THE STATE OF THE S		Lab agent en l	7	L
Date In: 32/5/18-14:48	Jeb description	Date &Time Completed	Done	יניי
Ref No: NA/INC18009330/24	SAS e-filing	1		
Veh No: SCB6857C	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 31/5/18-19:30	i-Motor Claim Form	MT/099 5486-001	33/1/18	19:37
OD : TP Reporting Only	i-Motor W/O (Within: OD 2hr	s, TP 4hrs)		
OB / IT / Reporting Only	i-Photo Uploaded			
TR I	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: Ju	14272 . INC ()/Non-INC()	10	All the same of
Owner / Driver: (Tel:)	
Policy No: () P	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est Status (WO): N: 0-2	0%; P: 21-79%. P: 30-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,	,000()/\$2,000()			
THE RESIDENCE OF THE PROPERTY OF THE SECOND SECTION OF THE PARTY OF TH		April San		
() Walk-In Customer : Customer's inf		III III III III III III III III III II	\$2.00C	· · · · ·
		neuy NO Islet of Tepatier.		
() Total Loss Case : to e-mail Insu	The second secon			
Drive-In ()/ Towed-In (); Invoice	ce: YES() / NO(); T	owing Co: (
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by
	Courtesy Car ()		N-2/4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
	()	*	7	
2) QC Check / Post Repair Inspection	()	*		
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()	paration Checklist	Ant (S)	Amt (3)
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA 180 32 36.	() 53000] () Invoice Prc 1) AR: Accident 2) DA: Damage	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8	Ant (S) fit Bill	A CONTRACTOR OF THE PARTY OF TH
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA 180 32 36. Inimant's Particulars: ontact No: amaged Portion:	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: Idao DA: 8) NTUC Additio	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40 cough Survey (Resurvey) Rejust INC Only (wef 10 Jen 2005 clion SMRT Survey mal Services:-	Anit (5) fst Bill 0) /545 5120 530) \$75	A CONTRACTOR
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA 180 32 36. Inimant's Particulars: ontact No: amaged Portion:	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: Idao DA: 8) NTUC Additio OD'* *N5: Courtesy *N6: Repair C	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 to \$40 to the search of	Ant (5) fst Bill 0) /545 5120 \$30) \$75 \$160	Market Street
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	Invoice Property	naration Checklist: Reporting (\$30); Assessment (\$100); INC (\$8 or one) Survey (Resurvey) Rejust INC Only (wef 10 Jan 2005 tion SMRT Survey (Resurvey) Rel Services: Car / Tpt Allowance (Resurvey) Rel Services: Car / Tpt Allowance (Resurvey) Rel Services (Resurvey) Rel S	Anit (\$) fit Bill 0) /545 5120 \$30) \$75 \$160 \$25 \$35 \$20 30	

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.
- 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.
- 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.	service and are report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	22/05/2018 14:48
Date Of Accident	21/05/2018 19:30
Exact Location Of Accident	ALONG WHAMPOA WEST TWDS BENDEMEER RD
Country/State of Loss	SINGAPORE
a stabilitation and with the second refer to the	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLB6857C
Insured/Policyholder	
Name Of Registered Owner	VASRO RENTALS
Co Reg No	53367446L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88008855
Alternative Phone No	OFFICE-88008855
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	YES
Policy Number	5093371571

Cover Note Number

Driver	
Name of Driver	CHEONG KUO AN RICHARD
NRIC No	S9249795Z
Date Of Birth	28/10/1992
Occupation	OUTDOOR
Date Of Driving Pass	23/11/2015
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88189795
Fax Number	
Contact Number	OFFICE-88189795
EMail Address	NOEMAIL

Address

BLK 593A MONTREAL LINK

#02-66

Postcode

751593

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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?

YES

Was any injured conveyed to hospital by

NO.

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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TOA PAYOH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING.

POSTCODE: 319194, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-2519999 - FAX NO: 63548749

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT -T/20180522/2065.

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

SJH4272U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

PRIVATE CAR

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER: :

DETAILS OF INJURED PERSON 1

Name

CHEONG KUO AN RICHARD

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SLB6857C

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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:

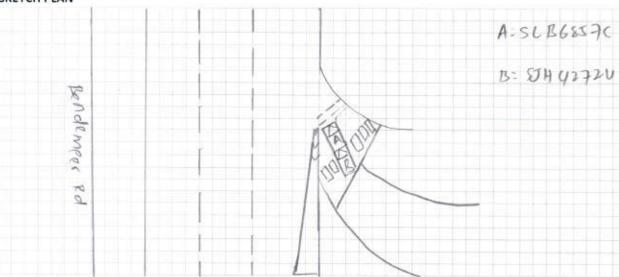
Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	police report- +/2018 0522/2065.
	

DECLARATIONS ROLL

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

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

NRIC/FIN No.:





T/20180522/2065

1 of 3

Report No. T/20180522/2065

Police Station Of Origin: Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194

Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

	me Report I 018 13:25	Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars	CAMPLE PERMITTERS OF THE STATE OF	Mark Control and Control
	f Informant: IG KUO AN	RICHARD	Address: APT BLK 593A MONTREAL 751593	LINK #02-66 SINGAPORE
	/ ID No.: O / S92497	95Z	Contact No.: Home/Office:	Mobile: 88189795
National SINGAP	lity: PORE CITIZ	EN	Email:	
Sex: Male	Age: 25	Date of Birth: 28/10/1992	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupat GRAB D			Driving Licence Information: Class: 3A	Date of Expiry:

General Infor	mation of the Acci	dent		PA	
Type of Accident:	Others	Drink Drive No		Date/Time of Accident: 21/05/2018 19:30	Type of Location: Bend
WHAMPOA V BENDEMEER Filter lane after		g			
Weather: Clear		Road Surface Dry):	R	Road Speed Limit:
Traffic Flow: One Way		Traffic Contro Not Controlled	7.7		raffic Volume: loderate
Type of Collisi Between Movi	ion: ing Vehicles - Head	To Rear			nyone conveyed by mbulance:

Details of V	ehicle Invo	lved	3 T 2 BA 3 Y	By a residence	Manager Co.	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SJH4272U	Car	ТОУОТА		Silver	Slightly Damaged	1
SLB6857C	Car	HYUNDAI		Grey	Slightly Damaged	0

Details of Person Involved	WARRANT CONTROL OF THE CONTROL OF TH
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Tel No: 1800-2519999



T/20180522/2065

2 of 3

Report No. T/20180522/2065

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194

CONTINUATION OF REPORT

Driver				No.		
Name	CHU GUEK OUN LA	URENCE		ID No		S1475070C
Related Vehicle	SJH4272U (Car)			Conta	ct No.	96389308
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver						
Name	CHEONG KUO AN I	RICHARD		ID No	+	S9249795Z
Related Vehicle	SLB6857C (Car)			Conta	ct No.	88189795
Hospital/Clinic	DOCTORS INC MEI	DICAL GRO	DUP	Class Drivin Licent Expiry	g	Class: 3A Date of Expiry: NIL
Date Treatment	22/05/2018		Date Disc	harge	22/05	5/2018
No. of Days gran	ted Medical Leave	04	Degree of	Injury	Sligh	t

Brief Details.

On 21/05/2018 at about 1930hrs, I was driving vehicle SLB6857C along Whampoa West merging left to Bendemeer Rd. While I was filtering out, I was the first vehicle at the said lane and I was checking oncoming traffic from the left side. At that moment, suddenly I felt an impact coming from the rear. I then realize that the car on the rear (SJH4272U) collided to my back bumper. I move to the side and the other car followed to avoid blocking traffic. I then came out and realized that the driver is a Grab driver sending one passenger however the passenger left the site after the accident happen. The driver was apologetic as he claimed that it was his fault. He was also checking oncoming traffic but fail to check the front as such collided to my vehicle. At that moment, I took photograph of the damages on the rear bumper, boot and exhaust tip of the vehicle.

On 22/05/2018, I woke up this morning feeling pain and visited the doctor. I was given 4 days MC afterwhich.





3 of 3

Report No. T/20180522/206!

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now pla

Signature Of Informant:
Date/Time: 22/05/2018 13:25
Classification Of Case:

DOCTORS INC. MEDICAL GROUP BLK 190 TOA PAYOH LOR 6 #01-590 SINGAPORE 310190 TEL 63563633

Medical Certificate

Date : 22 May 2018

MC No. : 0000143301

This is to certify that:

Name : CHEONG KUO AN RICHARD

NRIC : S9249795Z

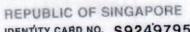
is Unfit for Duty for 4 days

from 22/05/2018 to 25/05/2018 inclusive.

DR OY HENG OF FVIN Family Physicial WCR No. 1965151

*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.





IDENTITY CARD NO. \$9249795Z





CHEONG KUO AN RICHARD

張

CHINESE Date of birth 28-10-1992

Country of birth INDONESIA

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg < 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

S9249795Z

16-06-2008

APT BLK 593A MONTREAL LINK #02-66 SINGAPORE 751593

NRIC No: \$9249795Z

Date: 19/05/2016 (R)

NF 428A



Policy No.	5093371571	Policyholder Name	VASRO R	ENTALS	Policyholder NRIC	53367446L	
Address	BLK 272 #03-22 TAMPINES STR	REET 22 SINGA	APORE 520	272			
roduct Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	11/08/2017	Effective Date	11/08/20	17 00:00	Expiry Date	06/08/2018	23:59
xcess ype		All Claim Excess					
hird arty xcess	1500.00	Own damage Excess	2000.00		Windscreen Excess	100.00	
Additional excess	0	OS Premium	392.41				
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00			You	ng/Inexperience Driver Excess
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220)	GST Flag	Υ	
Co- nsurance Flag Open Policy Info Certificate	No						
info Policy	holder Mailing Address						
Address 1	BLK 272 #03-22	Addre	ec 2	TAMPINES STREET	22	Address 3	SINGAPORE 520272
Address 4	200 20 20 22		ess Type	Singapore address		Post Code	520272
Jnit No.	03-22		ed Policy	5095128194			
D Insure	ed Object: SLB6857C	1.101113					
☑ Endors	sements						
Sequen	16/08/2017 00:00	Endorseme Basic Informa Endorsement		Endorsement Number	Endorseme Effective	nent Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJJ334R 17-08-2017 \$1,571.43 In view of this amendment, an additional premium of \$1,571.43 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque favour of "NTUC Income" with you name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
		Basic Informat Endorsement	tion	000001286624321	Endorseme Effective	nt Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLQ6938Z 22-08-2017 \$1,415.92 In view of this amendment, an additional premium of \$1,415.92 (Inclusive of GST) is

Accident MT/0995486	s not been collected.				
Policy No.	5093371571	Vehicle No.	SL86857C	GST Registration No.	
Policyholder Name	VASRO RENTALS			Policyhalder NRIC	53367446L
Product Code	FLEET INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	88008855	Contact No.(Office)	0	Contact No. (Home)	0
meil Address		Special Remark		eCode	Inc V
PK	® No ○Yes	TCA	® No ○ Yes	eCode Reason	
ACD Protection	No.	NCD Entitlement(%)	0	Private Hire	Yes
 Accident Details 					
eport Date	22/05/2018 19:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ate of Accident	21/05/2018	Time of Accident hhomm.	19:30	Country of Accident	Singapore
eporting Centire		Orange Force		TCM No.	
ccident Location	ALONG WHAMPOA WEST TWOS BENDEN	MEER RD			
⊕ Benefits					
♥ Excess					
wn damage Excess	2.000.00	Additional Excess	0	Windscreen Excess	100.00
nnamed Oriver Excess		Outside Singapore OD Excess	2,000.00		
nird Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Inform	nation				
ST Registered	No		GST Registration Date		
ST Registration No. odification History			GSY Status Venfied	Yes	
Policyholder Mailing A	ddress				
ddress 1	BLK 272 #03-22	Address 2	TAMPINES STREET 22	Address 3	SINGAPORE 520272
ddress 4		Address Type	Singapore address	Post Code	520272
nit No.	03-22	Related Policy Number	5095128194		
OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	CHEONS KUO AN RICHARD	Driver NRIC	592497952	Driver DOS	28/10/1992
gister Date of Driver License		Driver Age	25	Driving Experience	2
ornact No (Mobile)	88189795	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 593A	Address 2	MONTREAL LINK	Address 3	MONTREAL VILLE
ddress 4	SINGAPORE 751593	Address Type	Singapore address	Maria Maria	No. of Contract of
		7.00-5-5-5-5-6-C-7	pringapore doureas	Post Code	751593
nit No.	02-66	200-200-200-200	Singapore doubles	Post Code	/51593
init No. roes he own a Singapore egistered car?	02-66 ○ Yes ® No	Driver Whicle No.	pringapora sicor sas	Driver Insurer Company	V21243
oes he own a Singapore			® res ○ No		/31943
oes he own a Singapore egistered car? ociaration reathalyser or Blood Test eading?	○ Yes ® No	Driver Vehicle No.			/31943
oes he own a Singapore opstered car? Indication Teethalyser or Blood Test eading? Colorination History Colorination Micros	⊙ Yes ® No O mg	Driver Vehicle No. Any Injury?	® Yes ○ No	Driver bisurer Company	
oes he own a Singapore opstored car? Indianation reethalyser or Blood Test eading? Claim 001 New New 1ype *	O mg	Driver Vehicle No. Any Injury? Insured Name		Driver bisurer Company Insured NRIC	53367445L
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oes he own a Singapore epistered car? Indianation metholyser or Blood Test eading? Claim 001 New Arm Type * entact No.(Mobile) mail Address	O mp OD-MK 90187349	Driver Vehicle No. Any Injury? Insured Name	® Yes ○ No	Insured MRIC Contact No.(Office) TP Vehicle Number	53367446L NIL 53H4272U
oes he own a Singapore spatiered car? claration wathalyser or Blood Test adding? Claim 001 New am Type * intact No.(Mobile) nail Address aim Description	O mg	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number	® Yes ○ NO VASRO RENTALS SLB6457C	Driver bisurer Company Insured NRSC Contact No.(Office)	53367446L NIL 53H4272U
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tes he own a Singapore opstered car? Indianation Indian	O mg O mg O mg OD-MK 90187349 SLB6857C / S3H4272U ON 25 May 2018 Ves ≥22/05/2018 19:37	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability *	© Yes ○ NO VASRO RENTALS SLB6857C Not at Fault	Insured NRSC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	53367445L NTL 53H4277U
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tes he own a Singapore spatiered car? claration eathalyser or Blood Test eathalyser e	O mg O mg O mg OD-MK 90187349 SLB6857C / S3H4272U ON 25 May 2018 Ves ≥22/05/2018 19:37	Driver Vehicle No. Any Injury? Jesured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferenced Repair Option Claim Close Date	© Yes ○ No VASRO RENTALS SLB6857C Not at Fault Preferred Workshop, Name unknown	Insured MRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	\$3367446L NIL \$394272U
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toes he own a Singapore spistered car? Indianation Teathalyser or Blood Test seading? Claim 001 New Am Type * Sintact No (Mobile) Inail Address Jam Description Seferred Workshop Cornact Acquire Finalisation Its Registered Spirit Ak letter Attachment	O Yes ® No O mg OD-MK 90187349 SLB6857C / S3H4272U ON 23 May 2018 Ves 22/05/2018 19:37 Jackson	Driver Vehicle No. Any injury? Insured Name Contact No. (Home) OI vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	Wash O No VASHO RENTALS SLB6857C Not at Faut Preferred Workshop, Name unknown Save Submit	Insured MRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	\$3367446L NIL \$394272U
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oes he own a Singapore egistered car? sciaration realthalyser or Blood Test eading? Claim 001 New New Laim Type * sonact No.(Mobile) mail Address Laim Description referred, Workshop Cornact, o. seport Taken By Print AK letter Attachment	O yes	Driver Vehicle No. Any injury? Insured Name Contact No. (Home) OI vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	VASRO RENTALS SUBBBSTC Not at Fault Preferred Workshop, Name unknown Save Submit 004 22/05/2018 19:39	Insured NRSC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Data Received	S3367446L NIL S364272U Received V 22/05/2018 00:00
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Attachment	uploaded By/Date		Category	8	Urgency	Description	Sent? Ac (CO)
100 to	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CEN Y 2018 19:39	(TRE SERVICES) on 22 Ma	NRIC/ Driving License		Normal	NRIC/ Driving Ucerae 2018-5-22	1
63	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CEN y 2018 19:38	(TRE SERVICES) on 22 Ma	SAS		Normal	SAS 2018-5-22	- Fig.
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CER y 2018 19:38	(TRE SERVICES) on 22 Me	Photos		Normal	Photos 2018-5-22	
71	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CEN Y 2018 19:38	TRE SERVICES) on 22 Ma	Photos		Normal	Photos 2018-5-22	-
	NAC_PAYA_UBI_BD0601(NATJONAL ASSESSMENT CEN y 2018 19:38	TRE SERVICES) on 22 Ma	Photos		Normal	Protos 2018-5-22	
	NAC_PAYA_UBI_BOOKOL[NATIONAL ASSESSMENT CEN V 2018 19:38	(TRE SERVICES) on 22 Ma	Photos		Normal	Photos 2018-5-22	
	NAC_PAYA_UBI_BOOGO1 (NATIONAL ASSESSMENT CEN y 2018 19:18	TRE SERVICES) on 22 Ma	Photos		Normal	Photos 2018-5-22	
SHE	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CEN y 2018 19:38	TRE SERVICES) on 22 Ma	Photos		Normal	Photos 2018-5-22	
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4	NAC_PAYA_UBI_BOOKGI(NATIONAL ASSESSMENT CEN	TRE SERVICES) on 22 Ma	Photos		Normal	Photos 2018-5-22	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CEN y 2018 19:38	TRE SERVICES) on 22 Ma	Photos		Normal	Photos 2018-5-22	
1000	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CEN y 2018 19:38	TRE SERVICES) on 22 Ma	Photos		Normai	Photos 2018-5-22	E
100	NAC_PAYA_USI_BODS03(NATIONAL ASSESSMENT CEN y 2018 19:38	TRE SERVICES) on 22 Ma	Photos		Normal	Photos 2018-5-22	
200	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CEN Y 2018 19:38	TRE SERVICES) on 22 Ma	Photos		Normal	Photos 2018-5-22	
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9	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CEN y 2018 19:37	TRE SERVICES) on 22 Ma	Photos		Normal	Photos 2018-5-22	£
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