	tre Services.   met : Janos M	NA118064884	
Date In: 18/1/8-14:24	Jcb description	Date &Time Completed	Done by
Ref No: N4/INC18D09067/24	SAS e-filing		
Veh No: 5/098/3R	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 17/1/18-19:30	i-Motor Claim Form	MT/0994926-001	18/4/18 16:25
	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)	
OD TP Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (	Attached to the second	Tel: F	ax:
TP Particulars: Veh No: PA	195967 INC (	)/Non-INC( )	
Owner / Driver: (		Tel:	)
Policy No: ( )	Period: ( )	Cover Type: (	)
Confirmed by: (	Date:	Time:	)
Insured/Driver Liability: ( %)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	00%]
Year of Registration: ( )	Warranty: YES ( )/NO (	)	
	,000()/\$2,000()		
General Remarks		Josephan	Con S
( ) Walk-In Customer: Customer's in			
( ) Total Loss Case : to e-mail Insu	rer URGENTLY.	The stage	
Drive-In ( )/Towed-In ( ); Invoi	ice: YES( ) / NO( ); T	'owing Co: (	. )
			7403384 "\1"
Remarks: (INC hotline: 6788 6616)		Date& Time Completed	Done by
The state of the s	Courtesy Car ( )	1	
/) []( Theck / Post Denoit Inspection	( )	E to the	
2) QC Check / Post Repair Inspection	( )	<del></del>	
3) Upload Resurvey Photo [Repair Cost > :	\$3000] ( )		
	\$3000] ( )		
3) Upload Resurvey Photo [Repair Cost > :	\$3000] ( )		32.82.7.3.4
3) Upload Resurvey Photo [Repair Cost > :	\$3000] ( )		
3) Upload Resurvey Photo [Repair Cost > :	\$3000] ( )		ASPACIAL IN
3) Upload Resurvey Photo [Repair Cost > :	\$3000] ( )		
3) Upload Resurvey Photo [Repair Cost > :	\$3000] ( )		Control of the contro
3) Upload Resurvey Photo [Repair Cost > :	\$3000] ( )		
Onte/Time Actions			Ant (S) Ant (E)
3) Upload Resurvey Photo [Repair Cost > :		paration Checklist.	
Onte/Time Actions  NA/803136	Invoice Pre	Reporting (\$30);	fit Bill Add Bil
Onte/Time Actions  MA/803136  Alimant's Particulars:	Invoice Pre	Reporting (\$30); Assessment (\$100); INC (\$80	fa Bill Add Bil
Onte/Time Actions  NA/803136	Invoice Pre  1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T	Reporting (\$30); Assessment (\$100); INC (\$80); ee \$40/ hrough Survey \$	
Onte/Time Actions  MA/803136  Alimant's Particulars:	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T	Reporting (\$30); Assessment (\$100); INC (\$80); ee \$40/ hrough Survey \$	78 Bill Add Bil 0) 545 120 530
Onte/Time Actions  Actions  MA/803136  Aimant's Particulars:- iver/Owner: ntact No:	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec	Reporting (\$30); Assessment (\$100); INC (\$80 ee \$40/ brough Survey \$ brough Survey (Resurvey) gainst INC Only (wef 10 Jan 2003)	18 Bill Add Bil 10 10 120 130 175
Onte/Time Actions  Actions  MA/803136  Aimant's Particulars:	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA	Reporting (\$30); Assessment (\$100); INC (\$80 oe \$40/ brough Survey \$ brough Survey (Resurvey) gainst INC Only (wef 10 Jan 2003) stion + SMRT Survey \$	76 Bill Add Bil 0) 545 120 530
Onte/Time Actions  Actions  MA/803136  Aimant's Particulars:- iver/Owner:  ntact No:  maged Portion:	Invoice Prc  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Additic	Reporting (\$30); Assessment (\$100); INC (\$80 oe \$40/\$ hrough Survey (Resurvey) gainst INC Only (wef 10 Jen 2005) etion + SMRT Survey \$ onal Services.	\$\text{Fix Bill} Add Bill  0) 545 120 530 575
Onte/Time Actions  Actions  MA/803136  Aimant's Particulars:- iver/Owner: ntact No:	Invoice Pro  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Addition OD!* *N5: Courtesy	Reporting (\$30); Assessment (\$100); INC (\$80 or \$40/\$ hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) etion + SMRT Survey \$ onal Services	16 Bill Add Bil 100 120 130 175 160
Date/Time Actions  NA/803136  nimant's Particulars:- iver/Owner: ntact No: maged Portion:  Checked by (Engr-In-Charge):	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 3) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep	Reporting (\$30); Assessment (\$100); INC (\$80 oe \$40/ otherwise \$40	FR Bill Add Bil  7) 745 720 730 775 760 775 760 760 760 760 760 760 760 760 760 760
Date/Time Actions  Actions  Actions  Alapania Particulars: iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge): ditors Comments:	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 3) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$80 oe \$40/\$ hrough Survey \$ hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) blion + SMRT Survey \$ onal Services:-  Car / Tpt Allowance o-ordination air Inspection lect Excess Coordination	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Date/Time Actions  NA/803136  nimant's Particulars:- iver/Owner: ntact No: maged Portion:  Checked by (Engr-In-Charge):	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 3) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$80); ee \$40/ hrough Survey (Resurvey) gainst INC Only (wef 10 Jen 2005) stion + SMRT Survey \$ onal Services:  Car / Tpt Allowance condination air Inspection lect Excess Coordination (Non INC) against INC	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

#### 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.
- 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 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.

ACCI	DEM.	T STA	TEM	ENT
ALL	DEN	DIA		

Date Of Report 18/05/2018 14:54

Date Of Accident 17/05/2018 19:30

Exact Location Of Accident ALONG TAMPINES CENTRAL 4

Country/State of Loss SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKV9813R

Insured/Policyholder

Name Of Registered Owner LIEW TIAN SOON

NRIC No S1383582I Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-96723514

 Alternative Phone No
 OFFICE-96723514

Vehicle Particulars

Manufacturer NISSAN

Model QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken THIRD PARTY
Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5084608467-01

Cover Note Number

#### Driver

Name of Driver LIEW TIAN SOON

 NRIC No
 \$1383582I

 Date Of Birth
 08/09/1959

 Occupation
 INDOOR

 Date Of Driving Pass
 22/05/1986

Driving Experience 31 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96723514

Fax Number

Contact Number OFFICE-96723514

EMail Address NOEMAIL

Address BLK 230B TAMPINES STREET 24

#05-31

Postcode 525230

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

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

#### 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?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: 4

GENDER:

: FEMALE

Passenger 2

NAME:

. -

GENDER:

: FEMALE

#### **Details of Police Action**

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 1 TAMPINES CENTRAL 4, SUDDENLY VEHICLE B CUT ONTO MY LANE AND HIT ONTO MY VEHICLE FRONT LEFT PORTION.

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

PA9596T

Vehicle Make/Model/Colour

Details Of Properties

BUS

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

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

I understand, acknowledge, agree and consent that:

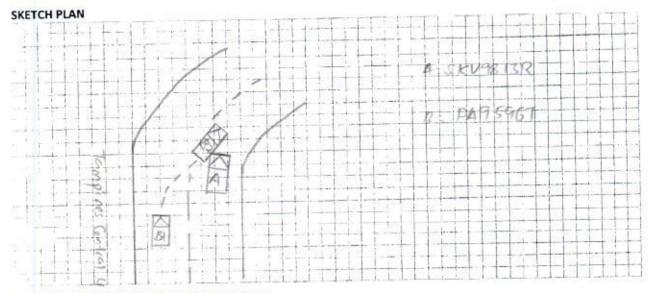
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature



pelor to statement.	
	**
	Control of the contro

# 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) Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Date & Time:

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$13835821



LIEW TIAN SOON

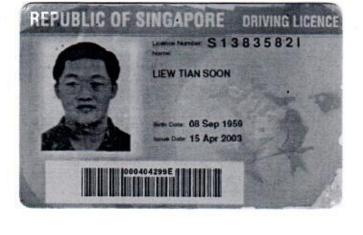
柳天順

CHINESE

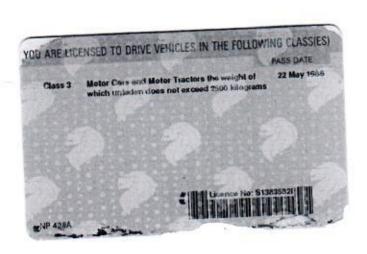
08-09-1959 N

Country of Birth SINGAPORE









<b>eBao</b> Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_800	0601				and the same of		Change Lan	guage '	Change Passwo	rd • Log Out
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	io.				Date of Acc	cident	17/05	2018 19:30	
	Vehicle	No.(For Motor)	SKV9813R							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5084608467- 01	LIEW TIAN SOON	S1383582I	GPC	drivo CLASSIC	SKV9813R	SKV9813R	26/10/2017	25/10/2018
			2-1-31000010		1	Continue				

olicy No.	5084608467-01	Policyholder Name	LIEW TIAN	500N	Policyholder NRIC	S1383582I	
Address	BLK 230B #05-31 TAMPINES	STREET 24 SING	APORE 5252	30			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	17/10/2017	Effective Date	26/10/2017	00:00	Expiry Date	25/10/2018 23:59	
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	g/Inexperience Driver Excess
Agent	CHUA XIU WEN	Agent Tel.	81824529		GST Flag	Y	
Co- insurance Flag Open Policy Info	No						
Certificate Info							
Info	holder Mailing Address						
Info  Policy	holder Mailing Address BLK 230B #05-31	Addre	ess 2	TAMPINES STREET	24	Address 3	SINGAPORE 525230
Info	SEL CHRIST-HARMAN DAN AND AND		ess 2	TAMPINES STREET Singapore address	24	Address 3 Post Code	SINGAPORE 525230 525230
Info Policy Address 1	SEL CHRIST-HARMAN DAN AND AND	Addre	ess Type ed Policy		24		
Info Policy Address 1 Address 4 Unit No.	SEL CHRIST-HARMAN DAN AND AND	Addre Relate	ess Type ed Policy	Singapore address	24		
Info Policy Address 1 Address 4 Unit No.	BLK 230B #05-31 ed Object: SKV9813R	Addre Relate	ess Type ed Policy	Singapore address	24		

ident MT/0994926				AND POUR OF THE		
ry No.	5084608467-01	Vehicle No.	5KV9813R	GST Registration No.		
cyholder Name	LIEW TIAN SOON			Policyholder NRIC	S1383582	I
duct Code	PRIVATE CAR INSURANCE	Cover Type	three CLASSIC	Loading	•	
vact No. (Matile)	96723514	Contact No.(Office)	0	Contact No.(Home)	0	
sii Address:		Special Remark		eCode:	11.00	
	(iii) No ◯ Yes	TCA	No ○ Yes	eCode Reason		
Protection	Yes	NCD Entitlement(%)	50	Private Hire	No	
Accident Details						
	0.000		v	Accident Type	Collision -	Change / Cross lane
ort Date	18/05/2018 16:24	Accident Report Within 24 hrs.				
e of Accident	17/05/2016	Time of Accident hh:mm.	19:10	Country of Acoders	Singapore	
orting Centre		Orange Force		JCM No.		
igent Location	ALONG TAMPINES CENTRAL 4					
Benefits						
Excess						
n damage Excess	600.00	Additional Excess	0	Windspreen Excess	100.00	
	0.00	Outside Singapore OD Excess	600.00			
arned Driver Excess			0.00			
o Party Excess	0.00	Outside Singapore TP Excess	0.00			
GST Registered Informa						
Registered	No		GST Registration Date	94.5		
Registration No.			GST Status Ventied	Yes		
Mication History						
Policyholder Halling Ad		(57,365,000 to	elizabete terrene ha	(Magazin A	CHICAGO	9E 535335
Pess 1	BLK 2308 #05-31	Address 2	TAMPINES STREET 24	Address 3		RE 525230
tress 4		Address Type	Singapore address	Post Code	525230	
t No.		Related Policy Number	5084608467-01			
OI Driver Info						
ver Name	LIEW TIAN SOON	Driver Type	Main Driver			
named driver Name		Driver NRIC	\$1383582[	Driver DOB	08/09/19	159
pister Date of Driver License	22/05/1986	Driver Age	58	Driving Experience	31	
neact No. (Mobile)	96723514	Contact No. (Office)	0	Contact No. (Home)	0	
		Address 2	TAMPINES STREET 24	Address 3	SINGAPO	RE 525230
dress 1	BUK 2308			Post Code	525230	
dress 4		Address Type	Singapore address	Post Code	923230	
d No.	05-31					
pes he own a Singapore	05-J1 ○ Yes <b>®</b> No	Onver Vehicle No.		Driver Insurer Comp	narry	
es he own a Singapore gistered car?		Onver Vehicle No.		Driver Insurer Comp	arry	
es he own a Singapore gistered car? claration	Ó Yes <b>⊚</b> No		O Yest (#) No	Driver Insurer Comp	natty	
oes he olkin a Singapore gistered car? claration eathalyser or Blood Test.		Onver Vehicle No.  Any injury?	Yes      No	Driver Insurer Comp	narry	
nd No. bes he own a Singapore opistered car? claration reathalyser or blood Test reading?	Ó Yes <b>⊚</b> No		○ Yes <b>®</b> No	Driver Insurer Corns	natry	
pes he own a Singapore opistored car? claration reathalyser or blood Test.	Ó Yes <b>⊚</b> No		○ Yes ® No	Driver Insurer Cortis	natry	
es ne own a Singapore gistered car? claration eathalysisc or Blood Test ading?	Ó Yes <b>⊚</b> No		○ Yes <b>®</b> No	Briver Insurer Comp	natry	
es he own a Singapore gistered car? claration lathalyser or Blood Test ading?	Ó Yes <b>⊚</b> No		○ Yes ® No	Driver Insurer Comp	safty	
es he own a Singapore jettered car? laretion athelyser or Blood Test infloation History	Ó Yes <b>⊚</b> No		○ Yes <b>®</b> No	Driver Insurer Comp	nafty .	
es he own a Singapore gistered car? Claration hathelyser or blood Test. ading? diffication History Chaim 001 New	○ Yes <b>®</b> No O mg		○ Yes ② No	Driver Insurer Comp	S138358	22
es he own a Singapore gistered car?  Claristion rethalyser or Blood Test. adving?  Chairm 001 New  Interpret	O ves   No  D mg	Any injury†  Insured Name	LIEW TIAN SOON			21
es he own a Singapore gistered car?  Claration bathalyser or Blood Test.  dding?  Chaim 001 New  Inter Type *  ntact No. (Mobile)	○ Yes <b>®</b> No O mg	Any injury?  Insured Name Contact No.(Home)	LIEW TIAN SOON	Insured NRIC Contact No.(Office)		
es he own a Singapore pstered car?  tenetion tethalyser or blood Test. dding?  thousand History thalm 001 New irm Type * ntact No.[Mobile]	○ Yes  No  Omg  OD-MX  96723514	Any injury†  Insured Name	LIEW TIAN SOON	Insured NRIC Contact No. (Office) TP Vehicle Number	\$138356 Pa95961	
es he own a Singapore patiend car?  laretion athalyser or Blood Test.  deg?  chairmos New  in Type *  ntect No.(Mobile) ail Address im Description	O ves   No  D mg	Any injury?  Insured Name Contact No.(Home)	LIEW TIAN SOON 67819813 SKV9813R	Insured NRIC Contact No.(Office)	\$138356 Pa95961	
es he own a Singapore jettered car?  larenson athalyser or blood Test. ding?  influxion History  talin 001 New  im Type *  stact No.,(Mobile) air Address im Description ferred Workshop Cortact	○ Yes  No  Omg  OD-MX  96723514	Any injury?  Insured Name Contact No.(Home)	LIEW TIAN SOON	Insured NRIC Contact No. (Office) TP Vehicle Number	\$138356 Pa95961	
es he own a Singapora pistered car?  claration bathalyser or blood Test. ading?  chartion History  Chaim 001 New  im Type * ntact No. (Mobile) bas Address im Description  diemned Warkshop Contact	○ Yes  No  Omg  OD-MX  96723514	Any injury?  Insured Name  Contact No.(Home)  Of Vehicle Number	LIEW TIAN SOON 67819813 SKV9813R Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number	\$138356 Pa95961	
es he own a Singapore gistered car?  charation initihalyser or Blood Test ading?  charation Hatory  Chaim 001 New  im Type * ntact No. [Mobile] and Address im Description inferred Workshop Contact quire Finalisation	O mg  OD-MX 96723514  96723514  9kky9833R / PA9596T ON 17 May 2018  Vet  Vet  Vet	Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Dabifty *	LIEW TIAN SOON 67819813 SKV9813R Not at Fault	Insured NRIC Contact No. (DMice) TP Vehicle Number Name of Preferred N	5138356 PA95961 Workshop	
es he own a Singapore pistered car?  Itaration Inthalyser or Blood Test Integration History Chaim 001 New Im Type * Integration New Im Type * Integr	OD-MX  96723514  3kV9633R / PA9596T ON 17 May 2018  Yet   18/05/2018 16:25	Any injury?  Insured Name Concact No. (Home) OI Vehicle Number  Insured Dablity * Preferend Repair Option	LIEW TIAN SOON 67819813 SKV9813R Not at Fault	Indured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred N	5138356 PA95961 Workshop	
es he own a Singapore gistered car?  Claimson eathalyser or Blood Test ading?  Claim 901 New  aim Type * intact No. (Mobile) had Address aim Description eferred Workshop Contact integer Finalisation stor Registered upont Taken By	O mg  OD-MX 96723514  96723514  9kky9833R / PA9596T ON 17 May 2018  Vet  Vet  Vet	Any injury?  Insured Name Concact No. (Home) OI Vehicle Number  Insured Dablity * Preferend Repair Option	LIEW TIAN SOON 67819813 SKV9813R Not at Fault	Indured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred N	5138356 PA95961 Workshop	
es he own a Singapora gistered car?  Claration eathalyser or Blood Test. ading?  Claim 001 New  aim Type * intact No. (Mobile) half Address aim Description efermed Workshop Contact inquire Finalisation ide Registered upon Tawen By	OD-MX  96723514  3kV9633R / PA9596T ON 17 May 2018  Yet   18/05/2018 16:25	Any injury?  Insured Name Concact No. (Home) OI Vehicle Number  Insured Dablity * Preferend Repair Option	ILIEW TIAN SOON 67819813 SKV9813R  Not an Fault  Preferred Workshop, Name unknown	Indured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred N	5138356 PA95961 Workshop	
es he own a Singapore pistered car?  Itaration Initialyser or Blood Test. Indication History Itaration Itarati	OD-MX  96723514  3kV9633R / PA9596T ON 17 May 2018  Yet   18/05/2018 16:25	Any injury?  Insured Name Concact No. (Home) OI Vehicle Number  Insured Dablity * Preferend Repair Option	LIEW TIAN SOON 67819813 SKV9813R Not at Fault	Indured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred N	5138356 PA95961 Workshop	
is the claim a Singapora steered car?  Idention athialysis or blood Test ding?  Influence History Italim 001 New Italim 001 Ne	OD-MX  96723514  3kV9633R / PA9596T ON 17 May 2018  Yet   18/05/2018 16:25	Any injury?  Insured Name Concact No. (Home) OI Vehicle Number  Insured Dablity * Preferend Repair Option	ILIEW TIAN SOON 67819813 SKV9813R  Not an Fault  Preferred Workshop, Name unknown	Indured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred N	5138356 PA95961 Workshop	
is he own a Singapore interest car?  Interior athalyses or blood Test deg?  Interior History  Interior	OD-MX  96723514  3KV9633R / PA9596T ON 17 May 2018  Yet   18/05/2018 16:25	Any injury?  Insured Name Concact No. (Home) OI Vehicle Number  Insured Dablity * Preferend Repair Option	ILIEW TIAN SOON 67819813 SKV9813R  Not an Fault  Preferred Workshop, Name unknown	Indured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred N	5138356 PA95961 Workshop	
es he own a Singapora potered car?  laretion athalyser or Blood Test. ding?  stitution History  stain 001 New  im Type * httact No. (Mobile) as Address im Description ferred Workshop Contact quere Finalisation te Registered port Taken By  Print AK letter	OD-MX  96723514  3KV9633R / PA9596T ON 17 May 2018  Yet   18/05/2018 16:25	Any injury?  Insured Name Concact No. (Home) OI Vehicle Number  Insured Dablity * Preferend Repair Option	LIEW TIAN SOON 67619833 SKV9913R  Not an Fault Preferred Workshop, Name unknown Save Submit	Indured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred N	5138356 PA95961 Workshop	
es he own a Singapore patered car?  laretion athalyser or Blood Test. ding?  Salm 001 New  Internation Hatory  Salm 001 New  Internation Hatory  Salm 001 New  Internation Hatory  Type *  Internation Hatory	OD-MX  96723514  3KV9633R / PA9596T ON 17 May 2018  Yet   18/05/2018 16:25	Any injury?  Insured Name Concact No. (Home) OI Vehicle Number  Insured Dablity * Preferend Repair Option	ILIEW TIAN SOON 67819813 SKV9813R  Not an Fault  Preferred Workshop, Name unknown	Indured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred N	5138356 PA95961 Workshop	
es he own a Singapore pstered car?  Idention Institution Blood Test Idention Institution History Instituti	OD-MX	Any injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Dability * Preferend Repair Option Claim Close Data	LIEW TIAN SOON 67619833 SKV9913R  Not an Fault Preferred Workshop, Name unknown Save Submit	Indured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred N	5138356 PA95961 Workshop	
es he own a Singapore pstered car?  Idention Institution Blood Test Idention Institution History Instituti	Op-MX	Any injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Lability.* Preferend Repair Option Claim Close Date	LIEW TIAN SOON 67819833 SKV9913R  Not an Fault Preferred Workshop, Name unknown Save Submit.	Indured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred N	5138356 PA95961 Workshop	
es he own a Singapore pstered car?  Idention Institution Blood Test Idention Institution History Instituti	OD-MX	Any injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability.* Preferend Repair Option Claim Close Date  Claim No. Upload Date.	LIEW TIAN SOON 67819813 SKV9817R  Not at Fault Preferred Workshop, Name unknown 2  Save Submit  001 18/05/2018 16:27 Category *	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred V  GIA report Date Received  Confidential		5 018 00 00
es he own a Singapora paterior athalyser or Blood Test ding?  Salm 001 New  Interior No. [Mobile] as Address Im Description ferred Workshop Contact quere Finalisation te Registered port Taken By Print AK letter  Mitachment	OD-MX	Any injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Lability.* Preferend Repair Option Claim Close Date  Claim No. Upload Date	LIEW TIAN SOON 67819813  SKV9813R  Not at Fault  Preferred Workshop, Name unknown 2  Save Submit  001 18/05/2018 16:27 Category *  Clear Please Select	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred II  GIA report Date Received  Confidential III	S138358 PA95961 Received 18/05/20	5 018 00 00
is to own a Singapore stored car?  Idention athalyses or blood Test ding?  Idention History  Identication History  Identify	OD-MX	Any injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Lability.* Preferend Repair Option Claim Close Date  Claim No. Upload Date  Brows Brows	LIEW TIAN SOON 67819833 SKV9913R  Not an Fault Preferred Workshop, Name unknown 2  Save Submit  Oot 18/05/2018 16:27 Category *  Clear Please Select	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred V  GIA report Date Received  Confidential V NO V NO	S138358  PA95967  Received 18/05/20  Urgency *  Normal V	5 018 00 00
es he own a Singapora paterior athalyser or Blood Test ding?  Salm 001 New  Interior No. [Mobile] as Address Im Description ferred Workshop Contact quere Finalisation te Registered port Taken By Print AK letter  Mitachment	OD-MX	Any injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Lability.* Preferend Repair Option Claim Close Date  Claim No. Upload Date	LIEW TIAN SOON 67819833 SKV9913R  Not an Fault Preferred Workshop, Name unknown 2  Save Submit  Oot 18/05/2018 16:27 Category *  Clear Please Select	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred V  GIA report Date Received  Confidential V NO V NO	S138358 PA95961 Received 18/05/20	5 018 00 00
es he own a Singapore pstered car?  Idention Institution Blood Test Idention Institution History Instituti	OD-MX	Any injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Lability.* Preferend Repair Option Claim Close Date  Claim No. Upload Date  Brows Brows	LIEW TIAN SOON 67619613  SKV9613R  Not an Fault  Preferred Workshop, Name unknown 2  Save Submit  Ool 18/05/2018 16:27 Category *  Gear Please Select  e Clear Please Select	Insured NRIC Comact No. (Office) TP Vehicle Number Name of Preferred is  V GIA report Date Received  Confidential V NO V ISO V	S138358  PA95967  Received 18/05/20  Urgency *  Normal V	5 018 00 00
es he own a Singapore pistered car?  claration rathalyser or Blood Test.  dding?  chain 001 New	OD-MX	Any injury?  Insured Name Contact No. (Home) OI Vehicle Number  Insured Dability * Preferend Repair Option Claim No. Upload Date Brows Brows Brows Brows	LIEW TIAN SOON 67819813 SKV9813R  Not an Fault Preferred Workshop, Name unknown 2  Save Submit  Ool 18/05/2018 16:27 Category *  Oear 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 is  GIA report Date Received  Confidential V NO V V NO V NO V	S238358  PA95961  Received 18/05/20  Urpency * Normal V  Normal V  Normal V  Normal V	5 018 00 00
es he own a Singapore gistered car?  claration eathalyser or blood Test ading?  diffication History  Claim 001 New  aim Type * intact No. (Mobile) had Address aim Description eferred Workshop Contact orquire Finalisation ide Registered	OD-MX	Any injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Dability * Preferend Repair Option Claim Close Data  Claim No. Upload Date  Brows Brows Brows	LIEW TIAN SOON 67819813  SKV9813R  Not an Fault  Preferred Workshop, Name unknown  1  Save Submit  001 18/05/2018 16:27 Category *  6 Cear Please Select  6 Cear Please Select  6 Cear Please Select  6 Cear Please Select  6 Cear Please Select	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred is  GIA report Date Received  Confidential  V NO V Into V	S138358  PA95961  PA95961  Received  18/05/20  Urgency *  Normal V	5 018 00 00

Msg Sent? Action (CO)	bescription	Urgency	Ŷ	Category	uploaded By/Date	Attachment
Edit	NRJC/ Driving License 2018-5-18	Normal		NRJC/ Driving License	NAC_PAYA_UB] .800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Me $_{ m Y}$ 2018 16-27	47 MH 47 MH
Edit	SAS 2016-5-18	Normal.		SAS	NAC PAYA_LIB! 300601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 3018 16:27	193
Edit	Photos 2018-5-18	Normal		Photos	NAC_PAYA_UBI_800601{ NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 2018 16:27	4
Kalik	Proces 2018-5-18	Normal		Photos	NAC_PAYA_USI_8008011 NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Me y 2018 16:27	707
Edit	Photos 2018-5-18	Normal		Photos	NAC_PAYA_LBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 2018 16:27	
Edit	Photos 2018-5-18	Normal		Photos.	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 2018 16:27	
Edit	Photos 2018-5-18	Normal		Photos	NAC_PAYA_UBI_BODGD1( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 2018 16:27	*
Edit	Photos 2018-5-18	Normal		Photos	NAC_PAYA_UBI_E00601  NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 2018 15:26	14
Edit	Photos 2018-5-18	Normal		Photos	NAC_PAYA_UBI_B00601( NAT)ONAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 2018 16:26	13
Edit	Photos 2018-5-18	Normal		Photos	NAC_PAYA_LIB1_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Ma y 2018 16:26	
Edit	Photos 2018-5-18	Normal		Photos	NAC_PAYA_UB)_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Ma $_{ m V}$ 2018 16:26	21
Edit	Photos 2018-5-18	Normal		Photos	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 2018 16:26	
Edi	Photos 2018-5-18	Normal		Photoe	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 2018 16 26	42
Edi	Photos 2018-5-18	Normal		Photos	NAC_PAYA_UB1_800501( NATIONAL ASSESSMENT CENTRS SERVICES) on 18 Ma y 2018 16:26	
Edi	Photos 2018-5-18	Normal		Photos	NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 2018 16:26	
Edi	Photos 2018-5-18	Normal		Photos	NAC_PAYA_UBL_BOSSO1  NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Ma $_{\rm Y}$ 2018 16:26	
Edi	Photos 2018-5-18	Normal		Photos	NAC_PAYA_UBL_500601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 2018 16:26	and
Edi	Photos 2018-5-18	Normal		Photos	NAC_PAYA_UB3_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 2018 16:26	
Edi	Photos 2018-5-18	Normal		Photos	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Ma y 2018 16:26	L
						▽ Video List
	Source	P		File Name	Uploaded By/Date Forder Date	▽ Video List