury I  Insured Name  Contact No. (Home)  Of Vehicle Number	Singapore ad  Vex ® No  GLOBE DENI  GROSSES	KI MARINE PTE, LTD	Post Code  Driver Insurer Comp  Insured NRIIC Contact No. (Office) TP Vehicle Number		201105184H 67958803	
dress 4  If No. In the	06-115  ☐ Yes ♠ No  0 mg  00-MX  Sales@gcm.com.sg  G8003576 / G805601C ON 1 May 2018	Address Type  Driver Vehicle No.  Any Injury I  Insured Name  Contact No.(Home)  Of Vehicle Number	Singapore ad  Vex ® No  GLOBE DENI  GROSSSSS	KI MARINE PTE, LTD	Post Code  Driver Insurer Comp  Insured NRIIC Contact No. (Office) TP Vehicle Number Name of Preferred V		201105184H 87958803 GBD5691C	
torest 4  as fre own a Singapore gataried Car?  claratient eatheliser or Blood Teal ading?  Claim 001 New  arm Type * incact No (Hobile) nail Address elim Description electred Workshop Contact of	06-115  ☐ Yes ♠ No  0 mg  ☐O-MX  Selies@gam.com.sg	Address Type  Driver Vehicle No.  Any Injury I  Insured Name  Contact No.(Home)  Of Vehicle Number  Insured Gability *  Preferend Repair Option	Singapore ad  Vex ® No  GLOBE DENI  GROSSSSS	KI MARINE PTE, LTD	Post Code  Driver Insurer Comp  Insured NRIIC Contact No. (Office) TP Vehicle Number Name of Preferred V  GIA report		201105184H 6795803 GBD5691C	<b>Y</b>
toress 4  at No.  as fre own a Singspore gataried Car?  claratient eatheliser or Blood Teal ading?  diffication History  Claim OOS New  arm Type *  oncact No. (Mobile) mail Address arm Description referred Workshop Confact on equire Finalization	06-115  ☐ Yes ♠ No  0 mg  00-MX  Sales@gcm.com.sg  G8003576 / G805601C ON 1 May 2018	Address Type  Driver Vehicle No.  Any Injury I  Insured Name  Contact No.(Home)  Of Vehicle Number	Singapore ad  Vex ® No  GLOBE DENI  GROSSSSS	KI MARINE PTE, LTD	Post Code  Driver Insurer Comp  Insured NRIIC Contact No. (Office) TP Vehicle Number Name of Preferred V		201105184H 87958803 GBD5691C	Y
idness 4  at No.  as fre own a Singspore gatared Car?  claratient eath else or Blood Teal ading?  diffication History  Claim Ods New  arm Type +  oncact No. (Mobile) mail Address arm Description referred Workshop Confact oc. equine Finalization are Registered	06-115  Yes ® No  0 mg  00-MX  Salen@gdm.com.ag  GB001576 / GB05601C ON 1 May 2018	Address Type  Driver Vehicle No.  Any Injury I  Insured Name  Contact No.(Home)  Of Vehicle Number  Insured Gability *  Preferend Repair Option	Singapore ad  Vex ® No  GLOBE DENI  GROSSSSS	KI MARINE PTE, LTD	Post Code  Driver Insurer Comp  Insured NRIIC Contact No. (Office) TP Vehicle Number Name of Preferred V  GIA report		201105184H 6795803 GBD5691C	Y
Idiness 4  Int No.  Ideas no own a Singspore gratered car?  Idination  reathlesser or Blood Teat  Idination  Idination History  Claim 005 New  Idination (Mobile)  Insel Address  Idination  Idination	06-115  Yes ® No  0 mg  00-MX  salen@gcm.com.ag  GB003576 / GB05601C ON 1 May 2018  Vec  02/05/2018 18-47	Address Type  Driver Vehicle No.  Any Injury I  Insured Name  Contact No.(Home)  Of Vehicle Number  Insured Gability *  Preferend Repair Option	Singapore ad  Vex ® No  GLOBE DENI  GROSSSSS	KI MARINE PTE, LTD	Post Code  Driver Insurer Comp  Insured NRIIC Contact No. (Office) TP Vehicle Number Name of Preferred V  GIA report		201105184H 6795803 GBD5691C	V
diffest 4  Int No.  Loss no own a Singspore reparation restheliser or Blood Teal restheliser or Blood Teal reading)  Addition History  Claim 005 New  Laim Type +  Oncact No (Mobile) mail Address laim Description referred Workshop Contact or equire Finalization are Registered eport Taken By	06-115  Yes ® No  0 mg  00-MX  salen@gcm.com.ag  GB003576 / GB05601C ON 1 May 2018  Vec  02/05/2018 18-47	Address Type  Driver Vehicle No.  Any Injury I  Insured Name  Contact No.(Home)  Of Vehicle Number  Insured Gability *  Preferend Repair Option	Singapore ad  Vex ® No  GLOBE DENI  GROSSSSS	KI MARINE PTE, LTD	Post Code  Driver Insurer Comp  Insured NRIIC Contact No. (Office) TP Vehicle Number Name of Preferred V  GIA report		201105184H 6795803 GBD5691C	Y
int No.  as the own a Singspore gatared Car?  claratient eatheliser or Blood Teal ading?  Claim Ods New  arm Type * incact No. (Motels) mail Address elim Description referred Workshop Confact ob.  Inquire Finalization are Registered eport Taken By  Prink AK letter	06-115  Yes ® No  0 mg  00-MX  salen@gcm.com.ag  GB003576 / GB05601C ON 1 May 2018  Vec  02/05/2018 18-47	Address Type  Driver Vehicle No.  Any Injury I  Insured Name  Contact No.(Home)  Of Vehicle Number  Insured Gability *  Preferend Repair Option	GLOBE DENI GROSSES  Not at Fault Preferred W	KI MARINE PTE, LTD	Post Code  Driver Insurer Comp  Insured NRIIC Contact No. (Office) TP Vehicle Number Name of Preferred V  GIA report		201105184H 6795803 GBD5691C	
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toress 4  art No.  ars fre own a singspore gratered car?  claration eatheliseer or Blood Test adding?  diffication History  Claim 995   New  arm Type *  oncact No. (Mobile) nati Address aim Description referred Workshop Contact one quains Finalisation are Repistered eport Taken by  in Print AK letter  Attachment	06-115  Yes ® No  0 mg  00-MX  salen@gcm.com.ag  GB003576 / GB05601C ON 1 May 2018  Vec  02/05/2018 18-47	Address Type  Driver Vehicle No.  Any Injury I  Insured Name  Contact No.(Home)  Of Vehicle Number  Insured Gability *  Preferend Repair Option	GLOBE DENI GROSSES  Not at Fault Preferred W	KI MARINE PTE, LTD	Post Code  Driver Insurer Comp  Insured NRIIC Contact No. (Office) TP Vehicle Number Name of Preferred V  GIA report		201105184H 6795803 GBD5691C	<b>Y</b>
oress 4  at No.  as he own a singspore gatered car?  Claration eatheliseer or Blood Test ading?  diffication History  Claim 095 New  arm Type *  whose No. (Mobile) half Address aim Description eferred Workshop Contact ore Registered eport Taken By  diffication Print AK letter  Attachment	06-115  ☐ Yes ® No  0 mg  0 mg  ©0-MX	Address Type  Driver Vehicle No.  Any Injury T  Insured Name Contact No. (Home) OI Vehicle Number  Insured Uablity * Preferend Repair Option Claim Close Date	GLOBE DENI GROSSES  Not at Fault Preferred W	KI MARINE PTE, LTD	Post Code  Driver Insurer Comp  Insured NRIIC Contact No. (Office) TP Vehicle Number Name of Preferred V  GIA report		201105184H 6795803 GBD5691C	<b>Y</b>
Idiness 4  Int No.  Idensity to the control of the	06-115  ☐ Yes ® No  0 mg  0 mg  ©0-MX	Address Type  Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Dablity * Preferend Repair Option Claim Close Date	GLOBE DENI GROSSES  Not at Fault Preferred W	KI MARINE PTE, LTD	Post Code  Driver Insurer Comp  Insured NRIIC Contact No. (Office) TP Vehicle Number Name of Preferred V  GIA report		201105184H 6795803 GBD5691C	
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oress 4  at No.  as he own a singspore gatered car?  Claration eatheliser or Blood Teal ading?  Claim 09s New  Attachment  Print AK Jetter  Attachment  Voicent No.	06-115  ☐ Yes ® No  0 mg  0 mg  ©0-MX	Address Type  Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Date  Insured Date  Claim Close Date	GLOBE DENI GROSSES  Not at Fault Preferred W	Idress  KI MARINE PTE, LTD  Idrkshap, Name unknown  O2/05/2018 18:+8  Category •	Post Code  Driver Insurer Comp  Insured NR IC  Contact No. (Office)  TP Vehicle Number  Name of Preferred V  GIA report  Date Received	Workshop	201105184H 6799803 GBD5691C Received Q2/05/2018	
oress 4  at No.  as he own a singspore gatered car?  Claration eatheliser or Blood Teal ading?  Claim 09s New  Attachment  Print AK Jetter  Attachment  Voicent No.	06-115  ☐ Yes ® No  0 mg  0 mg  ©0-MX	Address Type  Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Date  Only Close Date  Claim Close Date  Charn No. Upload Date	GLOBE DENI GROSSTS  Not at Fault Preferred W  Save Subr	Idress  KI MARINE PTE, LTD  Grkshap, Name unknown  O01  02/05/2018 18:48  Category •	Post Code  Driver Insurer Comp  Insured NRIIC Contact No. (Office) TP Vehicle Number Name of Preferred V  GIA report Date Received  Confidential	Workshop  Uvgeno  Normal	201105184H 67998803 GBD5691C	20.00
Idness 4  Int No.  In	06-115  ☐ Yes ® No  0 mg  0 mg  ©0-MX	Address Type  Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Date  Insured Date  Claim Close Date	GLOBE DENI GROSSTS  Not at Fault Preferred W  Save Subr	Idress  KI MARINE PTE, LTD  Grisshop, Name unknown  O01  02/05/2018 18:48  Category •	Post Code  Driver Insurer Comp  Insured NRIIC Contact No. (Office) TP Vehicle Number Name of Preferred V  GIA report Date Received  Confidential	Workshop  Uvgeno [Normal	201105184H 6795803 GBD5691C	20.00
direct 4  not No.  bots he own a Singapore repatized car?  resthalwaer or Blood Teat reading?  Claim 091 New  laim Type +  oncart No. (Mobile) mail Address  laim Description referred Workshop Contact one equire Finalization and Ropistered eport Taken Dy  Print AK letter  Attachment	06-115  ☐ Yes ® No  0 mg  0 mg  ©0-MX	Address Type  Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Date  Only Close Date  Claim Close Date  Charn No. Upload Date	GLOBE DENI GLOBE DENI GROSSES Not at Fault Preferred W  Save Subr	Idress  KI MARINE PTE, LTD  Grkshap, Name unknown  O01  02/05/2018 18:48  Category •  Please Select	Post Code  Driver Insurer Comp  Insured NRIIC Contact No. (Office) TP Vehicle Number Name of Preferred V  GIA report Date Received  Confidential	Workshop  Uvgeno  Normal	201105184H 67998803 GBD5691C	20.00
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diffess 4  nit No.  bes he own a Singapore egistated con?  colaristen  reathlyser or Blood Teal seading?  Claim 043 New  Jaim Type *  oncact No (Mobile)  mail Address  Jaim Description referred Workshop Confact  or aquire Finalization acce Registered deport Taken By  Print AK Setter	06-115  ☐ Yes ® No  0 mg  0 mg  ©0-MX	Address Type  Driver Vehicle No.  Any Injury T  Insured Name Contact No. (Home) Of Vehicle Number  Insured Uablity * Preferend Repair Option Claim Close Date  Claim No. Upload Date  Brows Brows Brows Brows	Singapore ad  Singapore ad  Tex ® No  GLOBE DENI  GROSSISTS  Not at Fault  Preferred W  Save Subr  Clear  Clear  Clear	Idress  KI NARINE PTE, LTD  Grisshap, Name unknown  D2/05/2018 18:48  Category •  Please Select  Please Select  Please Select  Please Select	Post Code  Driver Insurer Comp  Insured NRIIC Contact No. (Office) TP Vehicle Number Name of Preferred V  GIA report Date Received  Confidential Pictory Name of V  No. V  NO. V	Urgenc Normal Normal Normal	201105184H 6795803 GBD5691C	20.00
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Attachment		Uploaded By/Date	Category	?	Urgency	Description	Mag Sent? Action (CO)
1 W	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 18:46		NR3C/ Driving License		Normal	NRIC/ Driving License 2018-5-2	Edit
193	NAC PAYA UBI 800601( NAT	ONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2016 18:48	5.45		Normal	SAS 2018-5-2	Edit
1	NAC_PAYA_UBI_800601( NAT	ONAL ASSESSMENT CENTRE BERVICES) on 02 Ma y 2018 18:48	Photos.		Normal	Photos 2018:5-2	Edit
C	NAC_PAYA_LBS BD0603( NAT	ONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 18:48	Photos		Normal	Photos 3018-5-3	Edit
	NAC_PAYA_UBI_800601( NAT	ONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 18:48	Photos		Normal	Photos 2018-5-2	Edit
=	NAC_PAYA_UB1_800001( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 18:48		Photos		Normal	Phones 2018-5-2	Edit
	NAC_PAYA_USI_800603( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 18:48		Photos		Normal	Photos 2018-5-2	Edit
3	NAC_PAYA_UBI_800801( NAT	CONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 18:48	Photos		Normal	Photos 2018-5-2	Edit
-		ONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 18:48	Photos		Normal	Photos 2018-5-2	Edit
	NAC_PAYA_UBI_B00601( NAT	CHAL ASSESSMENT CENTRE SERVICES) on DZ Ma y 2018 18:48	Photos		Normal	Photos 2018-5-2	Edit
⇒ Video List							
	Upleaded By/Date	Forder Date	Pile Name		9	Source	Action