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TP Particulars: Veh No: 57	U 5051 R.	INC ()/Non-INC()	7	
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Policy No: () Perio	d ()	Cover Type: ()	
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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.	
CONTRACTOR OF THE SECOND	ACCIDENT STATEMENT
Date Of Report	22/05/2018 17:22
Date Of Accident	22/05/2018 08:25
Exact Location Of Accident	WOODLANDS AVE 3 TWDS AVE 5
Country/State of Loss	SINGAPORE
Description of the second seco	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGJ3970U
Insured/Policyholder	
Name Of Registered Owner	TIAN SING HUAT
NRIC No	S2506057A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97516491
Alternative Phone No	OFFICE-97516491
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5081547332-01
Cover Note Number	
Driver	
Name of Debugs	TIAN SING HUAT

TIAN SING HUAT Name of Driver S2506057A NRIC No Date Of Birth 05/07/1955 INDOOR Occupation Date Of Driving Pass 21/06/1977

Driving Experience 40 YEARS AND 11 MONTHS

MALE Gender

(LOCAL) +65-97516491 Mobile Number

Fax Number

Contact Number OFFICE-97516491

EMail Address NOEMAIL Address

BLK 327 WOODLANDS ST 32 #03-01

Postcode

Was driver an employee of the Insured's Company NO

OWNER

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

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

YES NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: TIAN WEI YANG

GENDER:

: MALE

Passenger 2

NAME:

: YEW SIEW KENG

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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJU5051R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SIVARAJ SHASHI

NRIC/Passport Number

S0210985I

Contact Number

Address

Postcode

Insurance Company Name

SKETCH PLAN

IMPORTANT NOTICE

- 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- 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. 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.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

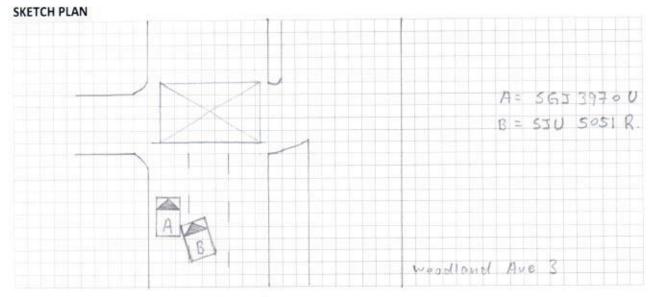
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	to	statement	
		/		

DECLARATION

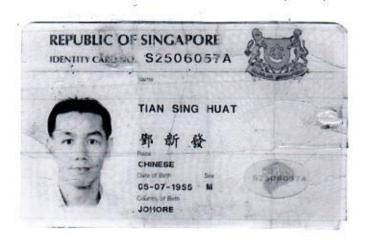
I/We declare the foregoing particulars are true in every respect.

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

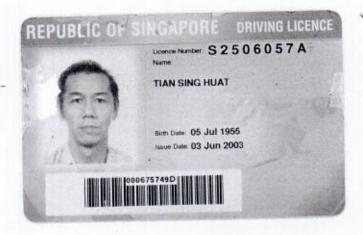
Name: NRIC/FIN No.: I WAS TRAVELLING ALONG WOODLANDS AVE 3 BEFORE JUNCTION OF WOODLANDS AVE 5, I WAS ON THE EXTREME LEFT LANE. ALL OF A SUDDEN, I FELT AN IMPACT FROM MY RIGHT HAND SIDE. AFTER THE INCIDENT, I REALIZED VEH B (BEARING NO SJU5051R) FROM THE RIGHT LANE (CENTER LANE) ABRUPTLY CUT INTO MY LANE AND HIT ONTO MY VEH RIGHT HAND SIDE.

ACCIDENT STATEMENT

The second secon	N:_ woodland	Ave 5 Ti	ads Ave S	
1. DE	ETAILS OF VEHICLE	September - Development of the Control of the		
a)	VEHICLE NUMBER:	5GJ 39701	U	
b)	INSURANCE COMPANY			
	POLICY NUMBER:			
d)	POLICY TYPE: (COMPRE	HENSIVE / THIRD P	ARTY / THÌRD PAR	RTY FIRE &THEF
	MAKE & MODEL:	A contract of the contract of	and the second s	
f)T	YPE: (SALOON / COUPE	/MPV/VAN/LOF	RRY / MOTORCY	CLE / OTHERS)
g)	VEHICLE CATEGORY: (PI	RIVATE / COMMER	CIAL / MOTORC	YCLE)
h)!	PURPOSE OF USING AT	ACCIDENT TIME:	Private C	15C.
i) A	RE YOU CLAIMING UND	DER YOUR OWN IN	SURANCE (YES/N	(0)
IF	NO, PLEASE STATE (THIS	RD PARTY CLAIM /	REPORTING ONL	Y)
	SURED / POLICY HOLDER		· November	
	NAME: Tian Sin			
	NRIC/FIN/PASSPORT:		CONTACT:_	9751649
c)/	ADDRESS:	-		
			* *	-
	CONTINUE TO 3.d IF DRIV	ER ALSO POLICY I	HOLDER	
- Jer	IVER NAME: As A	0.04.0		. = . = =
	NRIC/FIN/PASSPORT: ADDRESS:			
	TDDNESS.			
F +d)	DATE OF BIRTH: (/	/)(Dr	D/MM/YYYY)	(*)
				13.1
	OCCUPATION: (INDOOR	(OUTDOOR)		
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⁴ e)⊂ f)YE		ERIENCE:		Y? (YES / <u>N</u> O)
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4. WA IF 1 5. a) W b) R 6. WA	EARS OF DRIVING EXPRI AS DRIVER AN EMPLOY NO, RELATIONSHIP OF VEATHER CONDITION: (COAD SURFACE: (DRY / ANYBODY INJURED ()	ERIENCE: ZEE OF THE INSU THE DRIVER WI CLEAR / RAINING , WET / OTHERS ZES / NO)	RED'S COMPAN' ITH INSURED:_ / OTHERS	owner.
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4. WA IF 1 5. a)W b)R 6. WA 7. a)R IF 8. THIR ch passinger a) chuding driver) b) 9. THIR	EARS OF DRIVING EXPRING SOME PRIVER AN EMPLOY NO, RELATIONSHIP OF VEATHER CONDITION: (INCOME OF THE PRIVER OF THE	ERIENCE:	RED'S COMPAN' ITH INSURED: / OTHERS N: MODEL:CONTACT:_	owner.
e) C f) YE 4. WA IF 1 5. a) W b) R 6. WA 7. a) R IF 8. THIR cf passenger a) cluding driver b) C) 9. THIR	EARS OF DRIVING EXPRING SORIVER AN EMPLOY NO, RELATIONSHIP OF VEATHER CONDITION: (1) COAD SURFACE: (DRY / SOANYBODY INJURED (Y YES, PLEASE STATE WHICE VEHICLE NUMBER: DRIVER'S NAME: DRIVER'S NAME: VEHICLE VEHICLE VEHICLE NUMBER: DRIVER'S NAME: VEHICLE NUMBER: DRIVER'S NAME: VEHICLE NUMBER: DRIVER'S NAME: VEHICLE NUMBER: DRIVER'S NAME: VEHICLE NUMBER: VEHICLE NUMBER: VEHICLE NUMBER: VEHICLE NUMBER:	ERIENCE: THE OF THE INSU THE DRIVER WI CLEAR / RAINING , WET / OTHERS (ES / NO) ES / NO) CH POLICE STATIO SJU SOSI R (Ara; Shash; SO210985 I	RED'S COMPAN' (TH INSURED: / OTHERS N:MODEL:	owner.
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e) C f) YE 4. WA IF 1 5. a) W b) R 6. WA 7. a) R IF 8. THIR cf passenger a) cluding driver b) C) 9. THIR	EARS OF DRIVING EXPRING SUPPLIES DRIVER AN EMPLOY NO, RELATIONSHIP OF VEATHER CONDITION: (1) COAD SURFACE: (DRY / 1) COAD SURFACE: (DRY / 1) COAD SURFACE: (DRY / 1) COAD SURFACE: (DRY EXPORTED TO POLICE (Y) YES, PLEASE STATE WHICK OF PARTY VEHICLE VEHICLE NUMBER: (DRIVER'S NAME: 50 PARTY VEHICLE VEHICLE NUMBER: (DRIVER'S NAME: 50 PARTY VEHICLE VEHICLE NUMBER: (DRIVER'S NUMBER: (DRIVER'S NUMBER)	ERIENCE: THE OF THE INSU THE DRIVER WI CLEAR / RAINING , WET / OTHERS (ES / NO) ES / NO) CH POLICE STATIO SJU SOSI R (Ara; Shash; SO210985 I	RED'S COMPAN' ITH INSURED: / OTHERS N: MODEL:CONTACT:_	owner.
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YOU ARE LICENSED TO DRIVE VEHICLES IN THE FULLOWING CLASSIES)

PAJS DATE

Class 2B Motorcycles not exceeding 200 cc 21 Jun 1977
Class 2 Motorcycles exceeding 400 cc 21 Jun 1977
Class 3 Motorcycles exceeding 400 cc 21 Jun 1977
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms
Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms

Licence No: \$2506057A

NP 428A

eBao Tech								-mitset	Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601			The state of the s		,	Change Lan	guage	Change Passwo	ord Log Out
My Desktop	Poli	cy Query								
Natice of Loss	Policy No. Vehicle No.(For Motor)		SG33970U		3	Date of Accident 22/05/2018 15:25 Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5081547332- 01	TIAN SING HUAT	52506057A	GPC	Third Party, Fire & Theft	SG33970U	SGJ3970U	10/07/2017	09/07/2018
					100	Continue				

Claim Handling

Policy No.	5081547332-01		Vehicle No.	5GJ3970U		1	GST Registration No	ļ.		
Policyholder Name	TIAN SING HUAT					1	Policyholder NRIC		\$2506057	A
reduct Code	PRIVATE CAR INSURANI	CE .	Cover Type	Third Party,	Fire & Theft		Loading		0	
Contact No.(Mobile)	97516491		Contact No.(Office)				Contact No.(Home)			
imail Address			Special Remark				eCode		No. T	
CFK.	« No Yes		TCA	* No Ye	5		eCode Reason			
NCD Protection	No		NCD Entitlement(%)	40			Private Hire		No	
Accident Details	1775			8.500						
Report Date	22/05/2018 17:49		Accident Report Within 24 hrs	Yes			Accident Type		Collision -	Change / Cn
							Country of Accident		Singapore	
Date of Accident	22/05/2018		Time of Accident hh:mm	08:25					Singapore	
Reporting Centre			Orange Force				ICM No.			
Accident Location	WOODLANDS AVE 3 TW	DS AVE 5								
♥ Benefits										
▽ Excess										
Own damage Excess		0.00	Additional Excess				Windscreen Excess		0.00	
Innamed Driver Excess		0.00	Outside Singapore OD Excess		0.00					
Third Party Excess		0.00	Outside Singapore TP Excess		0.00					
GST Registered Informa	ation		V. 04-0436. d 11-44-47-15-16-16-16-16-16-16-16-16-16-16-16-16-16-							
ST Registered	No			GST	Registration Date					
ST Registration No.	140				Status Verified		Yes			
Modification History										
Touristandor / Harrison /										
Policyholder Mailing Ad	dress									
			Address 2							
Address 1	BLK 327 #03-01				S STREET 32		Address 3			RE 730327
Address 4			Address Type	Singapore a			Post Code		730327	
Unit No.			Related Policy Number	508154733	2-01					
→ OI Driver Info										
Driver Name	TIAN SING HUAT		Driver Type	Main Driver						
Innamed driver Name			Driver NRIC	S2506057A			Driver DOB		05/07/19	55
Register Date of Driver License	25/04/1983		Driver Age	62			Driving Experience		35	
Contact No.(Mobile)	97516491		Contact No.(Office)				Contact No.(Home)			
Address 1	BLK 327 #03-01		Address 2	WOODLAND	S STREET 32		Address 3		SINGAPO	RE 730327
Address 4	oun ser 103'04		Address Type	Singapore a			Post Code		730327	35-34 23 60 70
Unit No.			Address Type	Jingapore a	200		TON LONE		730327	
Does he own a Singapore										
Registered car?	Yes + No		Driver Vehicle No.				Driver Insurer Com	pany		
Declaration										
Breathalyser or Blood Test	0 mg		Any injury?	Yes . M	lo					
Reading?										
Reading?										
Reading?										
Modification History										
lodification History										
todification History Claim 001 New	ОР-МХ	•	Insured Name	TIAN SING	HIAT	,	Insured NRIC		52506052	Δ.
Claim 001 New	OD-MX	•	Insured Name	TIAN SING	HUAT		Insured NRIC	5	\$2506057	A
Claim 001 New Claim Type * Contact No.(Mobile)	OD-MX 97516491	•	Contact No.(Home)	68934234	HUAT		Contact No.(Office)	1		
Claim 001 New Claim Type * Contact No.(Mobile) Email Address	97516491				HUAT		Contact No.(Office) TP Vehicle Number	t Lagrana	53050518	
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description	97516491 SG33970U / SJU5051R		Contact No.(Home) Of Vehicle Number	68934234 SG)3970U			Contact No.(Office)	Varkshap		
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact	97516491		Contact No.(Home)	68934234			Contact No.(Office) TP Vehicle Number	Norkshop	53050518	
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No.	97516491 SG33970U / SJU5051R		Contact No.(Home) Of Vehicle Number	68934234 SG)3970U Not at Faul			Contact No.(Office) TP Vehicle Number	Workshop	53050518	
Modification History	97516491 SG33970U / SJUS051R 0	ON 22 May 2018	Contact No.(Home) Of Vehicle Number Insured Liability *	68934234 SG)3970U Not at Faul	v	•	Contact No.(Office) TP Vehicle Number Name of Preferred V	Workshop	S)U5051R	
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	97516491 5G33970U / SJUS051R 0 Yes 22/05/2018 17:50	ON 22 May 2018	Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	68934234 SG)3970U Not at Faul	v	•	Contact No.(Office) TP Vehicle Number Name of Preferred V	Workshop	SJUSO51R 0 Received	
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	97516491 SG33970U / SJUS051R 0 Yes	ON 22 May 2018	Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	68934234 SG)3970U Not at Faul	v	•	Contact No.(Office) TP Vehicle Number Name of Preferred V	Norkshop	SJUSO51R 0 Received	
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact Vo. Require Finalisation Date Registered	97516491 5G33970U / SJUS051R 0 Yes 22/05/2018 17:50	ON 22 May 2018	Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	68934234 SG)3970U Not at Faul	v	•	Contact No.(Office) TP Vehicle Number Name of Preferred V	Workshop	SJUSO51R 0 Received	
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact Vo. Require Finalisation Date Registered Report Taken By	97516491 5G33970U / SJUS051R 0 Yes 22/05/2018 17:50	ON 22 May 2018	Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	68934234 SG)3970U Not at Faul	Vorkshop, Name unknown	•	Contact No.(Office) TP Vehicle Number Name of Preferred V	Norkshop	SJUSO51R 0 Received	
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	97516491 5G33970U / SJUS051R 0 Yes 22/05/2018 17:50	ON 22 May 2018	Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	68934234 SG33970U Not at Faul Preferred V	Vorkshop, Name unknown	•	Contact No.(Office) TP Vehicle Number Name of Preferred V	Norkshop	SJUSO51R 0 Received	
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	97516491 5G33970U / SJUS051R 0 Yes 22/05/2018 17:50	ON 22 May 2018	Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	68934234 SG33970U Not at Faul Preferred V	Vorkshop, Name unknown	•	Contact No.(Office) TP Vehicle Number Name of Preferred V	Workshop	SJUSO51R 0 Received	
Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	97516491 5G33970U / SJUS051R 0 Yes 22/05/2018 17:50	ON 22 May 2018	Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	68934234 SG33970U Not at Faul Preferred V	Vorkshop, Name unknown	•	Contact No.(Office) TP Vehicle Number Name of Preferred V	Workshop	SJUSO51R 0 Received	
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ** Print AK letter	97516491 SG33970U / SJUS051R 0 Yes 22/05/2018 17:50 LIEW SHAN HUI	ON 22 May 2018	Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	68934234 SG33970U Not at Faul Preferred V	Vorkshop, Name unknown	•	Contact No.(Office) TP Vehicle Number Name of Preferred V	Workshop	SJUSO51R 0 Received	
Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK Jetter Attachment	97516491 5G33970U / SJUS051R 0 Yes 22/05/2018 17:50	ON 22 May 2018	Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	68934234 SG33970U Not at Faul Preferred V	Vorkshop, Name unknown	•	Contact No.(Office) TP Vehicle Number Name of Preferred V	Workshop	SJUSO51R 0 Received	
Claim Type * Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	97516491 SG33970U / SJUS051R 0 Yes 22/05/2018 17:50 LIEW SHAN HUI	ON 22 May 2018	Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	68934234 SG33970U Not at Faul Preferred V	Vorkshop, Name unknown	•	Contact No.(Office) TP Vehicle Number Name of Preferred V	Norkshop	SJUSO51R 0 Received	
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	97516491 SG33970U / SJUS051R 0 Yes 22/05/2018 17:50 LIEW SHAN HU1 MT/0995470 • Yes No	ON 22 May 2018	Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Claim No.	68934234 SG33970U Not at Faul Preferred V	Vorkshop, Name unknown	•	Contact No.(Office) TP Vehicle Number Name of Preferred V		SJU5051R 0 Received 22/05/20	
Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment Accident No. Last Doc. Received	97516491 SG33970U / SJUS051R 0 Yes 22/05/2018 17:50 LIEW SHAN HU1 MT/0995470 • Yes No	ON 22 May 2018	Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Claim No.	SGJ3970U Not at Faul Preferred V	forkshop, Name unknown mit 001 22/05/2018 17:51 Category *	v	Confidential	Urgenc	SJUSO51R 0 Received 22/05/20	18 00:00
Claim 001 New Claim 7ype * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment Accident No. Last Doc, Received Choose File No file choses	97516491 5G33970U / SIUS051R 0 Yes 22/05/2018 17:50 LIEW SHAN HU1 MT/0995470 Yes No	ON 22 May 2018	Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Claim No.	SGJ3970U Not at Faul Preferred V Save Sub	forkshop, Name unknown mit 001 22/05/2018 17:51 Category *	•	Contact No.(Office) TP Vehicle Number Name of Preferred to GIA report Date Received Confidential NO F	Urgeno Normal	SJUSO51R 0 Received 22/05/20	18 00:00
Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment Accident No. Last Doc. Received	97516491 5G33970U / SIUS051R 0 Yes 22/05/2018 17:50 LIEW SHAN HU1 MT/0995470 Yes No	ON 22 May 2018	Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Claim No.	SGJ3970U Not at Faul Preferred V	forkshop, Name unknown mit 001 22/05/2018 17:51 Category *	v	Confidential	Urgenc	SJUSO51R 0 Received 22/05/20	18 00:00

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Attachment List

Attachment		Uploaded By/Date	Category	Urgency	Description
*4.00 *4.00	NAC_PAYA_UBI_800601(NAC_PAYA_UBI_800601)	TIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-22
125 ≰EL	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:51	NRIC/ Driving License	Normal	NRJC/ Driving License 2018-5-2;
0	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:51	SAS	Normal	SAS 2018-5-22
	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:51	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:51	Photos	Normal	Photos 2018-5-22
1	NAC_PAYA_UBI_BODG01(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:51	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:51	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UB1_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:51	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UB1_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:51	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:51	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UB1_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:51	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UB1_800501(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:50	Photos	Normal	Photos 2018-5-22
A	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:50	Photos	Normal	Photos 2018-5-22
A	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:50	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:50	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:50	Photos	Normal	Photos 2018-5-22
	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 22 May 2018 17:50	Photos	Normal	Photos 2018-5-22
ideo List					
	Uploaded By/Date	Folder Date	File Name	9	Source

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