			Table 1	
Date In: 7/5/18-11:73	Jeb description	Date &Time Completed	Done by	
Ref No: 44/1NC18008358/24	SAS e-filing			
Vch No: 57N 37362	E-mail (within Shrs, AIC 2hrs	s)		4
D.O.A : 5/8/18-23:30	i-Motor Claim Form	MT 0993345-001	7/5/18 21:48	8
	i-Motor W/O (Within: OD	2hrs, TP 4hrs)		
OD : (TP) ! Reporting Only	i-Photo Uploaded			
mn !	Assessment/Survey Report	rt j		
TP Insurer:	Ass't Report by Fax / Ha	nd to Owner/Wksp	<u> </u>	
Preferred Wksp / INC Assign Wksp / QW: (1011	Fax:)
TP Particulars: Veh No: SMC4	16650	C()/Non-INC()		
Owner / Driver: (Tel:		
Policy No: () Pe	riod: () 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: \$1,0	000 ()/\$2,000 ()		- 1987 (18 18 18 18 18 18 18 18 18 18 18 18 18 1	
General Remarks:			STOR ALLES	Ĕ
() Walk-In Customer: Customer's info	rmation strictly Confidential &	Strictly NO refer of repairer	·	
() Total Loss Case : to e-mail Insur-	er URGENTLY.	*		
Drive-In ()/Towed-In (); Invoice	e: YES() / NO()	; Towing Co: (84)
CONTRACTOR CONTRACTOR		Date&Time Completed	Done by	11,
Remarks: (INC horline: 6788 6616)			10.00	
	Courtesy Car ()	***		
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3	30003 ()			
	5000) ()			ried year
Injury:				77.00
Date/Time Actions			WEST CLASS	<u></u>
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10	4			
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NA 18 028 46	Invoice	Preparation Checklist	Will the Control of the Control of the	Add Bill
laimant's Particulars :-		ident Reporting (\$30);	(\$80)	11122
	3) TF : Tow	ing Fee	40/\$45	
river/Owner:	4) FT : Follows	ow-Through Survey	\$120	
ontact No:	For claim	ow-Through Survey (Resurvey) ing against INC Only (wef 10 Jan 20	(05)	
amaged Portion:	6) TR : Rc-	nspection DA + SMRT Survey	\$160	
annager i vistorii	7) N1 : Idac 8) NTUC A	dditional Services:-		
C Checked by (Engr-In-Charge):	OD.	irlesy Car / Tpt Allowanne	\$5	
Concered by (Birgi-In-Charge).	*N6: Rep	eir Co-ordination	510	
uditors' Comments :-	• N7: Pos	t Repair Inspection / Collect Excess Coordination	\$25 \$5	
at. 1:	TP (NII): TP (Non INC) against INC	\$20	
	9) N12: Ida	- 01		由而了出
at. 2/3;	Invoice dat	P . Cl	MANAGE CT CT	

400 6

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 ladgement 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

CONTRACTOR OF STREET	ACCIDENT STATEMENT
Date Of Report	07/05/2018 11:53
Date Of Accident	05/05/2018 23:30
Exact Location Of Accident	JUNC AMK AVE 5 & YIO CHU KANG RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN3736Z
Insured/Policyholder	
Name Of Registered Owner	TAN SIOK KOON
NRIC No	S1305638B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90281894
Alternative Phone No	OFFICE-90281894
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
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	5078253867-02
Cover Note Number	
Driver	
Name of Driver	LOW YI SHEN, SYLVESTER (LIU YISHEN)
NRIC No	S8401566J

Name of Driver	LOW YI SHEN, SYLVESTER (LIU YISHEN)
NRIC No	S8401566J
Date Of Birth	24/01/1984
Occupation	OUTDOOR
Date Of Driving Pass	24/04/2012
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97730388
Fax Number	

OFFICE-97730388 Contact Number

NOEMAIL EMail Address

BLK 417 HOUGANG AVENUE 8 Address

#07-966

530417 Postcode

Was driver an employee of the Insured's Company NO

CHILDREN

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

Type Of Accident

COLLISION - CROSS JUNCTION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 5 JUNC ANG MO KIO AVE 5 AS TRAFFIC LIGHT TURN GREEN SO I PROCEED. SUDDENLY VEHICLE B FROM OPPOSITE ANG MO KIO AVE 5 LANE 1 MAKING A RIGHT TURN AND HIT ONTO MY VEHICLE REAR RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC4665U

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

LOW YI SHEN, SYLVESTER (LIU YISHEN) Name

Approximate Age

Injuries Sustain

SJN3736Z Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the Insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed;
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

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.:

CH PLAN			A: S5N33362
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AK81			
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CRIBE CIRCUMSTANCES			
Refer to slaten	nent.		
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CLARATION Ve declare the foregoing part	iculars are true in every respo	ect.	\sim 1
		<	Man
licyholder's Signature	Driver's Signature		orting Centre Personnel's Signature
ate & Time:	(If driver is not the po Date & Time:	olicyholder) Nan	e: \ C/FIN No.:

SUSMI MEDINATURE VI



RÉPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8401566J



5406436



LOW YI SHEN, SYLVESTER (LIU YISHEN)

劉 奕

CHINESE Date of thith

24-01-1984

Country/Place of birth SINGAPORE

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

SPECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passongers, exchrsive 24 Apr 2012 of the driver; and other motor vehicles =< 2500kg

Licence No: \$8401556.J

NP 428A

Date of issue 16-12-2014 APT BLK 417 HOUGANG AVENUE 8 #07-966 SINGAPORE 530417

SB401568J NRIC No:

Date: 07/11/2016

eBaoTech					P.S.				Gene	ralClaim
Hello, NAC_PAYA_UBI_800	0601		THE RESERVE	A STATE OF THE PARTY OF THE PAR	N. Co.		Change Lan	guage >	Change Passwo	rd + Log Out
My Desktop	Polic	cy Query								,
Notice of Loss	Policy N	lo,				Date of Acc	ident	05/05/	2018 23:30	
	Vehicle	No.(For Motor)	5JN3736Z							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5078253867- 02	TAN STOK KOON	S1305638B	GPC	drivo CLASSIC	SJN3736Z	SJN3736Z	13/03/2018	12/03/2019
						Continue				

Seque	nce Date of Endorse	ment	Endorseme	nt Type	Endorsemen	t Status	Endorsement Conten
♥ Endor	sements				2%	E-MAN	Endorsement Conten
D Insur	ed Object: SJN3736Z						
Unit No.		Rela Num	ted Policy ber	5078253867-02			
Address 4			ress Type	Singapore address		Post Code	530439
Address 1	BLK 439 #08-1559	Add	ess 2	HOUGANG AVENUE	8	Address 3	SINGAPORE 530439
▽ Policy	holder Mailing Address					Washington Control	45 WORD VIN USAN SON CON-AND
Certificate Info							
Open Policy Info							
Co- nsurance Flag	No						
Agent	VICOM LTD	Agent Tel.	66975221		GST Flag	Y	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		200000,000		/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
hird arty xcess	0	Own damage Excess	600		Windscreen Excess	100	
xcess ype		All Claim Excess					
olicy ssue late	12/02/2018	Effective Date	13/03/2018	00:00	Expiry Date	12/03/2019 23	1:59
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
ddress	BLK 439 #08-1559 HOUGANG	AVENUE 8 SIN	GAPORE 5304	39			
olicy No.	5078253867-02	Policyholder Name	TAN SIOK K	OON	Policyholder NRIC	51305638B	

ident MT/0993345			SIN3736Z	GS	ST Registration No.		
icy No.	5078253867-02	Vehicle No.	23937396		acyholder NRIC	\$130	56388
icyholder Name	TAN STOK KOON		NOON EVERSOR		ading	0	
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		ontact No.(Home)	0	
obact No.(Mobile)	90281894	Contact No.(Office)	.0		Code	luc's	7
nai Address		Special Remark			Code Reason	2.1	
K	® No ○Yes	TCA	® No ○Yes		nyate Hire	CNo	
	Yes	NCD Entitlement(%)	50	Pi Pi	wace rive	11720	
P. Accident Datalle					ocident Type	Coits	ion - Cross Junction
port Date	07/05/2018 21:46	Acodent Report Willen 24 hrs	Yes			Singi	
ste of Accident	05/05/2018	Time of Accident hh:mm	23:30		ountry of Accident	411.00	enni
porting Centre		Grange Porte		10	CM No.		
	JUNC AMK AVE 5 & YIO CHU KANG RD						
9 Benefits							
· Excess						100	00
wn dwmage Excess	600.00	Additional Excess	0		Windscreen Excess	200	***
nnamed Driver Excess	500,00	Outside Singapore OD Excess		600.00			
nind Party Excess	0.00	Outside Singapore TP Excess		0.00			
SST Registered Informa	tion						
ST Registered	760			gistration Date	Yes		
ST Registration No.			GST St	atus Verified	15,300		
oddication History							
Policyholder Mailing Ado	dress			0.00020	Address 3	SIN	GAPORE \$30439
ddress 1	BLK 439 #08-1559	Address 2	HOUGANG AV	Little 0	Address 3 Post Code		1439
ddress 4		Address Type	Singapore add		Page Code	1000	2200
mit No.		Related Policy Number	5078253867-	02			
O Driver Info							
Driver Name	Linnamed Driver	Driver Type	unnamed Driv		Driver DOII	24)	01/1984
innamed driver Name	LOW YO SHEN, SYLVESTER (LDJ	Driver NRIC	58401566J		Driving Expenence	6	
Register Date of Oriver License	26/04/2012	Onver Age			Contact No.(Home)	0	
Contact No.(Mobile)	97730386	Contact No.(Office)	0		Address 3		GAPORE 530417
Address 1	BEK 417	Address 2	HOUGANG AV	3,93,54	Post Code		0417
Address 4		Address Type	Singapore adi	aress			
unit No.	07-966						
					Device Securer Compa	effect.	
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.			Driver Insurer Compa	eny	
Registered car? Declaration	○ Yes (⊕) No:	Driver Vehicle No.			Driver Insurer Compa	etty	
Registered car?	() Yes (@) No:	Driver Vehicle No. Any injury?	® Yes ○ No		Driver Mourer Compa	eny	
Registered car? Declaration Breathalysis or Blood Test Reading?	60 M	- COMMON AND THE COMMON AND	® Yes ○ No		Driver Insurer Compa	any .	
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Registered car? Declaration Breathalysis or Blood Test Reading?	60 M	- COMMON AND THE COMMON AND	® Yes ○ No		Driver Insurer Compa	ery .	
Registered car? Declaration Breathalysis or Blood Test Reading? Modification History Claim 001 New	0 mg	Any injury3			Driver Insurer Compa		1,1056388
Registered car? Declaration Breathalysis or Blood Test Reading? Modification History Claim 001 New Claim Type *	0 mg	Any injury? [nsured Name]	TAN SIOK KI				13056388
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Registered car? Declaration Breathalysis or Blood Test Reading? Modification History Claim 001 New Claim Type 4 Contact Ne. (Mobile) Email Address Claim Description Preferred Workshop Contact No.	0 mg OD-MX 97730388 S3N37362 / SHC466SU ON 5 May 2018	Any injury? [nsured Name Contact No.(Home) Of Venide Number Insured Liability *	TAN SOCK KI ND. SON277862	DON	Ireured NRIC Cortect No.(Office) TP Vehicle Number Name of Preferred W	Si S	1C4665U
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Registered car? Declaration Breathalysis or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Require Finalisation Oese Registered Report Taken By	0 mg OD-MX Y 97730388 S3N37362 / SHC4665U ON 5 May 2018 Yes Yes	Any injury? Insured Name Contact No.(Home) Of Vende Number Insured Lability * Preferered Repair Option	TAN SIOK KI ND. SIM27362 Not at Fault Preferred W	ook V Orkshop, Name unknown V	Ireured NRIC Contact No.(Office) TP Vehicle Number Name of Preferror W	Si S	HC4665U
Registered car? Declaration Breathalysis or Blood Test Reading? Modification History Claim 001 New Claim 7ppe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Oete Registered Report Taken By Dec Accienter	0 mg OD-MX Y 97730388 S3N37362 / SHC4665U ON 5 May 2018 Yes Yes	Any injury? Insured Name Contact No.(Home) Of Vende Number Insured Lability * Preferered Repair Option	TAN SIOK KI ND. SIM27362 Not at Fault Preferred W	ook V Orkshop, Name unknown V	Ireured NRIC Contact No.(Office) TP Vehicle Number Name of Preferror W	Si S	HC4665U
Registered car? Declaration Breathalysis or Blood Test Reading? Modification History Claim 001 New Claim 79pe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalization Oete Registered Report Taken By Dec Accienter	0 mg OD-MX 97730388 S3N37362 / SHC4665U GN S May 2018 Yes 07/05/2018 21:48 Jackson	Any injury? Insured Name Contact No.(Home) Of Vende Number Insured Lability * Preferered Repair Option	TAN SIOK KI ND. SIM27362 Not at Fault Preferred W	ook V Orkshop, Name unknown V	Ireured NRIC Contact No.(Office) TP Vehicle Number Name of Preferror W	Si S	HC4665U
Registered car? Declaration Breathalysis or Blood Test Reading? Modification History Claim 001 New Claim 70pe * Concact Ne. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalization Dece Registered Report Taken By Actachment	0 mg OD-MX 97730388 S3N3736Z / SHC466SU GN S May 2018 Yes 07/05/2018 21:48 Jackson HT/0993345	Insured Name [nsured Name Contact No.(Hisme) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	TAN SIOK KI ND. SIM27362 Not at Fault Preferred W	ockshop, Name unknown	Ireured NRIC Contact No.(Office) TP Vehicle Number Name of Preferror W	Si S	eceived 7/05/2018 00:00
Registered car? Declaration Breathalysis or Blood Test Reading? Modification History Claim 001 New Claim 79pe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalization Oete Registered Report Taken By Dec Accienter	0 mg OD-MX 97730388 S3N3736Z / SHC466SU GN S May 2018 Yes 07/05/2018 21:48 □ackson HT/0993345 ● Yes □ No	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim No.	TAN SIOK KI ND. SIM27362 Not at Fault Preferred W	ook Forkshop, Name unknown	Iroured NRTC Contact No. (Office) TP Vehicle Number Name of Preferror W GIA report Date Received Confidential	Sill storkshop R R 0	#C4865U #C6994d #7/05/2018 00:00 Description *
Registered car? Declaration Breathalysis or Blood Test Reading? Modification History Claim 001 New Claim 70pe * Concact Ne. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalization Dece Registered Report Taken By Actachment	0 mg OD-MX 97730388 S3N3736Z / SHC466SU GN S May 2018 Yes 07/05/2018 21:48 Jackson HT/0993345	Insured Name Contact No.(Home) Of Vehicle Number Insured Listifity * Preferend Repair Option Claim Close Date Claim No. Upload Date	TAN SIOK KI ND. SIN27362 Not at Pault Preferred W	OCN Orkshop, Name unknown O1 O7/05/2018 21:40 Category *	Iroured NRTC Contact No. (Office) TP Vehicle Number Name of Preferror W GIA report Date Received Confidential	S: Storkshop	eceived 7/05/2018 00:00
Registered car? Declaration Breathalysis or Blood Test Reading? Modification History Claim 001 New Claim 70pe * Concact Ne. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalization Dece Registered Report Taken By Actachment	0 mg OD-MX 97730388 S3N3736Z / SHC466SU GN S May 2018 Yes 07/05/2018 21:48 □ackson HT/0993345 ● Yes □ No	Insured Name Contact No.(Home) Of Vehicle Number Insured Listifity * Preferend Repair Option Claim Close Date Claim No. Upload Date Bro	TAN SIOK KI ND. SIN27362 Not at Fault Preferred W Save Subt	OCN Finkshop, Name unknown O1 O7/05/2018 21:49 Category *	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferrod W GIA report Date Received Confidential	Sill storkshop R R 0	#C4865U #C6994d #7/05/2018 00:00 Description *
Registered car? Declaration Breathalysis or Blood Test Reading? Modification History Claim 001 New Claim 70pe * Concact Ne. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalization Dece Registered Report Taken By Actachment	0 mg OD-MX 97730388 S3N3736Z / SHC466SU GN S May 2018 Yes 07/05/2018 21:48 □ackson HT/0993345 ● Yes □ No	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date Bro	TAN SIOK KI ND. SIN27362 Not at Pault Preferred W Save Subr	OON Torkshop, Name unknown O1 O7/05/2018 21:49 Category * Please Select	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferrod W GIA report Date Received Confidential	S: S	#C486SU #C4
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NAC PAYA UBL BO NAC PAYA UBL B		Fire Name		9	Source	Action
NAC_PAYA_UBL_BO NAC_PAYA_UBL_BO	W				CONTROL	120223
NAC PAYA UBL BO NAC PAYA UBL B	00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Ma y 2018 21:46	Photos		Normal	Photos 2018-5-7	Edi
NAC_PAYA_UBL_BO	NAC_PAYA_US1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Ma $_{\gamma}$ 2018 21:46			Normal	Photos 2018-5-7	Edi
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NAC_PAYA_UBI_BD	00603(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Ma y 2018 21:49	Photos		Normal	Photos 2018-5-7	Edit
NAC_PAYA_UBL_BD	0601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Ma y 2018 21:49	Photos		Normal	Photos 2018-5-7	Edit
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NAC PAYA_USI_80	0501(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Ma y 2018 21:49	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-5-7	Edit
Attachment	uploaded By/Date	Category	9	Irgency:	Description	Sent? Action (CO)