Date In: 11/5/18-15: 3.8	Jeb description	Date & Time	Completed	Done	pr.
	SAS e-filing				
Ref No: NA INCI 8008 694 24	E-mail (within Shrs,	AIC 2hre)			
Vch No: FVIVI7M	i-Motor Claim I	40.00	25 20) 11	15/18	20=04
D.O.A.: 101 18-20315		orm Mogge	001 11	2/11	-
OD / TP / Reporting Only	i-Photo Uploade				·/* • •
	Assessment/Surve				
TP Insurer:		x / Hand to Owner/Wks	p i		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: SL	E5945	INC()/Non-IN	IC().		
Owner / Driver: (Tel:)	
Policy No: ()	Period: () Cover Type	: ()	
Confirmed by : (L	ate: Ti	me:)	1355 V = 3= 10°
	[Note-Est Status (WO	: N: 0-20%; P: 21-7	9%. F: 80-100%	6]	
Year of Registration: ()		/NO()		-30-11kg-1	963-1611.00
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() Walk-In Customer: Customer's i		ential & Strictly NO rele	- repailer.	15-5	
() Total Loss Case : to e-mail Ins	urer URGENTLY.	* *	3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Drive-In ()/ Towed-In (); Invo	ice: YES () / NO); Towing Co: ()
Remarks:- (INC horline: 6788 6616		Date&Timb	Comple od	Done	by
The state of the s	100.0.0000.000.0000.0000.0000.000			-	
	/ Courtesy Car ()		**		
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()		a de la companya della companya della companya de la companya della companya dell	(= // = // = / = /	
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Injury: Date/Time Actions NA 180 3003. Inimant's Particulars:	1 1 1 2 2 3 3 4 4 5 5 5 5 5 5	AR: Accident Reporting (\$3) DA: Damege Assessment (\$1) FF: Towing Fee FT: Follow-Through Survey FT: Follow-Through Survey (F	Cklist: (580) (540/545 (5120 (520) (520) (530)	Ani((S))	
Injury: Date/Time Actions NA 180 3003. Inimant's Particulars:	1 in 1) 2) 3) 4) 5)	AR: Accident Reporting (53) DA: Damage Assessment (51) IF: Towing Fee FT: Follow-Through Survey FT: Follow-Through Survey (For claiming against INC Only	Cklist: (0); INC (\$80) \$40/\$45 \$120 (esurvey) \$30 (wef 10 Jan 2005)	Ani((S))	
Injury: Date/Time Actions NA 180 300 3 Inimant's Particulars: river/Owner:	1 1 1 2 2 3 3 4 4 5 5 6 6 6	AR: Accident Reporting (\$3) DA: Damage Assessment (\$1) FF: Towing Fee FT: Follow-Through Survey FT: Follow-Through Survey (For claiming against INC Only TR: Re-inspection	Cklist: (580) (540/545 (5120 (520) (520) (530)	Am((S)	
Injury: Date/Time Actions NA 180 300 3 Inimant's Particulars: river/Owner:	1 1 1 2 2 3 3 4 4 5 5 6 7 7 3 8 8 8	AR: Accident Reporting (\$3) DA: Damage Assessment (\$1) TF: Towing Fee FT: Follow-Through Survey FT: Follow-Through Survey (F For claiming against INC Only TR: Re-inspection N1: Idac DA + SMRT Survey NTUC Additional Services:-	Ciklist: (0); INC (\$80) \$40/\$45 \$120 (caurvey) \$30 (wef 10 Jan 2005) \$75	Am((S)	
Injury: Date/Time Actions NA/80 3003 Inimant's Particulars:- river/Owner: ontact No: amaged Portion:	1 1 1 2 2 3 3 4 4 5 5 6 6 7 7 3 8 8	AR: Accident Reporting (\$3) DA: Damage Assessment (\$1) TF: Towing Fee FT: Follow-Through Survey FT: Follow-Through Survey (F For claiming against INC Only TR: Re-inspection N1: Idac DA + SMRT Survey NTUC Additional Services:- OD.*	Ceklist: (0); INC (\$80) \$40/\$45 \$120 (esurvey) \$30 (we[10 Jan 2005) \$75 \$160	Am((S))	
Injury: Date/Time Actions NA/80 3003 Inimant's Particulars:- river/Owner: ontact No: amaged Portion:	1 1 1 2 2 3 3 4 4 5 5 7 7 7 8 8 5	AR: Accident Reporting (\$3) DA: Damage Assessment (\$1) IF: Towing Fee FT: Follow-Through Survey (For claiming against INC Only TR: Re-inspection N1: Idac DA + SMRT Survey NTUC Additional Services: OD: N5: Courtesy Car / Tpt Allows N6: Repair Co-ordination	Cklist: (0); INC (\$80) \$40/\$45 \$120 (esurvey) \$30 (wef 10 Jan 2005) \$75 \$160 oc \$3	Ani((S))	
Injury: Date/Time Actions NA 180 300 3 Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C. Checked by (Engr-In-Charge):	1 1 1 2 2 3 3 4 4 5 5 7 7 7 3 8 8 5	AR: Accident Reporting (\$3) DA: Damage Assessment (\$1) IF: Towing Fee FT: Follow-Through Survey (For claiming against INC Only TR: Re-inspection N1: Idac DA + SMRT Survey NTUC Additional Services: OD: N5: Courtesy Car / Tpt Allows N6: Repair Co-ordination N7: Fost Repair Inspection	Cklist: (0); INC (\$80) \$40/\$45 \$120 (esurvey) \$30 (wef 10 Jan 2005) \$75 \$160 \$25	Ani((S))	
Injury: Date/Time Actions NA 180 300 3 Inimant's Particulars: river/Owner: ontact No: amaged Portion: C. Checked by (Engr-In-Charge): uditors' Comments:	1 1 1 2 1 1 2 2 3 3 4 4 5 5 9 7 7 7 3 8 5 9	AR: Accident Reporting (\$3) DA: Damage Assessment (\$1) IF: Towing Fee FT: Follow-Through Survey (For claiming against INC Only TR: Re-inspection N1: Idac DA + SMRT Survey NTUC Additional Services: DD: N5: Courtesy Car / Tpt Allow N6: Repair Co-ordination N7: Fost Repair Inspection N8: DV / Collect Excess Coor	Cklist: (i); (i)); (i)); (i) INC (\$80) \$40/\$45 \$120 (wef 10 Jan 2005) \$75 \$160 \$25 dination \$33 ast INC \$20	Ani((S))	Amt (3
Injury:	1 1 1 2 2 3 3 4 4 5 5 5 6 6 7 7 8 8 9	AR: Accident Reporting (\$3) DA: Damage Assessment (\$1) IF: Towing Fee FT: Follow-Through Survey (For claiming against INC Only TR: Re-inspection N1: Idac DA + SMRT Survey NTUC Additional Services: OD: N5: Courtesy Car / Tpt Allows N6: Repair Co-ordination N7: Fost Repair Inspection	Cklist: (0); INC (\$80) \$40/\$45 \$120 (seauvey) \$30 (wef 10 Jan 2005) \$75 \$160 \$510 \$525 dination \$53	Ani((S))	

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1.4.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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 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.

- 6. 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 ledgement 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.

By the lodgement of this report to the insurers, you aforesaid.	u nereby consent to the archiving of this report at the control and to copies of the epot soring
NEWSCHOOL STREET, STRE	ACCIDENT STATEMENT
Date Of Report	11/05/2018 15:38
Date Of Accident	10/05/2018 20:15
Exact Location Of Accident	BLK 323A AMK AVE 3 MULTISTORY CARPARK
Country/State of Loss	SINGAPORE
Charles Control of the Control	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FV1417M
Insured/Policyholder	
Name Of Registered Owner	KOH YEOW
NRIC No	S2097039A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93734525
Alternative Phone No	OFFICE-93734525

Vehicle Particulars

VESPA Manufacturer EXCEL 150 Model

Exact Purpose for which vehicle was being used at PRIVATE USE time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY If No, Please state action to be taken MOTORCYCLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

THIRD PARTY Type Of Coverage

NO Fleet Policy

0088330307-14 Policy Number

Cover Note Number

Driver

Name of Driver KOH YEOW S2097039A NRIC No Date Of Birth 12/05/1947 INDOOR Occupation 15/03/1977 Date Of Driving Pass

41 YEARS AND 1 MONTH **Driving Experience**

Gender

(LOCAL) +65-93734525 Mobile Number

Fax Number

OFFICE-93734525 Contact Number

NOEMAIL EMail Address

BLK 116 LORONG 2 TOA PAYOH Address

#17-152

Postcode 310116

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions CLEAR

Road Surface DRY

Other Information

NO Was any foreign vehicle involved in this accident? 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) NO soliciting/offering accident claims assistance.

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG BLK 323A AMK AVE 3 MULTISTORY CARPARK, SUDDENLY VEHCLE B COMING FROM THE PARKING LOT AS HE HAS TO ADJUST THE COORDINATION. IN A RESULT, VEHICLE B COMING OUT FROM A PARKING LOT AND HIT ONTO MY VEHICLE.

1

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLE594J

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)

DETAILS OF INJURED PERSON 1

Name

KOH YEOW

Approximate Age

Injuries Sustain

LEG

Injured person in which vehicle?

FV1417M

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

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.
- 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.
- 5. 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:

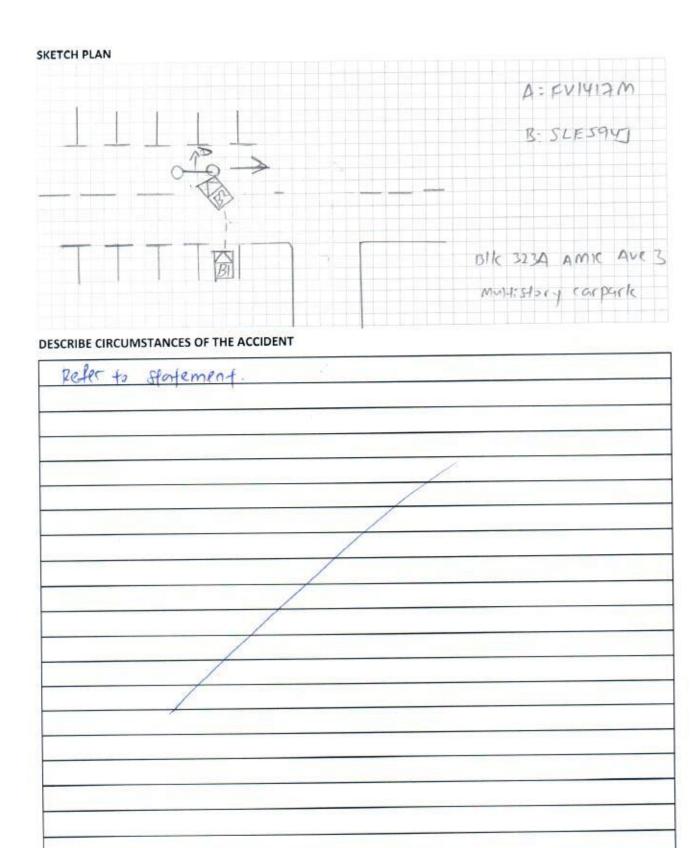
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - (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
- (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:

Name: NRIC/FIN No.:

Reporting Centre Perso

nnel's Signature



DECLARATION

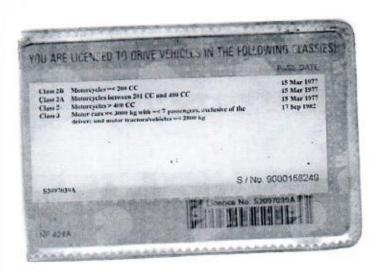
I/We declare the foregoing particulars are true in every respect.

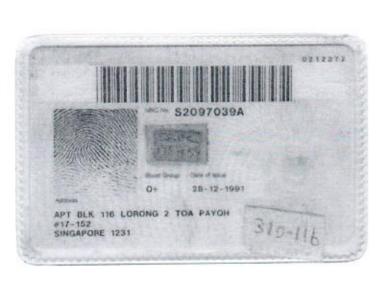
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:









eBao Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage	Change Passwo	rd • Log Out
My Desktop	Polic	y Query								,
Notice of Loss	Policy N	0.				Date of Ac	cident	10/05	/2018 20:15	3
	Vehicle	No (For Motor)	FV1417M							
					1	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	0088330307- 14	KOH YEOW	S2097039A	GMC	Third Party	FV1417M	FV1417M	02/07/2017	01/07/2018
						Continue				

Seque	nce Date of Endorsem	ent	Endorseme	nt Type	Endorsemen	t Status	Endorsement Content
☑ Endor	sements						W. 1807 (1975)
D Insur	ed Object: FV1417M						
Unit No.		Relat Num	ed Policy ber	0088330307-14			
Address 4		Addr	ess Type	Singapore address	5	Post Code	310116
Address 1	BLK 116 #17-152	Addr	ess 2	LORONG 2 TOA PA	AYOH	Address 3	SINGAPORE 310116
▽ Policy	holder Mailing Address						
Certificate Info							
Open Policy Info							
Co- insurance Flag	No						
Agent	INCOME - MAIN SERVICING	Agent Tel.	NIL		GST Flag	1	
DD Excess		Singapore TP Excess	100		CET FINA	Y	
Outside Singapore		Outside				Young	/Inexperience Driver Excess
Additional Excess		OS Premium	0				
Third Party Excess	0.0	Own damage Excess	0.0		Windscreen Excess	0	
Excess Type		All Claim Excess					
Policy ssue Date	13/06/2017	Effective Date	02/07/201	7 00:00	Expiry Date	01/07/2018 23	3:59
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	*7
Address	BLK 116 #17-152 LORONG 2 T	OA PAYOH SIN	GAPORE 310	0116			
Policy No.	0088330307-14	Policyholder Name	KOH YEOW		Policyholder NRIC	S2097039A	

Accident MT/0994026										
Pelicy No.	0088330307-16		Vehicle No.	PV1417H	0	GT Registration No.				
Policyholder Name	KOH YEOW					Pakcyholder NRIC		5209703	AR	
Product Code	MOTORCYCLE INSURAN	ice	Cover Type	Third Party	1	onibeo		0		
Contact No.(Mobile)	93734525		Contact No.(Office)	0		Contact No.(Home)		0		
Email Address			Special Remark			Code		ne.v		
KFK	® No ○ Yes		TCA	® No ○ Yes		Code Reason				
	No		NCD Entitlement(%)	20	p	Trivate Hire		No		
NCD Protection Accident Petalls	140		100	-						
	11/05/2018 20:02		Acodent Report Within 24 hrs	Yes	16	Accident Type		Side Swip	ie .	
Report Date			Time of Accident hin:mm	20:15		Country of Academt		Singapore		
Date of Accident	10/05/2018			20.13		CM No.				
Reporting Centre			Grange Force		10.5	nors reso.				
Accident Lecation	BLK 123A AMK AVE 3 N	AULTISTORY CARRARK								
T Benefits										
Trees.								92000		
Own damage Excess		0.00	Additional Excess		,	Windscreen Excess		0.00		
Unnamed Driver Excess			Outside Singapore OO Excess							
Third Party Excess		0.00	Dutside Singapore TP Excess							
9 GST Registered Inform	ation									
SST Registered	No			GST Registration Date						
GST Registration No.				GST Status Verified		Yes				
Modification History										
Policyholder Mailing Ad	Idress					JUNE TO SERVICE Y		Manager San		
Address 1	SLK 116 F17-157		Address 2	LORDING 2 TOA PAYOH		Address 3			ORE 310116	
Address 4			Address Type	Singapore address		Post Code		310116		
Unit No.			Related Policy Number	0088330307-14						
□ OI Oriver Info										
Driver Name	KOH YEOW		Driver Type	Main Driver						
Unnamed driver Name			Driver NRIC	S2097039A		Driver DOB		12/05/15	947	
Register Date of Driver License	15/03/1977		Driver Age	70		Driving Experience		41		
Contact No. (Mobile)	93734525		Contact No.(Office)	0	i	Contact No.(Home)		0		
Address 1	BLK 116		Address 2	LORONG 2 TOA PAYOH		Address 3		SINGAPO	ORE 310116	
Address 4						Post Code		310116		
Address 4	15121		Address Type	Singapore address				310116		
Unit No.	17-152		Address Type		1	Post Code	uarov.	310116		
	17-152 D Yes ® No				1		earry	310116		
Unit No. Does ne own a Singepore Registered Car?			Address Type		1	Post Code	any	310116		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyset or Blood Test	□ Yes ® No		Address Type		1	Post Code	eny	310116		
Unit No. Does he own a Singapore Registered Car? Declaration			Address Type Driver Vshicle Ns.	Singapore address	1	Post Code	diny	310116		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyses or Blood Test Reading?	□ Yes ® No		Address Type Driver Vshicle Ns.	Singapore address	1	Post Code	eny	310116		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyset or Blood Test	□ Yes ® No		Address Type Driver Vshicle Ns.	Singapore address	1	Post Code	erry	310116		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyses or Blood Test Reading?	□ Yes ® No		Address Type Driver Vshicle Ns.	Singapore address	1	Post Code	narry	310116		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History	□ Yes ® No		Address Type Driver Vshicle Ns.	Singapore address	1	Post Code	Herry	310116		
Unit No. Does he own a Singapore Registered car? Declaration Broathalyset or Blood Test Reading? Modification History Claim 001 New	☐ Yes ② No 0 mg		Address Type Driver Vehicle No. Any injury?	Singspore address		Post Code	eny		104	
Unit No. Does he own a Singapore Registered car? Declaration Broathalyset or Blood Test Reading? Modification History Claim 001 New	□ Yes ® No	<u> </u>	Address Type Driver Vahicle No. Any Injury? Insured Name	Singspore address @ Yes No.		Post Code Driver Insurer Comp	eny	\$209703	194	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History	☐ Yes ② No 0 mg		Address Type Driver Vahicle No. Any Injury? Insured Name Contact No.(Home)	Singspore address ® Yes No. No. KOH YEOW d2547405		Post Code Driver Insurer Comp Insured NRIIC Contact No. (Office)	narry	S209703		
Unit No. Does no own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 601 New Claim Type * Contact No. (Mobile)	☐ Yes ② No 0 mg	S.	Address Type Driver Vahicle No. Any Injury? Insured Name	Singspore address @ Yes No.		Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number	257	\$209703		
Unit No. Does no own a Singepore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Motivi) Email Address	☐ Yes ② No 0 mg		Address Type Driver Vahicle No. Any Injury? Insured Name Contact No.(Home)	Singspore address ® Yes No. No. KOH YEOW d2547405		Post Code Driver Insurer Comp Insured NRIIC Contact No. (Office)	257	S209703		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyses on Blood Test Realing? Modification History Claim GO1 New Claim Type * Contact No. (Mothle) Email Address Claim Description Breferred Werkshop Contact	○ Yes (a) No 0 mg		Address Type Driver Vahicle No. Any Injury? Insured Name Contact No.(Home)	Singspore address ® Yes No. No. KOH YEOW d2547405		Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number	257	S209703		
Unit No. Does he own a Singapore Registered car? Declaration Broathalyses or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No.	○ Yes (a) No 0 mg		Address Type Driver Vahicle No. Any Injury? Insured Name Contact No.(Home) OS Vahicle Number	Singspore address © Yes No. No. KOH YEOW 62547405 FV1417M		Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number	257	S209703		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyses on Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Motiva) Email Address Claim Description Breferrad Workshop Coreact No. Require Finalisation	OD-MX FV1417M / SLE594) O	N 10 May 2018	Address Type Driver Vahicle No. Any Injury? Insured Name Contact No.(Home) OS Vahicle Number	Singapore address © Yes No. KOH YEOW 62547405 FV1417M Not at Fault		Post Code Driver Insurer Comp Insured NRIIC Contact No. (Office) TP Vehicle Number Name of Preferred W	257	\$209703 NIL SLE5943		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Bretered Werkshop Contact No. Require Finalisation Oete Registered	OD-MX FV1417M / SLE594) O Ves 11/05/2018 20:04	N 10 May 2018	Address Type Driver Vahicle No. Any injury? Insured Name Contact No.(Home) OI Vahicle Number Insured Liability * Preferend Repair Option	Singapore address © Yes No. KOH YEOW 62547405 FV1417M Not at Fault		Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report	257	\$209703 NIL SLE5943	# V	
Unit No. Does he own a Singepore Registered car? Declaration Breathelyser or Blood Test Reading? Modification History Claim 003 New Claim Type * Contact No. (Mobile) Email Address Claim Description Brotermed Workshop Contact No. Require Finalication Oete Registered Report Taken By	OD-MX FV1417M / SLE594) O	N 10 May 2018	Address Type Driver Vahicle No. Any injury? Insured Name Contact No.(Home) OI Vahicle Number Insured Liability * Preferend Repair Option	Singapore address © Yes No. KOH YEOW 62547405 FV1417M Not at Fault		Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report	257	\$209703 NIL SLE5943	# V	
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♥ Video List							
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D	NAC_PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 11 Ma y 2018 20:04	Photos		Normal	Photos 2018-5-11	Edi
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25	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 11 Ma. y 2018 20:04	Photos		Normal	Photos 2018-5-11	Edit
463	NAC_PAYA_UBI_BODSO1(NATED	NAL ASSESSMENT CENTRE SERVICES) on 11 Ma y 2018 20:05	SAS		Normal	SAS 2018-5-11	Edit
100 KT	NAC PAVA_UBI_8006011 NATIO	NAL ASSESSMENT CENTRE SERVICES) on 11 Ma y 2018 20:05	NRIC/ Driving Ucerse		Normal	NRIC/ Driving License 2018-5-11	Edis
Attachment	9	(ploaded By/Date	Category	Ŷ	Urgency	Description	Sent? Actio (CO)