| Date In: 12/5/18-09-31   | Jeb description  | Date &Time Completed   | Done by  |
|--|--|--|--|
| Res No: NA MC18008697/24   | SAS e-filing   |  |  |
| Veli No: 5m23675   | E-mail (within Shrs, AIC 2hrs)   | T  |  |
| D.O.A.: (1)5/18-18:20  | i-Motor Claim Form   | MT0994034-001  | 12/3/18 09:58  |
| D.O.Y. (1)4)18-14-20   | i-Motor W/O (Within: OD 2)   |  |  |
| OD TP Reporting Only   | i-Photo Uploaded   | 1  |  |
|  | Assessment/Survey Report   |  |  |
| TP Insurer:  | Ass't Report by Fax / Hand   | to Owner/Wksp  |  |
| Preferred Wksp / INC Assign Wksp / QW: (   |  | Tel: F   | ax:  |
| TP Particulars: Veh No: SKH  | 4932E . INC  | )/Non-INC( ).  | \$1  |
| Owner / Driver: (  |  | Tel:   | )  |
| PLOCATED TO THE PROPERTY OF TH | eriod: (   | Cover Type: (  | )  |
| Confirmed by : (   | Date:  | Time:  | )  |
| Insured/Driver Liability: ( %) [   | [Note-Est. Status (WO): N: 0-  | 20%; P: 21-79%. F: 80-1  | 00%]   |
|  | Warranty: YES ( )/NO (   | )  |  |
| Excess: (\$ ) Loading: \$1,  |  |  | -170   |
| General Remarks:-  |  | PARTON DECARON FOR SALE  | 188  |
|  | The state of the s | - Inches   | The state of the s |
| ( ) Walk-In Customer: Customer's info  |  | strictly NO refer of repairer.   |  |
| ( ) Total Loss Case : to e-mail Insur  |  | : : :  |  |
| Drive-In ( )/ Towed-In ( ); Invoic   | e: YES ( ) / NO ( );   | Towing Co: (   | )  |
| Cemarks; (INC horline: 6788 6616)  |  | Date& Time Completed   | Doneby   |
|  | Courtesy Car ( )   |  | 8-19-1 A   |
| 2) QC Check / Post Repair Inspection   | ( )  |  |  |
|  |  |  |  |
|  |  |  |  |
| 3) Upload Resurvey Photo [Repair Cost > \$   | 3000] ( )  |  |  |
| 3) Upload Resurvey Photo [Repair Cost > \$  Injury:  | 3000] ( )  |  |  |
| Injury:  | 3000] ( )  |  |  |
| Injury:  | 3000] ( )  |  |  |
| Injury:  | 3000] ( )  |  |  |
| Injury:  | 3000] ( )  |  |  |
| Injury:  |  |  |  |
| Injury:  | 3000]  |  |  |
| Injury:  | 3000j ( )  |  | tour(S) Amul   |
| Injury:  Date/Time Actions   |  | eparation Checklist  | Ant (S) Ami.   |
| Injury:  Date/Time Actions  NAI80 3005   | 1<br>Invoice Pr  | nt Reporting (\$30);   | fr.Bill Add E  |
| Injury:  Date/Time Actions  NAI80 3005   | Invoice Pr   | nt Reporting (\$30);<br>e Assessment (\$100); INC (\$6   | fåBill Add E   |
| Injury:  Date/Time Actions  NAISO 3005  aimant's Particulars:-   | Invoice Pr  1) AR: Accide 2) DA: Dama 3) TF: Towing 4) FT: Follow  | nt Reporting (\$30); te Assessment (\$100); INC (\$60); Fee \$40. Through Survey   | 7ñ Bill Add E<br>50)<br>0/545<br>5120  |
| Injury:  Date/Time Actions  NAISO 3005  Laimant's Particulars:- river/Owner:   | Invoice Pr  1) AR: Accide 2) DA: Dama 3) TF: Follow 5) FT: Follow  | nt Reporting (\$30); se Assessment (\$100); INC (\$6 Fee \$46 Through Survey Through Survey (Resurvey)   | 78 Bill Add E<br>50)<br>0/545<br>5120<br>\$30  |
| Injury:  Date/Time Actions  NAISO 3005  Limant's Particulars:-  river/Owner:  ontact No:   | Invoice Pr  1) AR: Accide 2) DA: Damag 3) TF: Tenlow 5) FT: Follow For claimint 6) TR: Re-ins  | nt Reporting (\$30); to Assessment (\$100); INC (\$60); Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200); section   | 50 Add E<br>50)<br>0/545<br>5120<br>\$30<br>5)<br>\$75   |
| Injury:  Date/Time Actions  MAISO 3005  Limant's Particulars:-  river/Owner:  ontact No:   | Invoice Pr  1) AR: Accide 2) DA: Dama; 3) TF: Tening 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idac D.   | nt Reporting (\$30); to Assessment (\$100); INC (\$6 Fee \$46 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200) section A + SMRT Survey   | 50) Add E<br>50) 0/545<br>5120<br>\$30<br>5)   |
| Injury:  Date/Time Actions  NAISO 3005  Limant's Particulars:  river/Owner:  | Invoice Pr  1) AR: Accide 2) DA: Dama; 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idao D 8) NTUC Add  | nt Reporting (\$30); to Assessment (\$100); INC (\$60); Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200); section   | 50 Add E<br>50)<br>0/545<br>5120<br>\$30<br>5)<br>\$75   |
| NAISO 3005  Injury:  Actions  NAISO 3005  Inimant's Particulars:-  river/Owner:  ontact No:  amaged Portion:   | Invoice Pr  1) AR: Accide 2) DA: Dama; 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idao D. 8) NTUC Add QD.*  | nt Reporting (\$30); to Assessment (\$100); INC (\$6 Fee \$46 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200) section A + SMRT Survey   | 19.Bill Add E<br>50)<br>50/545<br>5120<br>530<br>5)<br>575<br>5160   |
| NAISO 3005  Inimant's Particulars:- river/Owner: ontact No: amaged Portion:  | Invoice Pr  1) AR: Accide 2) DA: Dama; 3) TF: Towing 4) FT: Follow 5) if T: Follow For claiming 6) TR: Re-ins 7) N1: Idae D. 3 8) NTUC Add OD.* *N5: Courte *N6: Repair  | nt Reporting (\$30); se Assessment (\$100); INC (\$6 Fee \$46 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200) section A + SMRT Survey (tional Services:-  sy Car / Tpt Allowance Co-ordination  | \$6.Bill Add E  \$60)  \$60/\$45  \$120  \$30  \$5120  \$75  \$160  \$53  \$510  |
| Injury:  Date/Time Actions  MA180 3005  Inimant's Particulars:- river/Owner: ontact No: nmaged Portion:  C Checked by (Engr-In-Charge):  | Invoice Pr  1) AR: Accide 2) DA: Dama 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idae D. 3 8) NTUC Add OD: *N5: Courte *N6: Repair *N7: Fost R  | nt Reporting (\$30); s Assessment (\$100); INC (\$6 Fee \$44 Through Survey (Resurvey) against INC Only (wef 10 Jan 200) section A + SMRT Survey (Itional Services:  sy Car / Tpt Allowance Co-ordination epair Inspection   | 19.Bill Add E<br>50)<br>50/545<br>5120<br>530<br>5)<br>575<br>5160   |
| Injury:  Date/Time Actions  NAISO 3005  Inimant's Particulars:- river/Owner: ontact No: amaged Portion:  C Checked by (Engr-In-Charge): uditors! Comments:-  | Invoice Pr  1) AR: Accide 2) DA: Dama; 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idac D. 4 8) NTUC Add OD.* *N5: Courte *N6: Repair *N7: Fost R *N8: DV / O TP (N11):  | nt Reporting (\$30);  te Assessment (\$100); INC (\$50);  Fee \$40.  Through Survey  Through Survey (Resurvey)  against INC Only (wef 10 Jan 200);  section  A + SMRT Survey  Itional Services:-  sy Car / Tpt Allowance  Co-ordination  epair Inspection  Collect Excess Coordination  IP (Non INC) against INC | \$6.Bill Add E  \$60)  \$60/\$45  \$120  \$30  \$51  \$75  \$160  \$51  \$51  \$525  \$520   |
| Injury:  Date/Time Actions  MA180 3005  Inimant's Particulars:- river/Owner: ontact No: nmaged Portion:  C Checked by (Engr-In-Charge):  | Invoice Pr  1) AR: Accide 2) DA: Dama; 3) TF: Towing 4) FT: Follow 5) if T: Follow For claiming 6) TR: Re-ins 7) N1: Idae D. 3 8) NTUC Add OD!* *N5: Courte *N6: Repair *N7: Fost R *N8: DV / O  | nt Reporting (\$30);  te Assessment (\$100); INC (\$50);  Fee \$40.  Through Survey  Through Survey (Resurvey)  against INC Only (wef 10 Jan 200);  section  A + SMRT Survey  Itional Services:-  sy Car / Tpt Allowance  Co-ordination  epair Inspection  Collect Excess Coordination  IP (Non INC) against INC | \$6.Bill Add E  \$60)  \$60/\$45  \$120  \$30  \$51  \$5160  \$51  \$510  \$525  \$55  |

a per utilities

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Driving Experience

Mobile Number Fax Number

Contact Number

EMail Address

Gender

- 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.

- The issue and acceptance or 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.
   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.   |  |
|--|--|
| SANSAL MARKATER PROPERTY AND AND AND ADDRESS OF THE AND                      | ACCIDENT STATEMENT                     |
| Date Of Report   | 12/05/2018 09:31                       |
| Date Of Accident   | 11/05/2018 18:20                       |
| Exact Location Of Accident   | PIE (CHANGI) BEFORE LORNIE RD EXIT     |
| Country/State of Loss  | SINGAPORE                              |
| D  | ETAILS OF OWN VEHICLE                  |
| Vehicle Registration Number  | SJM2367S                               |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | RIC LEE YIQI                           |
| NRIC No  | S9432120D                              |
| Email Address  | NOEMAIL                                |
| Mobile Phone No  | (LOCAL) +65-91774745                   |
| Alternative Phone No   | OFFICE-91774745                        |
| Vehicle Particulars  |  |
| Manufacturer   | HYUNDAI                                |
| Model  | HD AVANTE 1.6 A                        |
| Exact Purpose for which vehicle was being used at<br>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 HIRE                           |
| Insurance Company  |  |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage   | COMPREHENSIVE                          |
| Fleet Policy   | NO                                     |
| Policy Number  | 5096659394                             |
| Cover Note Number  |  |
| Driver   |  |
| Name of Driver   | RIC LEE YIQI                           |
| NRIC No  | S9432120D                              |
| Date Of Birth  | 24/08/1994                             |
| Occupation   | OUTDOOR                                |
| Date Of Driving Pass   | 13/05/2013                             |
|  |  |

4 YEARS AND 11 MONTHS

(LOCAL) +65-91774745

OFFICE-91774745

MALE

NOEMAIL

Page 1 of 22

76 THOMSON RIDGE Address

574658 Postcode

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

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 3

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Passenger 1

NAME:

NO

3

GENDER:

: MALE

Passenger 2

NAME:

1 -

GENDER:

: MALE

**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

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKN4932E

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

#### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SFN3636B

Vehicle Make/Model/Colour

Details Of Properties

Details Of Fropertie

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)

#### 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:
  - 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:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Tige!

| I was traveling along PIE stoward changi airport before cornie exit.  The traffic was heavy, the car intent of me slow down and stop. I foilow to slow down and stop without any contact with the dront whice suddenly E 1911 a huge impact from the rear of my whice causing, me to move smart and hit onto the whice infront. Total there is 3 vehicle involved and I was the middle vehicle. |   |
|---|---|
| to slow down and stop without any contact with the down and stop. I follow to slow down and stop without any contact with the down vehicle suddenly I delt a huge impact from the rear of my vehicle causing me to move irrarz and hit onto the whicle infront. Total there is 3 vehicle involved   | ous traveling along PIE Howard Changi airport before cornie exit.     |
| E 1917 a huge improct from the rear of my vehicle, causing me to move irrarz and hit onto the whicle infront. Total there is 3 vehicle involved   | traffic was heavy, the car infront of me slow down and stop. I foilow |
| Figure and hit onto the uphicle infront. Total there is 3 vehicle involved  | Sow down and stop without any confact with the down which switch is   |
| irrunch and hit onto the whice infront. Total there is 3 vehicle involved   | It a huge impact from the rear of my which causing me to move         |
| nd I how the middle vehicle.  | 2 and hit auto the whice infront. Total there is 3 vehicle involved   |
|   | has the middle vehicle.   |
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#### 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.:

GIARMC SketchPlanForm \_V3

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

#### Accident details

| Date and time of accident  | ent Date: 11/5/18 (DD/MM/YY) Time: 6:20 pm (HF |        | Date: 115/18 (DD/MM/YY) Time: 6:20 |  | (HH:MM) |             |  |
|----------------------------|--|--------|------------------------------------|--|---------|-------------|--|
| Exact location of accident | PIE  | toward | changi                             |  | 7,11    | Lornie exit |  |

#### Details of vehicle

| Vehicle registration number                        | SIM 23675          |          |   |  |
|--|--------------------|----------|---|--|
| Vehicle make and model                             | Hyundai A          |          |   |  |
| Type of vehicle                                    | Saloon D           | MPV =    |   |  |
| Vehicle category                                   | Private Ø          | Comm     | nercial  Motorcycle                       |  |
| Purpose of using at said time                      | sending fr         | and home |   |  |
| Are you claiming under your own insurance company? | Yes  Third part cl | No 🗆     | if no, please select:<br>Reporting only □ |  |

#### Insurance information

| Insurance company | NTUC .          |                          |         |
|-------------------|-----------------|--------------------------|---------|
| Policy number     |                 |                          |         |
| Type of policy    | Comprehensive a | Third party fire & theft | TP only |

#### Insured / Policy holder

| Name                         | RICLES YIB!                    | Male | Female D |
|------------------------------|--------------------------------|------|----------|
| NRIC / Fin / Passport number | 594321200                      |      |          |
| Contact                      | 91114745                       |      |          |
| Address                      | 76 Thomson ridgel<br>5(574658) |      |          |

#### Driver

# Same as insured above (skip to D.O.B)

| Name                         |          |           | Male 🗅 | Female a |
|------------------------------|----------|-----------|--------|----------|
| NRIC / Fin / Passport number |          |           |        |          |
| Contact                      |          |           |        |          |
| Address                      |          |           |        |          |
| Email address                |          |           |        |          |
| Date of birth                |          |           |        |          |
| Occupation                   | Indoor 🗆 | Outdoor 🗆 |        |          |
| Driving date pass            |          |           |        |          |

## General information of the accident

| Was driver an employee of the insured's company? | Yes,  | No □<br>ationship of the | driver and insured: |                       |
|--|-------|--------------------------|---------------------|-----------------------|
| Accident captured by camera?                     | Yes 🗆 | Noø                      | •                   |                       |
| Weather condition                                | Clear | Raining 🗆                | Others:             |                       |
| Road surface                                     | Dry,ø | Wet 🗆                    |                     |                       |
| No of passenger                                  | 3     |                          |                     | (Inclusive of driver) |

### Passenger 1

| Name   |        |          |
|--------|--------|----------|
| Gender | Male 🗆 | Female □ |

## Passenger 2

| Name   |        |          |
|--------|--------|----------|
| Gender | Male 🗆 | Female 🗆 |

### Passenger 3

| Name   |        |          |  |
|--------|--------|----------|--|
| Gender | Male 🗆 | Female 🗆 |  |

### Passenger 4

| Name   |        |        |
|--------|--------|--------|
| Gender | Male 🗆 | Female |

### Passenger 5

| Name   |        |          |  |
|--------|--------|----------|--|
| Gender | Male 🗆 | Female □ |  |

### Passenger 6

| Name   |        |          |  |
|--------|--------|----------|--|
| Gender | Male 🗆 | Female 🗆 |  |

## Other information

| Was anybody injured?       | Yes 🗆 | No√⊠ |  |
|----------------------------|-------|------|--|
| Was other vehicle damaged? | Yes   | No 🗆 |  |

# Details of police action

| Reported to police? | Yes 🗆 | Nova | If yes, please state which police station. |
|---------------------|-------|------|--|
| Police station name |       | ă l  |  |

# Third party vehicle 1

| Name                         | SKN 4932 E |
|------------------------------|------------|
| Contact number               |            |
| NRIC / Fin / Passport number |            |
| Vehicle registration number  |            |
| Vehicle make model           |            |

## Third party vehicle 2

Compa

| Name                         | SEN3636B |
|------------------------------|----------|
| Contact number               |          |
| NRIC / Fin / Passport number |          |
| Vehicle registration number  |          |
| Vehicle make model           |          |

### Third party vehicle 3

| Name                         |                   |
|------------------------------|-------------------|
| Contact number               |                   |
| NRIC / Fin / Passport number | Comment (Comment) |
| Vehicle registration number  |                   |
| Vehicle make model           |                   |

### Third party vehicle 4

| Name                         |  |
|------------------------------|--|
| Contact number               |  |
| NRIC / Fin / Passport number |  |
| Vehicle registration number  |  |
| Vehicle make model           |  |

### Third party vehicle 5

| Name                         |  |
|------------------------------|--|
| Contact number               |  |
| NRIC / Fin / Passport number |  |
| Vehicle registration number  |  |
| Vehicle make model           |  |

## Third party vehicle 6

| Name                         |  |
|------------------------------|--|
| Contact number               |  |
| NRIC / Fin / Passport number |  |
| Vehicle registration number  |  |
| Vehicle make model           |  |

# Witness 1

| participant and a second a second and a second a second and a second a |  |
|--|--|
| Name   |  |
| Tranic   |  |

## Witness 2

f

| Name   | 112 |
|--------|-----|
| Maille |     |

# Injured person 1

| Name   |       |      |        |
|--|-------|------|--------|
| Injuries sustained                             |       |      |        |
| Which vehicle person in?                       |       |      | =>>>>= |
| Were seat belts worn?                          | Yes 🗆 | No 🗆 |        |
| Was injured conveyed to hospital by ambulance? | Yes 🗆 | No o |        |

# Injured person 2

| Name   |       |      |
|--|-------|------|
| Injuries sustained                             |       |      |
| Which vehicle person in?                       |       |      |
| Were seat belts worn?                          | Yes 🗆 | No 🗆 |
| Was injured conveyed to hospital by ambulance? | Yes 🗆 | No 🗆 |

## Injured person 3

| Name  |       |      |
|---|-------|------|
| Injuries sustained                                |       |      |
| Which vehicle person in?                          |       |      |
| Were seat belts worn?                             | Yes 🗆 | No 🗆 |
| Was injured conveyed to<br>hospital by ambulance? | Yes 🗆 | No o |

## Injured person 4

| Name   | 11107 = 7950   |      |  |
|--|--|------|--|
| Injuries sustained                             | 4  |      |  |
| Which vehicle person in?                       | The state of the s |      |  |
| Were seat belts worn?                          | Yes 🗆  | No 🗆 |  |
| Was injured conveyed to hospital by ambulance? | Yes 🗆  | No 🗆 |  |

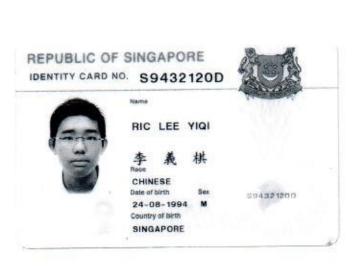


SINGAPORE 574658

4380802







|          |                               |  |  |   |   | <b>建</b>   |   | Gene   | ralClaim   |
|----------|-------------------------------|--|--|---|---|--|---|--|--|
| 1        |                               |  | and the second second second   |   |   | Change Lan   | guage '   | Change Passwo  | rd + Log Out   |
| Polic    | cy Query                      |  |  |   |   |  |   |  |  |
| Policy N | lo.                           | 2  |  |   | Date of Acc   | ident  | 11/05/  | 2018 18:20   |  |
| Vehicle  | No.(For Motor)                | SJM2367S   |  |   |   |  |   |  |  |
|          |                               |  |  |   | Search  |  |   |  |  |
| Select   | Policy No.                    | Policyholder<br>Name   | Policyholder<br>NRIC   | Product   | Cover Type  | Vehicle<br>No.   | Insured<br>Object   | Commence<br>Date   | Expiry Date  |
| 0        | 5096659394                    | RIC LEE YIQI   | S9432120D  | GPC   | drivo CLASSIC   | SJM2367S   | SJM2367S  | 14/12/2017   | 25/12/2018   |
|          | Policy N<br>Vehicle<br>Select | Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. | Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No.  Policyholder Name | Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No.  Policyholder Name  Policyholder NRIC | Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No.  Policyholder Name Policyholder Product | Policy Query  Policy No.  Vehicle No.(For Motor)  Salect Policy No.  Policyholder Name  Policyholder Name  Policyholder NRIC  Product Cover Type | Policy Query  Policy No.  Vehicle No.(For Motor)  Same Policyholder Policyholder No.  Policyholder Name NRIC Product Cover Type Vehicle No. | Policy Query  Policy No.  Date of Accident  11/05/  Vehicle No.(For Motor)  Search  Select Policy No.  Policyholder Name NRIC Product Cover Type Vehicle No.  Object | Policy Query  Policy No.  Date of Accident  11/05/2018 18:20  Search  Select Policy No.  Policy No.  Policyholder Policyholder Product Cover Type Vehicle Insured Commence NRIC Product Cover Type No. Object Date |

|                                      | sements                 |                                   | Endorsemer        |                   | Endorsemen           |              | Endorsement Content            |  |
|--------------------------------------|-------------------------|-----------------------------------|-------------------|-------------------|----------------------|--------------|--------------------------------|--|
| FE9529                               | ed Object: SJM2367S     |                                   |                   |                   |                      |              |                                |  |
| Unit No.                             |                         | Relat<br>Num                      | ted Policy<br>ber | 5096659394        |                      |              |                                |  |
| Address 4                            |                         |                                   | ess Type          | Singapore address |                      | Post Code    | 574658                         |  |
| Address 1                            | 76 THOMSON RIDGE        | Addr                              | ess 2             | THOMSON RIDGE     |                      | Address 3    | SINGAPORE 574658               |  |
| → Policy                             | holder Mailing Address  |                                   |                   |                   |                      |              | /CAT-Shrongs province (ADMinus |  |
| Certificate<br>Info                  |                         |                                   |                   |                   |                      |              |                                |  |
| Open<br>Policy<br>Info               |                         |                                   |                   |                   |                      |              |                                |  |
| Co-<br>insurance<br>Flag             | No                      |                                   |                   |                   |                      |              |                                |  |
| Agent                                | AUTOSHIELD PTE. LTD.    | Agent Tel.                        | 63850777          |                   | GST Flag             | 1            |                                |  |
| Outside<br>Singapore<br>OD<br>Excess | 2000                    | Outside<br>Singapore<br>TP Excess | 1500              |                   | CCT Flag             | Young        | 1/Inexperience Driver Excess   |  |
| Additional<br>Excess                 | 0                       | OS<br>Premium                     | 0                 |                   |                      |              |                                |  |
| Third<br>Party<br>Excess             | 1500                    | Own<br>damage<br>Excess           | 2000              |                   | Windscreen<br>Excess | 100          |                                |  |
| Excess<br>Type                       |                         | All Claim<br>Excess               |                   |                   |                      |              |                                |  |
| Policy<br>ssue<br>Date               | 14/12/2017              | Effective<br>Date                 | 14/12/2017        | 7 00:00           | Expiry Date          | 25/12/2018 2 | 3:59                           |  |
| Product<br>Name                      | PRIVATE CAR INSURANCE   | Plan                              |                   |                   | Group<br>Policy Flag | N            |                                |  |
| ddress                               | 76 THOMSON RIDGE THOMSO | N RIDGE SINGA                     | PORE 57465        | 8                 |                      |              |                                |  |
| olicy No.                            | 5096659394              | Policyholder<br>Name              | RIC LEE YIO       | QI                | Policyholder<br>NRIC | S9432120D    |                                |  |

| cident MT/0994034  |  |  | SJM2367S   | GST Registration No.  |  |  |  |
|--|--|--|--|---|--|--|--|
| licy No.   | 5096659394   | Vehicle No.  | 5JR23073   |   | 44   | M321200  |  |
| acynolder Name   | RIC LEE YIQI   |  |  | Policyholder NR3C   |  | M321200  |  |
| sauct Code   | PRIVATE CAR INSURANCE  | Cover Type   | drive CLASSIC  | Loading   | 0  |  |  |
| ntect No. (Mobile)   | 91774745   | Contact No.(Office)  | 0  | Contact No. (Home)  | 0  |  |  |
| ail Address  |  | Special Remark   |  | eCode   | 110  | INC V  |  |
| C.   | ® No ○ Yes   | TCA  | ® No ○Yes  | eCode Reason  |  |  |  |
|  |  | NCO Entitlement(%)   | 0  | Private Hire  | : Ye   | 5  |  |
| O Protection   | No.  | Security (19)  |  |   |  |  |  |
| Accident Details   |  |  |  |   |  | ain Collision  |  |
| ort Date   | 12/05/2018 09:56   | Accident Report Within 34 hrs  | Yas  | Accident Type   |  |  |  |
| e of Accident  | 11/05/2019   | Time of Accident hh:mm   | 18:20  | Country of Accident   | Si   | ngapore  |  |
| orting Centre  |  | Orange Force   |  | ICM No.   |  |  |  |
| dent Location  | FIE (CHANGI) BEFORE LORNIE RD EXIT   |  |  |   |  |  |  |
| Benefits   |  |  |  |   |  |  |  |
|  |  |  |  |   |  |  |  |
| Excess   |  | Additional Excess  | 0  | Windscreen Excess   | 10   | 00.00  |  |
| r damage Excess  | 2,000.00   |  |  | V-124 00 00 00 00 00  |  |  |  |
| amed Driver Excess   | 0.00   | Outside Singapore OD Excess  | 2,000.00   |   |  |  |  |
| d Party Excess   | 1,500.00   | Outside Singapore TP Excess  | 1,500.00   |   |  |  |  |
| GST Registered Informa   | stion  |  |  |   |  |  |  |
| Registered   | No.  |  | GST Registration Date  |   |  |  |  |
| Registration No.   |  |  | GST Status Venfied   | Yes   |  |  |  |
| sheation History   |  |  |  |   |  |  |  |
| at the state of the state of   |  |  |  |   |  |  |  |
| Policyholder Halling Ad  | drass  |  |  |   |  |  |  |
| vess 1   | 76 THOMSON RIDGE   | Address 2  | THOMSON RIDGE  | Address 3   | s  | INGAPORE 574658  |  |
|  | Mark Mark Committee  | Address Type   | Singapore address  | Poet Code   | 5  | 74658  |  |
| iress 4  |  | Related Policy Number  | 5096659394   |   |  |  |  |
| No.  |  | SCHOOL SHOT NUMBER   | S-1000000000000000000000000000000000000  |   |  |  |  |
| OI Driver Info   |  | Date Ton   | Main Driver  |   |  |  |  |
| er Name  | Ric Lee Yiqi   | Driver Type  |  | Driver DOB  | 0  | 1/01/1994  |  |
| amed driver Name   |  | Driver NRIC  | 594321200  |   |  | LIGHT 1994   |  |
| isser Date of Driver License   | 13/05/2013   | Driver Age   | 24   | Driving Experience  |  |  |  |
| tact No.(Mobile)   | 91774745   | Contact No.(Office)  | 0  | Contact No.(Home)   | 0  |  |  |
| ress 1   | 76 THOMSON RIDGE   | Address 2  | THOMSON RIDGE  | Address 3   | 5  | INGAPORE 574658  |  |
|  |  |  |  |   |  |  |  |
| Contract of the Contract of th |  | Address Type   | Singapore address  | Post Code   | 5  | 74658  |  |
|  |  | Address Type   | Singapore address  | Post Code   | 5  | 74658  |  |
| is No.<br>les he own a Singapore   | ○ Yes 	No  | Address Type  Onver Vehicle No.  | Singapore address  | Post Code  Driver Insurer Comp.   |  | 74658  |  |
| is No.<br>es he own a Singapore<br>gistered car?   | ○ Yes <b>®</b> No  |  | Singapore address  |   |  | 74658  |  |
| Idress 4  In No.  In N | ○ Yes <b>®</b> No  |  | Singapore address  Ves  No   |   |  | 74658  |  |
| nt No. les he gwn a Singapore gistered car? claration eathalyser or illipod Text.  |  | Driver Vehicle No.   | 990 A 3 3 64 (c)   |   |  | 74658  |  |
| is No.  es he own a Singapore pistered car?  caration  carhalyser or Blood Test ading?   |  | Driver Vehicle No.   | 990 A 3 3 64 (c)   |   |  | 74658  |  |
| No. Is he gwin a Singapare istered car? aration athalyser or Blood Test dieg?  | Omg  | Driver Vehicle No.  Any mjury?   | ○ Yes ® No   | Oriver Insurer Comp.  | any  |  |  |
| No.  She own a Singapore istered car?  saration athalyser or Ripod Test ding?  incation History talm 001 New   |  | Driver Vehicle No.  Any mjuny?   | 990 A 3 3 64 (c)   | Driver Insurer Comp.  | any  | 74658  |  |
| No.  Is he own a Singapore interest car?  aration athalyser or Blood Test ding?  of cation History talm 001 New  | Omg  | Driver Vehicle No.  Any mjury?   | ○ Yes ® No   | Oriver Insurer Comp.  | any  |  |  |
| No.  Is he gwn a Singapare Istered car?  aration athalyser or Blood Test ding?  Vication Hetory  Talm 001 New  Im Type *  toot No.(Mobile)   | О mg   | Oriver Vehicle No.  Any injury?  | ○ Yes (®) No.  | Driver Insurer Comp.  | arry   |  |  |
| No.  Is he gwn a Singapare Istered car?  aration athalyser or Blood Test ding?  Ification History Italm 001 New  Im Type * toot No. (Mobile) al Address  | O mg   | Oriver Vehicle No.  Any injury?  Insured Name Contact No.(Home)  | NIC LEE YIQI  VIE ® No   | Driver Insurer Comp.  Insured NRIC Contact No. (Office)   | any  | 94321200   |  |
| No.  s he own a Singapore intered car?  aration athalyses or Blood Test ding?  efication History falm 001 New  Type * toct No. (Mobile) all Address m Description  | О mg   | Oriver Vehicle No.  Any injury?  Insured Name Contact No. (Home) Of Vehicle Number   | NIC LEE YICE NIL SIM23675  | Insured NRIC Contact No.(Office) TP Vehicle Number  | any  | 94321200   |  |
| No.  Is he year a Singapore istered car?  aration  athalyser or Blood Test dieg?  of cation History  falm 001 New  Type *  tact No. (Mobile)  all Address  im Description  | O mg   | Oriver Vehicle No.  Any injury?  Insured Name Contact No.(Home)  | NIC LEE YICE NIL SIM23675  Not at Fault  | Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W   | any S  | 94321200<br>358449321  |  |
| No.  Is he gwin a Singapare istered car?  aration athalyser or Blood Test ding?  Vication Hetory  Talm 001 New  In Type *  totct No. (Mobile) al Address Irm Description ferred Workshop Coreact   | O mg   | Oriver Vehicle No.  Any injury?  Insured Name Contact No. (Home) Of Vehicle Number   | NIC LEE YICE NIL SIM23675  | Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W   | ig Control Con | 94321200<br>IKN4932E   |  |
| is No.  See own a Singapore operation  Saration  | Omg  OD-MX  91774745  SIM21675 / SKN4932E ON 11 May 2018   | Onver Vehicle No.  Any injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability *   | NIC LEE YICE NIL SIM23675  Not at Fault  | Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W   | ig Control Con | 94321200<br>358449321  |  |
| in No.  In the own a Singapore of Service of Car?  Saration  anhalyser or Blood Test odding?  Inflation History  Italian 001 New  Im Type *  Noct No. (Mobile)  all Address  Im Description  ferred Workshop Coreact  Duire Finalisation  to Registered  | Omg  OD-MX 91774745  SIM21675 / SKN4912E ON 11 May 2018  Yes 12/05/2018 09:58  | Onver Vehicle No.  Any injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability * Preference Repair Option  | NIC LEE YICE NIL SIM23675  Not at Fault  | Insured NRIC Contact No. (Office) TP Vehicle Number Neme of Preferred W   | ig Control Con | 94321200<br>IKN4932E   |  |
| is No.  In a series of the ser | Omg  OD-MX 91774745  SIM21675 / SKN4932E ON 11 May 2018  Yes   | Onver Vehicle No.  Any injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability * Preference Repair Option  | NIC LEE YICE NIL SIM23675  Not at Fault  | Insured NRIC Contact No. (Office) TP Vehicle Number Neme of Preferred W   | ig Control Con | 94321200<br>IKN4932E   |  |
| is No.  In a series of the ser | Omg  OD-MX 91774745  SIM21675 / SKN4912E ON 11 May 2018  Yes 12/05/2018 09:58  | Onver Vehicle No.  Any injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability * Preference Repair Option  | NIC LEE YICE NIL SIM23675  Not at Fault  Preferred Workshop, Name unknown  | Insured NRIC Contact No. (Office) TP Vehicle Number Neme of Preferred W   | ig Control Con | 94321200<br>IKN4932E   |  |
| No.  Is he gwin a Singapare istered car?  aration athalyser or Blood Test ding?  Incation History talm 001 New  In Type * tact ho (Mobile) al Address Im Description ferred Workshop Coreact sure Pinalisation a Registered port Teken By  | Omg  OD-MX 91774745  SIM21675 / SKN4912E ON 11 May 2018  Yes 12/05/2018 09:58  | Onver Vehicle No.  Any injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability * Preference Repair Option  | NIC LEE YICE NIL SIM23675  Not at Fault  | Insured NRIC Contact No. (Office) TP Vehicle Number Neme of Preferred W   | ig Control Con | 94321200<br>IKN4932E   |  |
| in No.  Is he gwin a Singapore street car?  Isration  anhalyser or Blood Test ding?  Isration History  Islam 001 New  Isration No.(Mobile)  all Address  Ism Description  femed Workshop Corkact  guire Pinalisation  to Registered  point Taken the  Print AK letter  Attachment  | Omg  OD-MX 91774745  SIM21675 / SKN4912E ON 11 May 2018  Yes 12/05/2018 09:58  | Onver Vehicle No.  Any injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability * Preference Repair Option  | NIC LEE YICE NIL SIM23675  Not at Fault  Preferred Workshop, Name unknown  | Insured NRIC Contact No. (Office) TP Vehicle Number Neme of Preferred W   | ig Control Con | 94321200<br>IKN4932E   |  |
| in No.  Is he gwin a Singapore street car?  Isration  anhalyser or Blood Test ding?  Isration History  Islam 001 New  Isration History  Islam 001 New  Isration Confection  Isration  Israt | O mg  OD-MK  91774745  SIM21675 / SKN4932E ON 11 May 2018  Yes  12/05/2018 09:58  Jackson  | Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preference Repair Option Claim Close Date   | RIC USE YICE NIL SOM23675  Prot at Fault  Preferred Workshop, Name unknown  Save Submit  | Insured NRIC Contact No. (Office) TP Vehicle Number Neme of Preferred W   | ig Control Con | 94321200<br>IKN4932E   |  |
| in No.  In the given a Singapore species of a | 0 mg    OD-MK  | Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No.                           | RIC LEE YIQS NIL S3M23675  Not at Fault  Preferred Workshop, Name unknown  Save Submit  O01  | Insured NRIC Contact No. (Office) TP Vehicle Number Neme of Preferred W   | ig Control Con | 94321200<br>IKN4932E   |  |
| in No.  In the given a Singapore species of a | O mg  OD-MK  91774745  SIM21675 / SKN4932E ON 11 May 2018  Yes  12/05/2018 09:58  Jackson  | Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preference Repair Option Claim Close Date   | RIC USE YIQU MIL S3M23675  Not at Fault  Preferred Workshop, Name unknown  Saw Submr  001 12/05/2018 09:59   | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W  | any Sany Sany Sany Sany Sany Sany Sany S   | 94321200<br>KN4932E<br>Received  2.005/2018 00.00                  |  |
| in No.  Is he gwin a Singapore street car?  Isration  anhalyser or Blood Test ding?  Isration History  Islam 001 New  Isration History  Islam 001 New  Isration Confection  Isration Occupation  Israt | 0 mg    OD-MK  | Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No.                           | RIC LEE YIQS NIL S3M23675  Not at Fault  Preferred Workshop, Name unknown  Save Submit  O01  | Insured NRIC Centact No.(Office) TP Vehicle Number Name of Preferred W GIA report Date Received                                     | lerkshop [   | 94321200<br>SKN4932E<br>Received  2/05/2018 00.00                  |  |
| in No.  Is he gwin a Singapore street car?  Isration  anhalyser or Blood Test ding?  Isration History  Islam 001 New  Isration History  Islam 001 New  Isration Confection  Isration Occupation  Israt | 0 mg    OD-MK   ▼     91774745       SIM21675 / SKN#932E ON 11 May 2018     Yes   ▼     12/05/2018 09:58       760350n     M*/0994034       Yes   ○ No | Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No.                           | RIC LEE YIQE Not S3M23675  Not at Fault  Preferred Workshop, Name unknown  12/05/2018 09:59  Category *  | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W GIA report Date Received                                     | any Sany Sany Sany Sany Sany Sany Sany S   | 94321200<br>KN4932E<br>Received  2.005/2018 00.00                  |  |
| No.  Is he year a Singapore istered car?  aration athalyser or Blood Test dieg?  If cation History fair 001 New  In Type *  Note No. (Mobile) all Address Im Description ferred Workshop Coreact sure Phalisation a Registered boot Teken By Print AK listor  Littachment  | 0 mg    OD-MK   ▼     91774745       SIM21675 / SKN#932E ON 11 May 2018     Yes   ▼     12/05/2018 09:58       760350n     M*/0994034       Yes   ○ No | Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. upload Date               | RIC USE YIQE NIL S3M2367S  Not at Fault  Preferred Workshop, Name unknown  12/05/2018 09:59 Category * e Clear Please Salect   | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W GIA report Date Received  Confidential                       | lerkshop Lugency Normal  | 94321200<br>SKN4932E<br>Received  V  Description +                 |  |
| No.  Is he year a Singapore istered car?  aration athalyser or Blood Test dieg?  If cation History fair 001 New  In Type *  Note No. (Mobile) all Address Im Description ferred Workshop Coreact sure Phalisation a Registered boot Teken By Print AK listor  Littachment  | 0 mg    OD-MK   ▼     91774745       SIM21675 / SKN#932E ON 11 May 2018     Yes   ▼     12/05/2018 09:58       760350n     M*/0994034       Yes   ○ No | Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. upload Date  Brows  Brows | RIC USE YIQI  MIL S3M2367S  Not at Fault  Preferred Workshop, Name unknown  Ott 12/05/2018 09:59 Category *  e Clear Please Select  e Clear Please Select  | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W  GIA report Date Received  Confidential                      | lerkshop Urgency Normal  | 94321200<br>ikN4932E<br>1928/ved  2005/2018 00:00  Description *   |  |
| in No.  Is he gwin a Singapore street car?  Isration  anhalyser or Blood Test ding?  Isration History  Islam 001 New  Isration History  Islam 001 New  Isration Confection  Isration Occupation  Israt | 0 mg    OD-MK   ▼     91774745       SIM21675 / SKN#932E ON 11 May 2018     Yes   ▼     12/05/2018 09:58       760350n     M*/0994034       Yes   ○ No | Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. upload Date               | RIC USE YIQI  MIL S3M2367S  Not at Fault  Preferred Workshop, Name unknown  Ott 12/05/2018 09:59 Category *  e Clear Please Select  e Clear Please Select  | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W  GIA report Date Received  Confidential                      | lerkshop Lugency Normal  | 94321200<br>SKN4932E<br>Received  V  Description +                 |  |
| in No.  Is he gwin a Singapore street car?  Isration  anhalyser or Blood Test ding?  Isration History  Islam 001 New  Isration History  Islam 001 New  Isration Confection  Isration Occupation  Israt | 0 mg    OD-MK   ▼     91774745       SIM21675 / SKN#932E ON 11 May 2018     Yes   ▼     12/05/2018 09:58       760350n     M*/0994034       Yes   ○ No | Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. upload Date  Brows  Brows | RIC LSE YICH NIL S3M2367S  Not at Fault  Preferred Workshop, Name unknown  Preferred Workshop, Name unknown  12/05/2018 09:59  Category *  e Clear Please Select  e Clear Please Select  e Clear Please Select   | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W GIA report Date Received  Confidential V NO V NO V           | lerkshop Urgency Normal  | 94321200<br>ikN4932E<br>1928/ved  2005/2018 00:00  Description *   |  |
| is No.  Is no own a Singapore pistered car?  Saration  Installation of Blood Test eding?  Installation History  Chaim 001 New  Installation (Mobile)  Installation (Mobile)  Installation Coreact  Our Finalisation  Its Registered  port Taken the  Print AK letter  Attachment   | 0 mg    OD-MK   ▼     91774745       SIM21675 / SKN#932E ON 11 May 2018     Yes   ▼     12/05/2018 09:58       760350n     M*/0994034       Yes   ○ No | Any injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Cose Date  Claim No. Upload Date  Brows Brows Brows Brows          | RIC USE YIQI NIL S3M23675  Proferred Workshop, Name unknown Preferred Workshop, Name unknown  12/05/2018 09:59 Cabegory *  e Clear Please Select e Clear Please Select e Clear Please Select e Clear Please Select   | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W  GIA report Date Received  Confidential V NG V V NG V        | Lugency Normal Normal  | 194321200<br>IRM4932E<br>10ccirved  2:05/2018 00:00  Description + |  |
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| Attachment             |  | Jploaded By/Date   | Category              | ?      | Urgency          | Description                     | Sent? Action<br>(CO) |
|------------------------|--|--|-----------------------|--------|------------------|---------------------------------|----------------------|
| - e*                   | NAC_PAYA_UGI_800603( NATIO   | NAL ASSESSMENT CENTRE SERVICES) on 12 Ma<br>y 2018 09:59   | NR3C/ Driving License |        | Normal           | NRTC/ Driving License 2018-5-12 | Edis                 |
| <del>(6</del> )        | NAC_PAYA_UBI_800501( NATIO   | INAL ASSESSMENT CENTRE SERVICES) on 12 Ma<br>y 2018 09:59  | SAS                   |        | Normal           | SAS 2018-5-12                   | Edit                 |
|                        | NAC_PAYA_UBI_B00801( NATIO   | NAL ASSESSMENT CENTRE SERVICES) on 12 Ma<br>y 2018 09:59   | Protos                |        | Normal           | Photois 2018-5-12               | Edit                 |
|                        | NAC_PAYA_UBI_800601( NATIO   | ONAL ASSESSMENT CENTRE SERVICES) on 12 Me<br>y 2018 09:59  | Photos                |        | Normal           | Photos 2018-5-12                | Eas                  |
| 1                      | NAC_PAYA_UB1_800601( NATIO   | ONAL ASSESSMENT CENTRE SERVICES) on 12 Ma<br>y 2018 09:59  | Photos                |        | Normal           | Photos 2018-5-12                | Eslit                |
|                        | NAC_PAYA_UBI_800601( NATIO   | DNAL ASSESSMENT CENTRE SERVICES) on 12 Ma<br>y 2018 09:59  | Photos                |        | Normal           | Photos 2018-5-12                | Edit                 |
|                        | NAC_PAYA_UBI_BOOGOI ( NATIO  | ONAL ASSESSMENT CENTRE SERVICES) on 12 Ma<br>v 2018 09:59  | Photos                |        | Normal           | Photos 2018-5-12                | Edit                 |
|                        | NAC_PAYA_UB1_800601( NATIO   | ONAL ASSESSMENT CENTRE SERVICES) on 12 Ma<br>y 2018 09:58  | Photos                |        | Normal           | Photos 2018-5-12                | Edit                 |
| 1 14 207               | NAC_PAYA_USI_S00601( NATIO   | Photos   |                       | Normal | Photos 2018-5-12 | Edit                            |                      |
|                        | y 2018 09:58  NAC_PAYA_UBI_BOOGO1[ NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Ma |  | Photos                |        | Normal           | Photos 2018-5-12                | Edit                 |
| 3                      | NAC_PAYA_UBI_800601( NATI  | ONAL ASSESSMENT CENTRE SERVICES) on 12 Ma<br>y 2018 09:50  | Photos                |        | Normal           | Photos 2018-5-12                | Edit                 |
| S                      | MAC_PAYA_UBI_800603( NATI  | ONAL ASSESSMENT CENTRE SERVICES) on 12 Ma<br>y 2018 09:58  | Photos                |        | Normal           | Photos 2018-5-12                | Edit                 |
| 9                      | NAC_PAYA_UBI_600601( NATI  | ONAL ASSESSMENT CENTRE SERVICES) on 12 Ma<br>y 2018 09:58  | Photos                |        | Normal           | Photos 2018-5-12                | Edit                 |
| <b>a</b> )             | NAC_PAYA_UBI_800601( NAT)  | CNAL ASSESSMENT CENTRE SERVICES) on 12 Ma<br>v 2018 09:58  | Photos                |        | Normal           | Photos 2018-5-12                | Edit                 |
| 4                      | NAC_PAYA_UB1_800601( NATI  | ONAL ASSESSMENT CENTRE SERVICES) on 12 Ma<br>y 2018 09:58  | Photos                |        | Normal           | Photos 2018-5-12                | Edit                 |
| (Electrical Section 1) | NAC_PAYA_UBI_800601( NATI  | ONAL ASSESSMENT CENTRE SERVICES) on 12 Ma<br>y 2018 09:56  | Photos                |        | Normal           | Photos 2018-5-12                | Edit                 |
| 13                     | NAC_PAYA_UBI_B00601[ NATI  | ONAL ASSESSMENT CENTRE SERVICES) on 12 Ma<br>y 2018 09:58  | Photos                |        | Normal           | Photos 2018-5-12                | Edit                 |
| 3                      | NAC_PAYA_UB1_B00601( NAT)  | CWALL ASSESSMENT CENTRE SERVICES) on 12 Ma<br>y 2016 09:58 | Photos                |        | Normal           | Photos 2018-5-12                | Edit                 |
|                        | NAC_PAYA_UB1_800601( NAT   | IONAL ASSESSMENT CENTRE SERVICES) on 12 Ma<br>y 2018 09:58 | Photos                |        | Normal           | Photos 2018-5-12                | Edit                 |
| ▽ Video List           |  |  |                       |        |                  |                                 | 20000                |
|                        | Uploaded By/Dime   | Folder Date  | File Name             |        | ?                | Source                          | Action               |