NATIONAL Assessment Centi	192/05 TE 2012	MNA 18059 163	Done	pv.
Date In: 7/8/18-12:54	Jeb description	Date &Time Completed	Dolle	,
Ref No: NA) IN C18008 359 24	SAS e-filing			
Veh No: 578 348 7 m	E-mail (within Shrs, AIC 2h	rs)		-1
D.O.A .: 1/1/8-14:30	i-Motor Claim Form	M7 099334 6-001	3/4/18 N:3	17
	i-Motor W/O (Within: O	O 2hrs, 7P 4hrs)		
OD (TP)! Reporting Only	i-Photo Uploaded			
	Assessment/Survey Repo	ort		
TP Insurer:	Ass't Report by Fax / Ha	and to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: XE 3	S73M IN	C()/Non-INC()		
Owner / Driver: (Tel:)	
CONTRACTOR	eriod: () 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			
	000()/\$2,000()			
General Remarks:-			Secret Section	or No.
() Walk-In Customer : Customer's inf				
() Total Loss Case : to e-mail Insur		*		mires de la companie
); Towing Co: ()
			Done	hv
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Wall Ar STOCK	,,,
1) Apply for Transport Allowance ()/	Courtesy Car ()		-	
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > 5	[00083			
Injury:				000
			12.2 North St. (13.13.13.13.13.13.13.13.13.13.13.13.13.1	ery Charles (A.C.)
Date/Time Actions	A CONTRACTOR OF THE CONTRACTOR		3000	
	1			
			VIII	
	4			
41		n Challin	Anif (S)	Ami (1)
NA 1802844	SAR 224 CT	Preparation Checklist	The Bill	Add Bill
Claimant's Particulars :-	1) AR : A 2) DA : D	ecident Reporting (\$30); amage Assessment (\$100); INC	(\$80)	
	3) TF : Te	wing Fee	\$40/\$45	
Driver/Owner:	SOUT F	llow-Through Survey llow-Through Survey (Resurvey)	\$30	
Contact No:	Forcle	iming against INC Only (well 10 Jan.	\$75	
Damaged Portion:	7) N1 : Id	e-inspection at DA + SMRT Survey	\$160	
	8) NTUC	Additional Services:-		
QC Checked by (Engr-In-Charge):	OD*	wurtesy Car / Tpt Allowance	\$5	
Co Success of Variation and Co.	• N6: F	epair Co-ordination	\$10 \$25	
Auditors' Comments :-	•N7. F	ost Repair Inspection OV / Collect Excess Coordination	55	
A PART OF THE PART	TP (N	11): TP (Non INC) against INC	\$20 30	
Cat. 1:	9) N12: I	dno Mobile Fee Char	yea'	and the same
Cat. 2/3:	Invoice a	C - Ch	MARKET STATE	i

j. 12 . 1

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 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

	ACCIDENT STATEMENT
Date Of Report	07/05/2018 12:54
Date Of Accident	05/05/2018 14:30
Exact Location Of Accident	JUNC BOON LAY WAY & CORPORATION RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
/ehicle Registration Number	SJB7787M
Insured/Policyholder	
Name Of Registered Owner	TAN HOCK CHUAN
Co Reg No	53358312L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLS SPORTS 4A/T SR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097551075
Cover Note Number	
Driver	

TAN HOCK CHUAN Name of Driver

S1308096H NRIC No 12/01/1958 Date Of Birth OUTDOOR Occupation 14/02/1978 Date Of Driving Pass

40 YEARS AND 2 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-98283381 Mobile Number

Fax Number

OFFICE-98283381 Contact Number

NOEMAIL EMail Address

BLK 109A EDGEDALE PLAINS Address

#04-109

821109 Postcode

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR DRY

Road Surface

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

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?

YES

Police Station Name

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact Was notice of intended Prosecution given? TEL NO: 65470000 - FAX NO:

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20180505/2132.

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 Vehicle Make/Model/Colour

XE373M

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

SEENIMUTHU RAMESH KUMAR

NRIC/Passport Number

G2055617Q

Contact Number

Address

Page 2 of 17

Postcode

Name

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Approximate Age

TAN HOCK CHUAN

Injuries Sustain

BODY

Injured person in which vehicle?

SJB7787M

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

Page 3 of 17

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.

A STATE OF THE STA

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.:

Date & Time:

(If driver is not the policyholder) Date & Time:

Name:

NRIC/FIN No.:





T/20180505/2132

1 of 3

Report No. T/20180505/2132

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF	F A TRAFFIC	ACCIDENT		Station Diary No.		
Date/Time Report Made: 05/05/2018 18:37		ade:	Vide Report No.:	Oldson Dissip		
	t's Particu	lars	Address:	AARDES AND		
Name of Informant TAN HOCK CHUAN			APT BLK 109A EDGEDALE P SENGKANG SINGAPORE 82	LAINS #04-109 HDB- 1109		
ID Type / ID No.: NRIC NO / S1308096H Nationality: SINGAPORE CITIZEN		06H	Contact No.: Home/Office:	Mobile: 98283381		
			Email:			
Sex: Male	Age: 60	Date of Birth: 12/01/1958	Type of Informant:			
Race:			Language: English	Institution / School Name:		
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3	Date of Expiry:		

Seneral Information Type of Accident:	Injury Others			Date/Time of Accident: 05/05/2018 14:30	Type of Location X-Junction	
Location: BOON LAY V JURONG WE Weather:	VAY EST > BOON LAY V	Hoad	l Surface:		Road Speed Limit:	
Clear Traffic Flow:			ic Control: ic Light - Wo	orking	Traffic Volume: Moderate	
Type of Collis Between Mo	Anyone conveyed by ambulance:					

Details of V	THE RESERVE OF THE PARTY OF THE		Model	Color	Condition	No of Passenger
Vehicle No.	Type	Make	A STATE OF THE PARTY OF THE PAR		Seriously	1
SJB7787M	Car	MITSUBISHI	LANCER 1.5 MIVEC GLS SPORTS 4A/T SR	Black	Damaged	
XE373M	Lorry	ISUZU	FXZ77M	White		0





T/20180505/2132

2 of 3

Report No. T/20180505/2132

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Any Pedestrian Ir No. of Pedestrian	s Injured: NIL	Use of Ped	destrian	Cross	ing: NA	
Driver			ID No.	No palatagraphy	S1308096H	
Name	TAN HOCK CHUAN		10 110		0,000000.	
Related Vehicle	SJB7787M (Car)		Contact No.		98283381	
Li 'k-l/Olinio	MOUNT ALVERNIA HOSPITAL	<u>1</u> 99	Class of		Class: 3	
Hospital/Clinic	MOON! ALVEINING		Licent	_	Date of Expiry: NIL	
	05/05/2018	Date Disc	-		5/2018	
Date Treatment	ted Medical Leave 06		Degree of Injury NIL			

Brief Details.

On 5/52018 at about 1430hrs, I was travelling along Jurong West > Boon Lay way near lakeside MRT, came to a stop at the junction due to traffic light was red. Suddenly I felt an impact from my vehicle rear and notice that a lorry collided into my vehicle rear portion, I suffer injury due to the impact. My neck, bac bone and both leg was in pain. I went to see doctor after the incident and was given 6days MC.

That's all.





3 of 3

Report No. T/20180505/2132

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

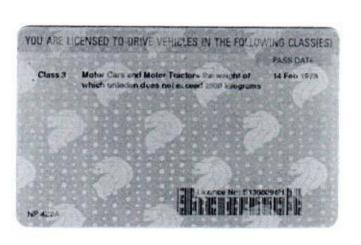
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Informant:
Date/Time: 05/05/2018 18:37
Classification Of Case:
SINGAPORE POLICE FORCE









eBaoTech			7						Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601		10000000	The second second	Charles Addis		Change Lan	guage '	Change Passwor	d · Log Out
		y Query			_	Date of Acc	ident	05/05/	2018 14:30	3
	Policy N Vehicle	o: No.(For Motor)	S3B7787M		\exists	Date of Pos		Name of the last o		700
						Search	9200000		***************************************	
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097551075	TAN HOCK CHUAN	53358312L	GPC	drivo CLASSIC	SJB7787M	S387787M	23/01/2018	22/01/2019
						Continue				

olicy No.	5097551075	Policyholder Name	TAN HOCK	CHUAN	Policyholder NRIC	53358312L	
Address	BLK 109A #04-109 EDGEDALE P	LAINS SINGA	PORE 82110	9			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	19/01/2018	Effective Date	23/01/2018	00:00	Expiry Date	22/01/2019	23:59
Excess Type		All Claim Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	25
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Your	ng/Inexperience Driver Excess
Agent	ASSURE (SINGAPORE) PTE. LTC	Agent Tel.	68038751		GST Flag	Υ	
Co- insurance	No						
Flag Open Policy							
Flag Open Policy Info Certificate							
Flag Open Policy Info Certificate Info	holder Mailing Address						
Flag Open Policy Info Certificate Info Policy		Addr	ress Z	EDGEDALE PLAINS		Address 3	SINGAPORE 821109
Flag Open Policy Info Certificate Info Policy Address 1	holder Mailing Address		ess 2	EDGEDALE PLAINS Singapore address		Address 3 Post Code	SINGAPORE 821109 821109
Flag Open Policy Info Certificate Info	holder Mailing Address	Addr	ess Type ted Policy			SOLIT CERTIC	
Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	holder Mailing Address BLK 109A #04-109	Addr Rela	ess Type ted Policy	Singapore address		SOLIT CERTIC	
Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	BLK 109A #04-109 04-109 ed Object: SJB7787M	Addr Rela	ess Type ted Policy	Singapore address		SOLIT CERTIC	
Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No. Insure	BLK 109A #04-109 04-109 ed Object: SJB7787M	Addr Rela Num	ess Type ted Policy	Singapore address 5097551075	Endorsemen	Post Code	

laim Handling								
ocident MT/0993346								
olicy No.	5097551075	Vehicle No.	S187787H		ST Registration No.	500	20217	
stjoyholder Name	TAN JADOK CHUAN				oncytolder NRIC		358312L	
	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	7	eading	0		
ontact No.(Mobile)	0	Contact No. (Office)	0		ontact No.(Home)	_	~	
mail Address		Special Remark	192		Code	1.72	10.50	
rk	® No ☐ Yes	TCA	® No ○Yes		Code Reason	Yes		
CD Protection	No	NCD Entitlement(%)	0		nvate Hire			
W Accident Details		A Committee of the comm	W		codent Type	Co	iligion - Head to Rear	
leport Date	07/05/2018 21:53	Accident Report Within 24 hrs			ountry of Accident		ngapore	
pate of Accident	05/05/2018	Time of Accident hh:mm	14:20		CM No.	-		
leporting Centre		Orange Force			Con rest			
looident Location	JUNC BOON LAY WAY & CORPORATION RD							
W Benefits								
T Excess	2020000	Androonal Excess			Windscreen Excess	10	00.00	
Own damage Excess	2,000.00	Outside Singapore OD Excess		2,000.00				
Jonamed Driver Excess				1,500.00				
Third Party Excess	1,500.00	Outside Singagore TP Excess		2000000				
⇔ GST Registered Informa			GST	Registration Date				
IST Registered IST Registration No.	No.			Status Verified	No			
4odification History								
⇒ Policyholder Mailing Ad	dress						Andrews States	
Address 1	BLK 109A #04-109	Address 2	EDGEDALE P		Address 3		INGAPORE 821109	
Address 4		Address Type	Singapore ao		Post Code	8.	21109	
Unit No.	04-109	Related Policy Number	5097551075					
⇒ OI Driver Info								
Driver Name	Unramed Otiver	Driver Type	Unnamed Dri S1308096H		Driver DOS	1	2/01/1958	
Unnamed driver Name	TAN HOOK OHUAN	Driver NRIC	60		Driving Experience	4	0	
Register Date of Driver License		Driver Age	0		Contact No.(Home)	0		
Contact No.(Mobile)	96203301	Contact No.(Office)	EDGEDALE F		Address T	s	INGAPORE 821109	
Address 1	BUK 109A	Address 2	ED-GEDWIE 4	FUNDS				
				debase	Post Code	. 8	21109	
Address 4		Address Type	Singapore at	ddress	Post Code	8	21109	
Unit No. Does he own a Singapore	04-109 () Yes @ No	Address Type Driver Vehicle No.	Singapore as		Post Code Driver Insurer Comp		21109	
Unit No. Does he own a Selgapore Registered car?			Singapore at				21109	
Unit No. Does he own a Singapore			Singapore at				21109	
Unit No. Does he own a Singapore Registered cer? Declaration Breathalyser or Blood Test. Reading?	() Yes ® No	Driver Vehicle No.					22109	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test. Reading? Modification Hetory	() Yes ® No	Driver Vehicle No.					21109	
Unit No. Does he own a Singapore Registered cer? Declaration Breathalyser or Blood Test. Reading?	() Yes ® No	Driver Vehicle No.					21109	
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Unit No. Does he own a Singapore Registered cer? Declaration Breathalyser or Blood Test. Reading? Claim 003 New Claim Type *	OD-MX ✓	Driver Vehicle No. Any injury? Insured Name		40	Driver Insurer Comp	any	533 58 31 2 L	
Unit No. Does he own a Singapore Registered cer? Declaration Breathalyser or Blood Test. Reading? Claim 003 New Claim Type * Contact No. (Mobile)	© Yes ® No G mg GD-MX 96283381	Driver Vehicle No. Any injury?	® Yes ○ N	40	Driver Insurer Comp	any	533 58 31 2 L	
Unit No. Does he own a Singapore Registered cer? Declaration Breathalyser or Blood Test. Reading? Claim 003 New Claim Type * Contact No. (Mobile) Email Address	OD-MX 98283381 michetian2ul@yahoo.com	Driver Vehicle No. Any injury? Insured Name Comput No.(Home)	Yes N TAN HOCK	40	Driver Insurer Comp. Insured NRIC Contact No.(Office)	any	53358312L	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test. Reading? Claim 003 New Claim Type * Contact No. (Mostle) Email Address Claim Description	© Yes ® No G mg GD-MX 96283381	Driver Vehicle No. Any injury? Insured Name Carried No.(Home) Cd Vehicle Number	® Yes O N	CHUAN	Driver Insurer Comp Insured NRIC Contact No.(Office) TP Vehicle Number	any	53358312L	
Unit No. Does he own a Singapore Registered cer? Declaration Breathalyser or Blood Test. Reading? Claim 003 New Claim Type * Contact No. [Mobile] Email Address Claim Description Preferred Workshop Coreact. No.	OD-MX 98283381 michaellan2u/Byshoo.com	Driver Vehicle No. Any injury? Insured Name Carried No.(Hame) Of Vehicle Number Insured Liability *	® Yes O N TAN HOCK ! SJB7787M	CHUAN	Driver Insurer Comp Insured NRIC Contact No.(Office) TP Vehicle Number	any	53358312L	y
Unit No. Does he own a Singapore Registered cer? Declaration Breathalyser or Blood Test. Reading? Claim 003 New Claim Type * Contact No. [Mobile] Email Address Claim Description Preferred Workshop Coreact. No. Require Finalisation	OD-MX 98283381 michecitan2u(Byshoo.com 51877874 / XEX7284 ON S May 2018	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferend Repair Option	® Yes O N TAN HOCK ! SJB7787M	CHUAN	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred X	any	5335831ZL • xE373M	
Unit No. Does he own a Singapore Registered cer? Declaration Breathalyser or Blood Test. Reading? Claim O03 New Claim Type * Contact No. [Mobile] Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	OD-MX	Driver Vehicle No. Any injury? Insured Name Carried No.(Hame) Of Vehicle Number Insured Liability *	® Yes O N TAN HOCK ! SJB7787M	CHUAN	Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W	any	53358312L # XE375M Received	
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Unit No. Does he own a Singapore Registered cer? Declaration Breathalyser or Blood Test. Reading? Claim OO3 New Claim Type * Contact No. [Mobile] Email Address Claim Description Preferred Workshop Coreact No. Require Finalisation Date Registered Report Taken No. Glip Print AK letter	OD-MX	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferend Repair Option	® Yes O N TAN HOCK ! SJB7787M	CHUAN R Workshop, Name unknown	Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W	any	53358312L # XE375M Received	
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Unit No. Does he own a Singapore Registered cer? Declaration Breathalyser or Blood Test. Reading? Claim OO3 New Claim Type * Contact No. [Mobile] Email Address Claim Description Preferred Workshop Coreact No. Require Finalisation Date Registered Report Taken No. Glip Print AK letter	OD-MX 98283381 michaeltan2u6 yahoo.com 5187787M / XEX72M ON 5 May 2018 Vec 07/05/2018 21:55	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OS Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	® Yes O N TAN HOCK : SJB7787M Not at Faul	CHUAN R Workshop, Name unknown	Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W	any	53358312L # XE375M Received	y
Unit No. Does he cen a Singapore Registered cer? Declaration Breathalyser or Blood Test. Reading? Modification Hettory Claim 003 New Claim 1/pe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Philipation Date Registered Report Taken No. Attachment	OD-MX 98283381 michaeltan2u6 yahoo.com 5187787M / XEX72M ON 5 May 2018 Vec 07/05/2018 21:55 Jackson	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OS Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	® Yes O N TAN HOCK : SJB7787M Not at Faul	CHUAN R Workshop, Name unknown	Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W	any	53358312L # XE375M Received	y
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Attachment	1	ploaded By/Date	Category	9	Urgency	Description	Sent? A (CD)	CTIO
- 100 - 100	NAC_PAYA_UB3_BD0601(NATIO	NOL ASSESSMENT CENTRE SERVICES) on 07 Ma y 2018 21:56	NASC/ Driving License		Normal	NRIC/ Driving License 2018-5-7	,	Edit
193	NAC_PAYA_UB1_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 07 Ma y 2018 21:56	SAS		Normal	SAS 2018-5-7	- 0	Edit
M.	NAC_PAYA_UBI_B00H01(NATIO	MAL ASSESSMENT CENTRE SERVICES) on 07 Me y 2018 21:56	Photos		Normal	Photos 2018-5-7		Edit
10	NAC_PAYA_UNI_BD0601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 07 Ma y 2018 21:56	Photos		Normal	Photos 2018-5-7	1	Edit
8	NAC_PAYA_USI_800001(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 07 Ma y 2018 21:56	Priotos		Normal	Photos 2018-5-7	3	Edit
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100	NAC_PAYA_US1_800883(NATIO	INAL ASSESSMENT CENTRE SERVICES) on 07 Ma y 2018 21:55	Priorios		Normal	Photos 2018-5-7		Edit
C	NAC PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 07 Ma y 2018 21:55	Photos		Normal	Photos 2018-5-7		Edit
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8	NAC_PAYA_URL_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 07 Ma y 2018 21:55	Photos		Normal	Photos 2018-5-7	Edi	Edit
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