Re[No: NA IN (18009222/24	Jeb description	Date &Time Completed	Doue pi.
130 110 PH M C 180 0912 2 2 11 U	SAS e-filing		
Veh No: SLR78674	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 20/5/18-14:05	i-Motor Claim Form	MT/0995279-001	21/5/18 19
	i-Motor W/O (Within: OD 2hr		
OD / TP / Reporting Only	i-Photo Uploaded	i i	
TD	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:
TP Particulars: Veh No: M	C61942 . 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 (1	
	1,000 ()/\$2,000 ()		
General Remarks:-	MILTURA CONTRACTOR AND ADDRESS OF THE PARTY	d suppose to the first of the first of	WALK THE
	The state of the s		Coeff Reference
() Walk-In Customer: Customer's in	formation strictly Confidential & Str	rictly NO refer of repairer.	
() Total Loss Case : to e-mail Insu	irer URGENTLY.		
Drive-In ()/ Towed-In (); Invoi	ice: YES() / NO(); T	owing Co: (,
the second second second		3-1	SALVEN WALL
Cemarks;- (INC hotline: 6788 6616)		Date&Time Completed	Done by
	Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
) Upload Resurvey Photo [Repair Cost > :	\$3000] ()	V (1)	
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ate/Time Actions	1) AR : Accident 2) DA : Damage A	Reporting (\$30); Assessment (\$100); INC (\$80	firBill Ado
Actions Actions	1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe	Reporting (\$30); Assessment (\$100); INC (\$80 6 \$40/	fit Bill Adı 0) 345
Actions A/4/8 03/98 Limant's Particulars :- ver/Owner:	1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th	Reporting (\$30); Assessment (\$100); INC (\$80 rough Survey \$ rough Survey (Resurvey)	716 Bill Ado 70 Ado 745 120 530
MAIS 03198	1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th For claiming as	Reporting (\$30); Assessment (\$100); INC (\$80 orough Survey \$ rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005)	
Actions A/4/8 03/98 Limant's Particulars :- ver/Owner:	1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th For claiming as 6) TR : Re-inspect	Reporting (\$30); Assessment (\$100); INC (\$80) Tough Survey \$ Tough Survey (Resurvey) Sinst INC Only (wef 10 Jan 2003) Tion	
Actions A/4/8 03/98 Limant's Particulars:- ver/Owner:	1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th For claiming as	Reporting (\$30); Assessment (\$100); INC (\$80 • \$40/ rough Survey (\$5 rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005) tion SMRT Survey \$	
MAIS 03198 Limant's Particulars: ver/Owner: naged Portion:	1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th For claiming as 6) TR : Re-inspect 7) N1 : Idae DA + 8) NTUC Addition QD.*	Reporting (\$30); Assessment (\$100); INC (\$86 \$40/ rough Survey \$ rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005) tion SMRT Survey \$ tal Services	
Actions A/4/8 03/98 Limant's Particulars:- ver/Owner:	1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th For claiming ag 6) TR : Re-inspect 7) N1 : Idae DA + 8) NTUC Addition OD* *N5: Courtesy (Reporting (\$30); Assessment (\$100); INC (\$80) Second Survey \$ A rough Survey (Resurvey) Sinst INC Only (wef 10 Jan 2005) Sinn SMRT Survey \$ And Services: Cer / Tpt Allowance	
MAIS 03198 Limant's Particulars: ver/Owner: naged Portion: Checked by (Engr-In-Charge):	1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th For claiming as 6) TR : Re-inspect 7) N1 : Idae DA + 8) NTUC Addition QD.*	Reporting (\$30); Assessment (\$100); INC (\$80) Trough Survey \$ Trough Survey (Resurvey) Sinst INC Only (wef 10 Jan 2005) Thion SMRT Survey \$ The	
ate/Time Actions A/4/8 03/98 Limant's Particulars:- ver/Owner: naged Portion: Checked by (Engr-In-Charge):	1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th For claiming as 6) TR : Re-inspect 7) N1 : Idae DA + 8) NTUC Addition OD* *N5: Courtesy 6 *N6: Repair Co *N7: Fost Repair *N8: DV / Colle	Reporting (\$30); Assessment (\$100); INC (\$80) Survey \$ A (\$40) A	
MAIS 03198 Limant's Particulars: ver/Owner: naged Portion: Checked by (Engr-In-Charge):	1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th For claiming as 6) TR : Re-inspect 7) N1 : Idae DA + 8) NTUC Addition OD* *N5: Courtesy 6 *N6: Repair Co *N7: Fost Repair *N8: DV / Colle	Reporting (\$30); INC (\$80); INC (

in period tore

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 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.

	ACCIDENT STATEMENT
Date Of Report	21/05/2018 15:38
Date Of Accident	20/05/2018 14:05
Exact Location Of Accident	SLIP RD AMK AVE 1 TWDS MARRYMOUNT RD
Country/State of Loss	SINGAPORE
D. D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR7867H
Insured/Policyholder	
Name Of Registered Owner	TAN SIEW HUEN
NRIC No	S0113461B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93373222
Alternative Phone No	OFFICE-93373222
Vehicle Particulars	
Manufacturer	SUBARU
Model	WRX 4D 2.0 AWD 6MT
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
f No, Please state action to be taken	REPORTING ONLY
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	5093664991
Cover Note Number	
Driver	
Name of Driver	TAN WEI PING, DESMOND (CHEN WEIBIN)
NRIC No	S8626273H
Date Of Birth	17/09/1986
Occupation	INDOOR
Date Of Driving Pass	20/01/2009
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83393222
Fax Number	

OFFICE-83393222

NOEMAIL

BLK 320 TAMPINES STREET 33 Address

#05-114

Postcode 520320

Was driver an employee of the Insured's Company NO

CHILDREN If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions DRIZZLING Road Surface WET

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?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

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 SHC6194Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER:

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.:

DECLARATION	DE	CLA	ARA	TIC	NC
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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:

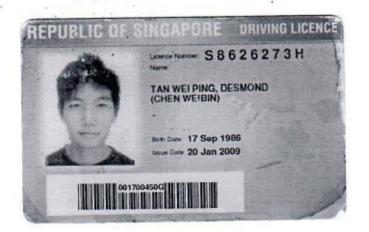
NRIC/FIN No.:

ON STATED DATE AND TIME, I TURN ON MY INDICATOR LIGHT AS I WANT TO CHANGE FROM LANE 4 TWDS LANE 3. VEHICLE B WAS STOPPED ALONG LANE 3 IN THE YELLOW BOX. WHEN I PROCEED TO TURN FROM LANE 4 TO LANE 3. VEHICLE B TURNED FROM LANE 3 TO LANE 4 AND HIT ONTO MY VEHICLE REAR RIGHT SIDE.

ACCIDENT STATEMENT

ACCIDENT DATE: (7 9/ 5. / 18)(DD/M/	M/YYYY), TIME:(Y	мм:нн)(<u></u>	0 .
LOCATION: STIP Rd AMIC AVE 1 for 45	Marrymount R	d	
1. DETAILS OF VEHICLE			2.1
b)INSURANCE COMPANY: NTUC		•	
CIPOLICY NUMBER: 509366499	1		
d)POLICY TYPE: (COMPREHENSIVE / THI	RD PARTY / THIRD PA	RTY FIRE &THEFT	
e)MAKE & MODEL:			(3.)
f)TYPE:(SALOON / COUPE / MPV /V AN	/ LORRY / MOTORCY	CLE. / OTHERS)	
g) VEHICLE CATEGORY: (PRIVATE / COM			#
h) PURPOSE OF USING AT ACCIDENT TIM		2	
I) ARE YOU CLAIMING UNDER YOUR OW	Control of the Contro		
IF NO, PLEASE STATE (THIRD PARTY CLA 2. INSURED / POLICY HOLDER	IM / REPORTING ON	LYJ	igner.
ANAME: Ton SIEW HAVE	(MA	ALE FEMALE	
b) NRIC/FIN/PASSPORT: SO11346/18		933732	22
c)ADDRESS:			THO OF
			poscenger
* CONTINUE TO 3.d IF DRIVER ALSO POL	ICY HOLDER		. (Including o
3. DRIVER in We Ping, Desmond ((hen weitin) make	LE FEMALE)	
bJNRIC/FIN/PASSPORT: 5862627			w.
c)ADDRESS:	CONTACT		
*d) DATE OF BIRTH: (17 9 1 1986	J(DD/MM/YYYY)		4
e)OCCUPATION: (INDOOR / OUTDOOR)		888 A	
TYEARS OF DRIVING EXPRERIENCE: 1			
 WAS DRIVER AN EMPLOYEE OF THE IN IF NO, RELATIONSHIP OF THE DRIVER 		Child CO	
5. a)WEATHER CONDITION: (CLEAR / RAINI		ing	
b)ROAD SURFACE: (DRY / WET / OTHERS			
6. WAS ANYBODY INJURED (YES / NO)	24		199 AT
7. a) REPORTED TO POLICE (YES / NO)	J	151	SEA
IF YES, PLEASE STATE WHICH POLICE STA	ATION:		÷
8. THIRD PARTY VEHICLE			. 0
a) VEHICLE NUMBER: SHC 61942	MODEL:		- *No of passo
b) DRIVER'S NAME:	CONTACT:		· Clududing do
9. THIRD PARTY VEHICLE	connect		(2)
d) VEHICLE NUMBER:	MODEL:	11 8	
e) DRIVER'S NAME			Ho of passi
f) NRIC/FIN/PASSPORT:	CONTACT:		. (Including d
\$			().
w	10 2.00		·

Qmail = fax =



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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 20 Jan 2009 of the driver; and other motor vehicles =< 2500kg

NP 4284



REPUBLIC OF SINGAPORE IDENTITY CARD NO. SB626273H





























































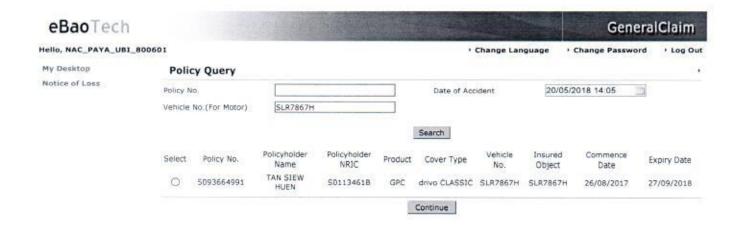








A0065758



Policy No.	5093664991	Policyholder Name	TAN SIEW	HUEN	Policyholder NRIC	S0113461B	i
Address	BLK 320 #05-114 TAMPINES	STREET 33 SING	APORE 5203	320	THAT C		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	25/08/2017	Effective Date	26/08/2017	00:00	Expiry Date	27/09/2018	23:59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	1500		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	1500	Outside Singapore TP Excess	0			You	ng/Inexperience Driver Excess
Agent	JG MOTOR AGENCY	Agent Tel.	63440727		GST Flag	Y	
Co- nsurance Flag	No						
Open Policy Info							
Policy							
Policy nfo Certificate nfo	nolder Mailing Address						
Policy info Certificate info Policy	nolder Mailing Address BLK 320 #05-114	Addre	ss 2	TAMPINES STREET	33	Address 3	SINGAPORE 520320
Policy Info Certificate Info Policy Iddress 1			ss 2 ss Type	TAMPINES STREET Singapore address		Address 3	SINGAPORE 520320 520320
Policy Info Certificate Info		Addre	ss Type d Policy				
Policy Info Certificate Info Policy Address 1 Address 4 Unit No.		Addre: Relate	ss Type d Policy	Singapore address			
Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	BLK 320 #05-114 d Object: SLR7867H	Addre: Relate	ss Type d Policy	Singapore address			
Policy Info Policy Address 1 Address 4 Init No. Insure	BLK 320 #05-114 d Object: SLR7867H sements	Addre: Relate Numbi	ss Type d Policy	Singapore address 5093664991		Post Code	

							+ E
Accident MT/0995279							
Policy No.	5093664991	Vehicle No.	SLR7867H	GST Registration N	10.		
Policyholder Name	TAN SIEW HUEN			Policyholder NRIC		501134618	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading		0	
Contact No.(Moloře)	93373322	Contact No. (Office)	0	Contact No [Home	0	0	
Email Address		Special Remark		eCode		Title 🗸	
KFK	® No Yes	TCA	® No ⊜Yes	eCode Reason		Access	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire		No	
Accident Details		330 200200000000	-	Private Date		no.	
Report Date	21/05/2018 19:22	April Sant Course With in 24 has	10.5	2555770455			
		Accident Report Within 24 hrs	Yes	Academ Type		Collision - Change / Cross lane	
Date of Accident	20/05/2018	Time of Academ hh:mm	14:05	Country of Acciden	4	Singapore	
Reporting Centre		Drange Porce		ICM No.			
Accident Location	SLIP RD AMK AVE 1 TWDS MARRYMOUNT RD						
₩ Benefits							
© Excess							
Own damage Excess	3,500.00	Additional Excess	0	Windscreen Excess		100.00	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	1,500.00				
Third Party Excess	0.00	Outside Singapore TP Excess	0.00				
GST Registered Inform	nation						
GST Registered	No		GST Registration Date				
GST Registration No.			GST Status Venified	Yes			
Modification History							
▼ Policyholder Hailing A	ddress						
Address 1	8LK 320 #05-114	Address 2	TAMPINES STREET 33	Address 3		SINGAPORE 520320	
Address 4		Address Type	Singapore address	Past Code		520320	
Unit No.		Related Policy Number	5093684991				
→ OI Driver Info							
Driver Name	DESMOND TAN WEE PING	Driver Type	Named Driver				
Unnamed driver Name		Driver NRIC	55626273H	Driver DDB		17/09/1986	
Register Date of Driver Licens	e 30/01/2009	Driver Age	31	Driving Experience		9	
Contact No (Mobile)	83393222	Contact No.(Office)	0	Contact No. (Home)		0	
				5707 Sections			
Address 1	8LK 320	Address 2	TAMPINES STREET 23	Address 3		STNCAPORE \$30320	
	BLK 320	Address 2	TAMPINES STREET 33	Address 3		SINGAPORE \$20320	
Address 4		Address 2 Address Type	TAMPINES STREET 33 Singapore address	Address 3 Post Code		SINGAPORE \$20320 520320	
Address 4 Unit No.	05-114	Address Type		Post Code			
Address 4 Unit No. Does he own a Singapore					ngranty		
Address 4 Unit No. Does he own a Singapore Registered car?	05-114	Address Type		Post Code	qranty		
Address 4 Unit No. Does he own a Singapore Registered car? Declaration	05-114 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Post Code	npany		
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	05-114	Address Type		Post Code	opany		
Address 4 Unit No. Does he own a Sirigapore Registered car? Declaration Breathalyser or Glood Test	05-114 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Post Code	ngany		
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breatharyser or Blood Test Reading? Modification History	05-114 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Post Code	ngany		
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History	05-114 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Post Code	npany		
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	05-114 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Post Code	rgany		
Address 4 Unit No. Dees he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History	05-114 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Post Code	rgany		
Address 4 Unit No. Does he own a Singapore. Registered car? Declaration Breathalyser or Blood Test. Reading? Modification History Claim 003 New	05-114 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Post Code	трипу	520320	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Chaine 003 New Claime Type *	05-114 ○ Yes ® No O mg	Address Type Driver Vehicle No. Any mjury? Insured Name	Singapore address Ves ® No TAN SIEW HUEN	Post Code Driver Insurer Com Insured NR3C			
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Chaim 001 New Claim 101 New Contact No.(Mobile)	05-114 ○ Yes ® No 0 mg	Address Type Driver Vehicle No. Any mjury? Insured Name Contact No.(Home)	Singapore address Ves ® No TAN SIEW HUEN 67291565	Post Code Driver Insurer Com Insured NR3C Contact No. (Office)		\$20320 \$01134618	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No.(Mobile) Email Address	05-114 ○ Yes ® No 0 mg 0D-Mx 90065537 victor® novelstic.com	Address Type Driver Vehicle No. Any mjury? Insured Name	Singapore address Ves ® No TAN SIEW HUEN	Post Code Driver Insurer Com Insured NRIC Contact No. (Office) TP Vehicle Number		520320	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test: Reading? Chaint 003 New Chaint Type + Contect No. (Mobile) Email Address Davin Description	05-114 ○ Yes ® No 0 mg	Address Type Driver Vehicle No. Any mjury? Insured Name Contact No.(Home) DI Vehicle Number	Singapore address O Yes ® No TAN SIEW HUEN 67291565 SUA7867H	Post Code Driver Insurer Com Insured NR3C Contact No. (Office)		\$20320 \$01134618	
Address 4 Unit No. Does he own a Singapore Regaremed car? Declaration Breakhayser or Blood Test: Reading? Chaim 601 New Chaim 601 New Contect No. (Mobile) Itmail Address Daim Description Preferred Workshop Contact: No.	05-114 Ves ® No Omp OD-MX 90065537 victor® novalistic.com SLR7867H / SHC61942 ON 20 May 2018	Address Type Driver Vehicle No. Any mjury? Insured Name Contact No.(Home) DI Vehicle Number Insured Liability +	Singapore address Ves ® No TAN SIEW HUEN 67291565	Post Code Driver Insurer Com Insured NRIC Contact No. (Office) TP Vehicle Number		\$20320 \$01134618	
Address 4 Unit No. Does he own a Singapore Regaremed car? Declaration Breakhalyser or Blood Test: Reading? Chaim doll New Chaim doll New Contect No. (Mobile) Itmail Address Dawn Description Preferred Workshop Contact: No. Require Finalisation	05-114 Ves ® No Omp OD-MX 90065537 victor® novalistic.com SLR7867H / SHC61942 ON 20 May 2018 Yes	Address Type Driver Vehicle No. Any mjury? Insured Name Contact No.(Home) DI Vehicle Number	Singapore address O Yes ® No TAN SIEW HUEN 67291565 SUA7867H	Post Code Driver Insurer Com Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred 1		\$20320 \$01134618	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Whoshication History Chaim 001 New Chaim 104 Address Contact No. (Mobile) Email Address One Description Preferred Workshop Contact No. Require Finalisation	05-114 Ves ® No Omp OD-MX 90065537 victor® novalistic.com SLR7867H / SHC61942 ON 20 May 2018	Address Type Driver Vehicle No. Any mjury? Insured Name Contact No.(Home) DI Vehicle Number Insured Liability +	Singapore address Ves ® No TAN SIEW HUEN 67291565 SUL7867H	Post Code Driver Insurer Com Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred 1		\$20320 \$01134618 \$HC6194Z	
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Attachment		Uploaded By/Date	Category	P	Urgency	Description	Mag Sent? Actio (CO)
U.	NAC_PAYA_URI_BOOGDE(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 21 Ma y 2018 19:26	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-5-21	Edil
14	NAC PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Ma v_2018 19:26		NRIC/ Driving License		Normal	NRIC/ Driving License 2018-5-21	Edit
10% 702	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 21 Ma y 2018 19:26	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-5-21	Edit
193	NAC_PAYA_UBI_BOOKOL[NA	TIONAL ASSESSMENT CENTRE SERVICES) on 21 Ma y 2018 19:26	SAS		Normal	SAS 2018-5-21	Edit
12%	NAC PAYA UBI_8006011 NA	CONAL ASSESSMENT CENTRE SERVICES) on 21 Ma y 2018 19:25	Photos		Normal	Photos 2018-5-21	Edit
	NAC_PAVA_UBI_B00601(NA	TOWAL ASSESSMENT CENTRE SERVICES) on 21 Ma y 2018 19:25	Photos		Normal	Photos 2018-5-21	Edit
3	NAC_PAYA_UBI_800601(NA	IONAL ASSESSMENT CENTRE SERVICES) on 21 Ma y 2018 19:25	Photos		Normal	Photos 2018-5-21	Edit
1	NAC_PAYA_LIBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Ma y 2018 19:25		Photos		Normal	Procos 2018-5-21	Edit
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	NAC_NAVA_UBI_800801(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Ma y 2018 19:25		Photos		Normal	Photos 2018-5-21	Edit
Video List							
	uploaded By/Date	Folder Date	File Name		8	Source	Action