Date In: 33/5/18-/197	Jeb description	Date &Time Completed	Done	pi.
Ref No: NA / /NC18009335/24	SAS e-filing			
Veh No: YN9699 E	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 22/5/18-02:00	i-Motor Claim Form	100-88426 boltw	22/2/18	19:59
	i-Motor W/O (Within: OD 2h			Contract of
OD / TP / Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tol: F	ax:	
TP Particulars: Veh No:	149406D . INC)/Non-INC()	18	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	1000015
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 30-	100%]	
Year of Registration: ()	Warranty: YES ()/NO ()		19 10
	\$1,000 ()/\$2,000 ()			
		AND THE STATE OF T	185 (5.17)	
			- V	
() Walk-In Customer: Customer's	information strictly Confidential & S	trictly NO rafer of repairer.		77-35-
() Total Loss Case : to e-mail Ins	surer URGENTLY.		and the same	
Drive-In ()/ Towed-In (); Inve	oice: YES() / NO();	Towing Co: (70)
		101120		100 100
Remarks:- (INC horline: 6788 6616	s) : :	Date&Time Completed	Done	by
1) Apply for Transport Allowance (
1) Apply to: Hanspolt Allowance)/ Courtesy Car (
	// Courtesy Car ()	*		
2) QC Check / Post Repair Inspection	()			
2) QC Check / Post Repair Inspection	()			
2) QC Check / Post Repair Inspection	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	() >\$3000] ()		Jan Stranger	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	()		esanca) ar	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	() >\$3000] ()		77. (A. 1. (A. 1	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	() >\$3000] ()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	() >\$3000] ()		2501cs.538	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	() >\$3000] ()		200 (100 (100 (100 (100 (100 (100 (100 (
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	() >\$3000] ()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions	()		Ant (S)	Amu
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time / Actions	()	eparation Checklist		A Company
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NA 180 3229	() > \$3000] () Invoice Pri	eparation Checklist.	Anit (5)	A Company
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NA 80 3229	() > \$3000] () Invoice Pri 1) AR: Accider 2) DA: Damage	eparation Checklist. at Reporting (\$30); at Assessment (\$100); INC (\$	Anit (5)	A Company
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NA 80 3129	Invoice Pri	cparation Checklist at Reporting (\$30); c Assessment (\$100); INC (\$ Fes \$4 Through Survey	Anit (5) [5: Bill 80) 0/\$45 \$120	Company of the contract of the
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NA 20 3729 Inimant's Particulars:- river/Owner:	Invoice Pri	cparation Checklist at Reporting (\$30); c Assessment (\$100); INC (\$ Fes \$4 Through Survey Through Survey (Resurvey)	Anit (5) fst Bill 80) 0/\$45 \$120 \$30	Company of the control
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NA 20 3729 Inimant's Particulars :- river/Owner:	Invoice Product Invoice Pr	cparation Checklist. at Reporting (\$30); c Assessment (\$100); INC (\$ Fes \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200	Anit (5) fst Bill 80) 0/\$45 \$120 \$30	Company of the contract of the
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NA 20 3729 Inimant's Particulars :- river/Owner:	Invoice Product Invoice Pr	eparation Checklist. at Reporting (\$30); e Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 ection at + SMRT Survey	Anit (5) 15t Bill 80) 0/545 \$120 \$30 \$)	Company of the control
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NA 20 3229 Inimant's Particulars:- river/Owner:	Invoice Pri	eparation Checklist. at Reporting (\$30); e Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 ection at + SMRT Survey	Anit (5) 75t Bill 80) 0/\$45 \$120 \$30 5) \$75	Company of the control
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NA 20 3729 Inimant's Particulars :- river/Owner: Ontact No: amaged Portion:	Invoice Product Invoice Pr	cparation Checklist. at Reporting (\$30); c Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 cction at + SMRT Survey ional Services:-	Anit (5) 75t Bill 80) 0/\$45 \$120 \$30 5) \$75	Company of the control
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NA 20 3729 Inimant's Particulars :- river/Owner: ontact No: amaged Portion:	Invoice Product Invoice Pr	eparation Checklist. at Reporting (\$30); e Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 ection at + SMRT Survey	Anit (S) Th Bill 80) 0/\$45 \$120 \$30 \$) \$75 \$160	Company of the control
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NA 80 3229 Inimant's Particulars:- priver/Owner: Ontact No: hmaged Portion: C Checked by (Engr-In-Charge):	Invoice Product Invoice Pr	eparation Checklist at Reporting (\$30); c Assessment (\$100); INC (\$ Fee \$4 Through Survey (Resurvey) against INC Only (wef 10 Jan 200 cetion a + SMRT Survey ional Services: by Car / Tpt Allowance Co-ordination pair Inspection	\$0) 0/\$45 \$120 \$30 \$) \$75 \$160	Company of the control
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NA 80 3729 Inimant's Particulars :- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): uditors' Comments :-	Invoice Product Invoice Pr	eparation Checklist. at Reporting (\$30); e Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 ection at + SMRT Survey ional Services: by Car / Tpt Allowance Co-ordination pair Inspection ollect Excess Coordination	Anit (S) Th Bill 80) 0/\$45 \$120 \$30 \$) \$75 \$160	Amu (
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NA 80 3229 Inimant's Particulars :- river/Owner: Ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Product Invoice Pr	cparation Checklist. at Reporting (\$30); c Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 cetion a + SMRT Survey ional Services: by Car / Tpt Allowance Co-ordination pair Inspection collect Excess Coordination P (Non INC) against INC	\$0) 0/\$45 \$120 \$30 \$) \$75 \$160 \$25 \$25 \$20 \$30	Company of the control

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.

and the state of t	ACCIDENT STATEMENT
Date Of Report	22/05/2018 11:27
Date Of Accident	22/05/2018 02:00
Exact Location Of Accident	JUNC KAMPONG KAPOR RD & VEERASAMY RD
	SINGAPORE
Country/State of Loss	DETAILS OF OWN VEHICLE
THE RESERVE THE PERSON NAMED IN COLUMN TWO	
Vehicle Registration Number	YN9699E
Insured/Policyholder	
Name Of Registered Owner	SIN KIAN CHAI FOWLS DISTRIBUTOR
Co Reg No	40100100L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96708559
Alternative Phone No	OFFICE-96708559
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB (CBU)
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Delias Number	5076527007.02

5076527097-02 Policy Number

Cover Note Number

Driver

NG WILLIAM Name of Driver NRIC No S1613800B Date Of Birth 26/08/1963 OUTDOOR Occupation 02/10/1996 Date Of Driving Pass

21 YEARS AND 7 MONTHS Driving Experience

Gender MALE

(LOCAL) +65-90162617 Mobile Number

Fax Number

OFFICE-90162617 Contact Number

NOEMAIL EMail Address

BLK 601 ANG MO KIO AVENUE 5 Address

#03-2617

560601 Postcode

Was driver an employee of the Insured's Company YES

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

COLLISION - CROSS JUNCTION Type Of Accident

Weather Conditions CLEAR DRY Road Surface

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) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TURNING FROM KAMPONG KAPOR RD TWDS VEERASAMY RD. SUDDENLY VEHICLE B TRAVELLING ALONG LANE 2 AND OVERTAKE MY VEHICLE. IN A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT LEFT PORTION.

Attachment(s)

YES Are accident photos available for attachment? YES

Was there any video captured by Car Camera?

FILE SIZE TOO LARGE

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SHA9406D Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Remarks/ Reasons:

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

TAXI

Passenger 1 NAME:

GENDER: :

Passenger 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:

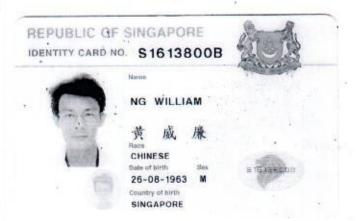
NRIC/FIN No.:

Date & Time:

Name:

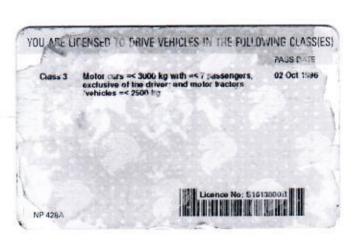
NRIC/FIN No.:

Date & Time:









									Gen	eralClaim
Hello, NAC_PAYA_UBI_80	0601						Change La	nguage	· Change Passw	10-10-10-10
My Desktop	Poli	cy Query					Titoda	ora colasi		ord Log Ou
Notice of Loss	Policy I	No.				Date of Acc	dons	00.00		_
	Vehicle	No.(For Motor)	YN9699E			Date of Acc	ioent	22/05	/2018 02:00	
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence	Expiry Date
	0	5076527097- 02	SIN KIAN CHAI FOWLS DISTRIBUTOR	40100100L	GCV	Comprehensive	YN9699E	Object YN9699E	Date 18/12/2017	17/12/2018

Policy No.	5076527097-02	Policyholder Name	SIN KIAN C	HAI FOWLS DISTRIB	Policyholder NRIC	40100100L	
Address	BLK 212 #11-291 JURONG EAST	STREET 21 S	INGAPORE 6	000212			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy issue Date	16/12/2017	Effective Date	18/12/2017	00:00	Expiry Date	17/12/2018 2	23:59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Youn	g/Inexperience Driver Excess
Agent	INCOME-BRANCH SERVICES	Agent Tel.	67886616		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 212 #11-291	Addre	ss 2	JURONG EAST STRE	ET 21	Address 3	SINGAPORE 600212
		Addre	ss Type	Singapore address	3	Post Code	600212
Address 4							
Address 4 Unit No.		Relate Numb	d Policy er	5071277476-03			
Jnit No.	d Object: YN9699E			5071277476-03			
Init No.				5071277476-03			

Accident MT/0995488								
Policy No.	5076527097-02	Vehicle No.	YN9699E		GST Registration	No.	M90010	SAP
Policyholder Name	SIN KIAN CHAS FOWLS DISTRIBUTOR				Policyholder NR30	2	4010010	OL.
Product Code	COMMERCIAL VEHICLE INSURA:	Cover Type	Comprehensive		Loading		0	
Contact No.(Mobile)	96708559	Contact No. (Office)	0		Contact No.(Hom	41	0	
Imail Address		Special Remark			eCode:	71	Do.Y	
CFIC:	® No ○ Yes	TCA	® No ○ Yes		eCode Reason		THE W	
ICD Protection	NO NCD Entitlement(%)		8.00					
Accident Details	1004	NCU Entitlement(%)	20		Private Hire		No	
eport Date	22/05/2018 19:57	Accident Report Within 24 his	Yes		Accident Type		Collision	Cross Junction
late of Accident	22/05/2018	Time of Accident hitemin	02:00		Country of Accide	-	Singapon	to:
aparting Centre		Orange Force			IOM No.	25	an gapan	35
scrident Location	JUNC KAMPONG KAPOR RD & VEERASAMY				and the same			
P Renefits								
₩ Excess								
wn damage Excess								
	600.00	Additional Excess			Windscreen Excel	in	100.00	
nnamed Driver Excess		Outside Singapore OD Excess						
ning Party Excess	0.00	Outside Singapore TP Excess						
GST Registered Inform	ation							
ST Registered	Yes		GST Registration Date		01000	no.		
ST Registration No.	M90010214P		GST Status venfied		01/10/2 Yes			
odification History			AND CONTROL OF STREET		363			
Policyholder Mailing Ar	idress							
dress 1	BLK 212 #11-291	Address 2	JURONG EAST STREET 21		Address 3		gm-2	
tdress 4		Address Type						RE 600212
nd No.		Related Policy Number	Singapore address		Post Code		600212	
OI Driver Info		Melated Policy Number	5071277476-03					
over Name	1127272							
named driver Name	Unnamed Driver	Onver Type	Unnamed Driver					
	NG WILLIAM	Driver NR3C	816138008		Driver DDS		26/08/19	53
gister Date of Driver License	02/10/1996	Driver Age	54		Driving Experience		21	
intáct No. (Mobile)	90162617	Contact No.(Office)	0		Contact No.(Home	9	0	
tdress t	BLK 601	Address 2	ANG MO KIO AVENUE S					ANG GREEN
								OFFICE OF SERVICE
ldress 4	SINGAPORE 560601				Address 3			
	SINGAPORE \$60601	Address Type	Singapore address		Address 3 Post Code		560601	
Ht No.	03-2617	Address Type						
nt No. res he own a Singapore						1pany		
nt No. res he dwn a Singapore gistered (ar?	03-2617	Address Type			Post Code	Tpany		
of No. res he own a Singapore gistered car? Claration	03-2617	Address Type			Post Code	npany		
et No. des he own a Singapore gestered car? Claration eathslaver or Blood Test	03-2617	Address Type			Post Code	npany		
No. Des he own a Singapore spotened car? Claration bathalwar or Blood Test	03-3637 ○ Y84 ® No	Address Type Driver Vehicle No.	Singapore address		Post Code	npany		
ddress 4 NR No. see the dwn a Singapore egistered car? iclaration mathalyser or Blood Test eeding?	03-3637 ○ Y84 ® No	Address Type Driver Vehicle No.	Singapore address		Post Code	npany		
olt No. res the dwh a Singapore gistered (ar? Claration cathelyser or Blood Test eding?	03-3637 ○ Y84 ® No	Address Type Driver Vehicle No.	Singapore address		Post Code	npany		
it No. es ite dwn a Singapone gostered (ar? Claration bathelyser or Blood Test eding?	03-3637 ○ Y84 ® No	Address Type Driver Vehicle No.	Singapore address		Post Code	"pany		
it No. es he own a Singapone justered car? laration athielyser or Blood Test dding?	03-3637 ○ Y84 ® No	Address Type Driver Vehicle No.	Singapore address		Post Code	npany		
It No. es he own a Singapore pistered (ar? Jaration athalyser or Blood Test ading? sincation History Jaim OOS New	03-3617 ○ Yes	Address Type Driver Vehicle No. Any Injury?	Singapore address ○ Yes No		Post Code Driver Insurer Con	opany	560601	
It No. es he dwh a Singapore gistered (ar? Saration sathsharer or Blood Test eding? discoon History Claim OOI New	03-3617 ○ Yes	Address Type Driver Vehicle No. Any Injury?	Singapore address		Post Code	opany		
It No. es He dwh a Singapore gistered (ar? Saration sathalyser or Blood Test eding? Shication History Claim OOI New Inter No. (Mobile)	03-3617 ○ Yes	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home)	Singapore address O Yes ® No SIN KIAN CHAI POWLS DISTRIB		Post Code Driver Insurer Con		560601	
It No. es Ne own a Singapore gotered car? claration tathelyper or Blood Test ading? shication History Claim 001 New em. Type * tract No.(Mobile) air Address	03-2617 ○ Yes No 0 mg OD-MX 96708559	Address Type Driver Vehicle No. Any Injury?	Singapore address ○ Yes No		Post Code Driver Insurer Con		569601	
it No. es ite own a Simpapore gosered car? claration authalyser or Blood Test adding? shication History Claim OOS New im Type + mact No.(Mobile) all Address Im Description	03-3617 ○ Yes	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home)	Singapore address O Yes ® No SIN KIAN CHAI POWLS DISTRIB		Post Code Driver Insurer Con Insured NRIC Contact No. (Office) TP Vehicle Number		40100100 65630572	
it No. es ite own a Simpapore gosered car? claration authalyser or Blood Test adding? shication History Claim OOS New im Type + mact No.(Mobile) all Address Im Description	03-2617 ○ Yes No 0 mg OD-MX 96708559	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) DJ Vehicle Number,	Singapore address O Yes ® No SIN KIAN CHAI POWLS DISTRIB		Post Code Driver Insurer Con Insured NR3C Contact No. (Office)		40100100 65630572	
It No. es he dwh a Singapore gistered (ar? claration eathelyser or Blood Test eding? shication History Claim OOS New en Type = enter No. (Mobile) all Address im Description ferred Workship Contact	03-3617 ○ Yes No 0 mg 0D-MX 96708559 1782699E / SHAS406D CN 22 May 2018	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) DI Vehicle Number,	Singapore address O Yes ® No Sin Kian Chai Powls Distrib Thosoge		Post Code Driver Insurer Con Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred		40100100 65630572 5HA94060	
es No. es No de de la Simpapore gosered car? Claration cathelyser or Blood Test eding? Shication History Claim OOS New em Type * mact No.(Mobile) all Address Im Description ferred Workshop Confact turs Finsitation	03-2617 Yes No 0 mg 0D-MX 96708559 YNS699E / SHAS4060 ON 22 May 2018 Ves	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) DJ Vehicle Number, Insured Liability * Preferered Repair Option	Singapore address O Yes ® No SIN KIAN CHAI POWLS DISTRIB		Post Code Driver Insurer Con Insured NRIC Contact No. (Office) TP Vehicle Number		40100100 65630572	
ist No. Jee Ne dwn a Singapone gestered car? Claration Eathelyser or Blood Test eding? dification History Claim OOI New Jeen Type * Intact No. (Mobile) all Address Im Description ferred Workshop Confact Jura Finalisation Jee Registered	03-3617 ○ Yes ® No 0 mg 0D-MX 96708559 TNIS659E / SHAS4060 ON 22 May 2018 Ves 22/05/2018 19:59	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) DI Vehicle Number,	Singapore address O Yes ® No Sin Kian Chai Powls Distrib Thosoge	D	Post Code Driver Insurer Con Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred		40100100 65630572 5HA94060	V
ist No. Jes He dwn a Singapone gestered (ar? Claration Eathelyser or Blood Test edding? dification History Claim OOI New Jent Type * Intact No. (Mobile) Jeal Address Jem Description ferred Workshop Contact Jerry Finalization Je Registered John Taken By	03-2617 Yes No 0 mg 0D-MX 96708559 YNS699E / SHAS4060 ON 22 May 2018 Ves	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) DJ Vehicle Number, Insured Liability * Preferered Repair Option	Singapore address O Yes ® No Sin Kian Chai Powls Distrib Thosoge	D	Post Code Driver Insurer Con Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred.		40100100 65630572 5H894060	V
ist No. Jes He dwn a Singapone gestered (ar? Claration Eathelyser or Blood Test edding? dification History Claim OOI New Jent Type * Intact No. (Mobile) Jeal Address Jem Description ferred Workshop Contact Jerry Finalization Je Registered John Taken By	03-3617 ○ Yes ® No 0 mg 0D-MX 96708559 TNIS659E / SHAS4060 ON 22 May 2018 Ves 22/05/2018 19:59	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) DJ Vehicle Number, Insured Liability * Preferered Repair Option	Singapore address O Yes ® No Sin Kian Chai Powls Distrib Thosoge	D	Post Code Driver Insurer Con Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred.		40100100 65630572 5H894060	V
NR No. He he own a Singapore spotened (ar? Claration Latthalyser or Blood Test adding? dification History	03-3617 ○ Yes ® No 0 mg 0D-MX 96708559 TNIS659E / SHAS4060 ON 22 May 2018 Ves 22/05/2018 19:59	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) DI Vehicle Number, Insured Liability * Preference Repair Option Claim Close Date	Singapore address O Yes ® No SIN KIAN CHAI POWLS DISTRIB TN36996 Not at Fault Preferred Workshop, Name unknown	D	Post Code Driver Insurer Con Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred.		40100100 65630572 5H894060	V
es No. es No des No de Simpapore gosered car? claration sathalyzer or Blood Test ading? shication History Claim 003 New em Type * mact No.(Mobile) all Address im Description ferred Workshop Confact turns Finalitation e Registered oort Taken By Print AK letter	03-3617 ○ Yes ® No 0 mg 0D-MX 96708559 TNIS659E / SHAS4060 ON 22 May 2018 Ves 22/05/2018 19:59	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) DI Vehicle Number, Insured Liability * Preference Repair Option Claim Close Date	Singapore address O Yes ® No Sin Kian Chai Powls Distrib Thosoge	D	Post Code Driver Insurer Con Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred.		40100100 65630572 5H894060	V
is No. es he own a Singapore jostered car? daration athialyser or Blood Test adding? sincation History claim 001 New em Type * stact No.(Mobile) all Address im Description ferred Workshop Confact urs Finalitation e Registered ort Taken By Print AK letter	03-3617 ○ Yes ® No 0 mg 0D-MX 96708559 TNIS659E / SHAS4060 ON 22 May 2018 Ves 22/05/2018 19:59	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) DI Vehicle Number, Insured Liability * Preference Repair Option Claim Close Date	Singapore address O Yes ® No SIN KIAN CHAI POWLS DISTRIB TN36996 Not at Fault Preferred Workshop, Name unknown	D	Post Code Driver Insurer Con Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred.		40100100 65630572 5H894060	V
es he dwn a Simpapore es he dwn a Simpapore claration sathalyser or Blood Test adding? Shcation History Chairm OOI New White History Whit	03-3617 ○ Yes ® No 0 mg 0D-MX 96708559 TNIS659E / SHAS4060 ON 22 May 2018 Ves 22/05/2018 19:59	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) DI Vehicle Number, Insured Liability * Preference Repair Option Claim Close Date	Singapore address O Yes ® No SIN KIAN CHAI POWLS DISTRIB TN36996 Not at Fault Preferred Workshop, Name unknown	D	Post Code Driver Insurer Con Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred.		40100100 65630572 5H894060	V
es he dwh a Singapore gosered car? Claration sathalyser or Blood Test edding? Shication History Claim OOI New White Type + Intact No (Mobile) all Address im Description ferred Workshop Contact iture Finalization ie Registered sont Taken By Print AK letter Kachment	03-3617 ○ Yes ® No 0 mg 0D-MX 96708559 TNIS659E / SHAS4060 ON 22 May 2018 Ves 22/05/2018 19:59	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) DI Vehicle Number, Insured Liability * Preference Repair Option Claim Close Date	Singapore address O Yes ® No SIN KIAN CHAI FOWLS DISTRIB VN26996 Not at Fault Preferred Workshop, Name unknown Save Submit	D	Post Code Driver Insurer Con Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred.		40100100 65630572 5H894060	V
es he dwh a Singapone gotered car? Claration eathalyser or Blood Test eding? Shication History Claim OOI Nem Type * Intact No. (Mobile) all Address Im Description ferred Workshop Contact Jure Finalization e Registered boost Taken By Print AK Jetter Kachment	03-2617	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Prome) DI Vehicle Number, Insured Liability * Preferend Repair Option Claim Close Date	Singapore address O Yes ® No SIN KIAN CHAI FOWLS DISTRIB VN096996 Not at Fault Preferred Workshop, Name unknown Save Submit	D	Post Code Driver Insurer Con Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred.		40100100 65630572 5H894060	V
es he dwn a Simpapore gosered car? Claration sathalyser or Blood Test adding? Shication History Claim OOI New White Type + Intact No (Mobile) all Address Im Description ferred Workshop Contact Iture Finalization e Registered sont Taken By Print AK Jetter Itachment dent No.	03-3617	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Prome) DI Vehicle Number Insured Liability * Preferend Repair Option Claim Clase Date	Singapore address O Yes ® No SIN KIAN CHAI FOWLS DISTRIB VN096996 Not at Fault Preferred Workshop, Name unknown 001 22/05/2018 20:01	D	Post Code Driver Insurer Con Insured NR3C Contact No. (Office). TP Vehicle Number Name of Preferred GIA report Date Received	Workshop	40100100 65630572 5HA9406D Received 22/05/201	V
is No. Is No. Is no with a Simpleone proceed car? Is nation Is nation Is not be seen as Simpleone process of the desired of the seen process	03-2617	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Prome) DI Vehicle Number, Insured Liability * Preferend Repair Option Claim Close Date	Singapore address O Yes ® No SIN KIAN CHAI FOWLS DISTRIB INDESSE Preferred Workshop, Name unknown Dol 22/05/2018 20:01 Category *	V	Post Code Driver Insurer Con Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred.		40100100 65630572 5HA9406D Received 22/05/201	V
is No. Is No. Is no with a Simpleone proceed car? Is nation Is nation Is not be seen as Simpleone process of the desired of the seen process	03-3617	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Prome) DI Vehicle Number, Insured Liability * Preferend Repair Option Claim Close Date	Singapore address O Yes ® No SIN KIAN CHAI FOWLS DISTRIB VN096996 Not at Fault Preferred Workshop, Name unknown 001 22/05/2018 20:01	D	Post Code Driver Insurer Con Insured NR3C Contact No. (Office). TP Vehicle Number Name of Preferred GSA report Date Received	Workshop	40100100 65630572 5HA9406D Received 22/05/201	9 00 00
It No. es he own a Simpleone gistered car? Saration sathalyser or Blood Test solicition Shication History Shication History Shication History Shication History With Type + Ittact No. (Mobile) all Address im Description ferred Workship Contact Juris Finalization er Repistered oort Taken By Print AK Jetter IKachment dent No.	03-3617	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Prome) DI Vehicle Number, Insured Liability * Preferend Repair Option Claim Close Date	Singapore address O Yes ® No SIN KIAN CHAI FOWLS DISTRIB INDESSE Preferred Workshop, Name unknown Dol 22/05/2018 20:01 Category *	V	Post Code Driver Insurer Con Insured NR3C Contact No. (Office). TP Vehicle Number Name of Preferred GSA report Date Received Confidential	Workshop Urgens Normal	401001001 65630572 SHA94060 22/05/201	9 00 00
es he dwh a Singapone gotered car? Claration eathalyser or Blood Test eding? Shication History Claim OOI Nem Type * Intact No. (Mobile) all Address Im Description ferred Workshop Contact Jure Finalization e Registered boost Taken By Print AK Jetter Kachment	03-3617	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Prome) DI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Browse. Browse.	Singapore address O Yes ® No SIN KIAN CHAI FOWLS DISTRIB VN06996 Not at Fault Preferred Workshop, Name unknown 1001 22/05/2018 20:01 Category * Clear Please Select		Post Code Driver Insurer Con Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred GSA report Date Received Confidential	Workshop Urgens Normal Normal	40100100 65630572 5H694060 22/05/201	9 00 00
In No. Jes He dwh a Singapone gestered car? Claration Eathelyser or Blood Test eding? Charation History Claim OOI Nem Jen Type + Intact No. (Mobile) Jen Address Jen Description ferred Workshop Contact Juris Finalization Je Registered John AK Jetter Stachment Jedent No.	03-3617	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Prome) DI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Uploed Date Browse. Browse.	Singapore address O Yes ® No Sin Klan Chai Fowls Distrie Interpret Workshop, Name unknown Ool 22/05/2018 20:01 Category * Clear Please Select Clear Please Select		Post Code Driver Insurer Con Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred GSA report Date Received Confidential	Urgene Normal Normal	401001001 65630572 5HA94060 Received 22/05/201	9 00 00
IR No. Jes Ne own a Simpleone gestered (ar? Claration Bathelyser or Blood Test ading? discation History Claim OOI New John Type * Intext No. (Mobile) Jail Address Jail Morkshop Contact John Finalization Je Registered port Taken By	03-3617	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Prome) DI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Browse. Browse.	Singapore address O Yes ® No SIN KIAN CHAI FOWLS DISTRIB VN06996 Not at Fault Preferred Workshop, Name unknown 1001 22/05/2018 20:01 Category * Clear Please Select		Post Code Driver Insurer Con Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred GSA report Date Received Confidential	Workshop Urgens Normal Normal	40100100 65630572 5H694060 22/05/201	9 00 00
In No. Jes He dwh a Singapone gestered car? Claration Eathelyser or Blood Test eding? Charation History Claim OOI Nem Jen Type + Intact No. (Mobile) Jen Address Jen Description ferred Workshop Contact Juris Finalization Je Registered John AK Jetter Stachment Jedent No.	03-3617	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Prome) DI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Uploed Date Browse. Browse.	Singapore address O Yes ® No Sin Klan Chai Fowls Distrie Interpret Workshop, Name unknown Ool 22/05/2018 20:01 Category * Clear Please Select Clear Please Select		Post Code Driver Insurer Con Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred Confidential Confidential	Urgene Normal Normal	40100109 65630572 5HA9406D	9 00 00
In No. Jes He dwh a Singapone gestered car? Claration Eathelyser or Blood Test eding? Charation History Claim OOI Nem Jen Type + Intact No. (Mobile) Jen Address Jen Description ferred Workshop Contact Juris Finalization Je Registered John AK Jetter Stachment Jedent No.	03-3617	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Prome) DI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date Browse. Browse. Browse.	Singapore address O Yes ® No SIN KIAN CHAI FOWLS DISTRIB WYMSSPE Not at Fault Preferred Workshop, Name unknown 22/05/2018 20:01 22/05/2018 20:01 Cotegory * Clear Please Select Clear Please Select Clear Please Select Clear Please Select	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Post Code Driver Insurer Con Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred GSA report Confidential III V	Urgent Normal Normal Normal	401001001 65630572 5HA94060 Received 22/05/201	9 00 00

	Uploaded By/Date	Folder Date	File Name	?	Source	Action		
o List	CONTRACTOR NATIONAL MAIN	v 2018-20:00	Photos	Normal	Photos 2018-5-22			
		NAC_PAYA_UBI_800801(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Ma Y 2018 20:00 Photos NAC_PAYA_UBI_800601[NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Ma Y 2018 20:00 Photos		PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Ma y 2018 20:00 PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Ma		Normal	Photos 2018-5-22	
				Normal	Photos 2018-5-22			
	NAC_PAYA_UBI_B00601/ NATI	ONAL ASSESSMENT CENTRE SERVICES) on 22 Ma y 2018 20:00	Photos	Normal	Photos 2018-5-22			
	NAC_PAYA_UB1_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 22 Ma y 2018 20:00	Photos	Normal	Photos 2018-5-22			
	NAC_PAYA_UBI_B00601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 22 Ma y 2018 20:00	Photos	Normal	Photos 2018-5-22			
A	NAC_PAYA_UBI_B00601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 22 Ma y 2018 20:00	Photos	Normali	Photos 2018-5-22			
	NAC_PAYA_UB1_800603(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 22 Ma y 2018 20:00	Photos	Normal	Photos 2018-5-22			
	NAC_PAYA_UBI_800601(NAT	TONAL ASSESSMENT CENTRE SERVICES) on 22 Ma y 2018 20:00	Photos	Normal	Photos 2018-5-22			
	NAC_PAYA_UBI_800801[NAT	IONAL ASSESSMENT CENTRE SERVICES) on 22 Ma y 2018 20 00	Photos	Normal	Photos 2018-5-22			
2	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 22 Ma y 2018 20:00	Photos	Normal	Photos 2018-5-22			
4	NAC_PAYA_UBI_800601(NAT	ICINAL ASSESSMENT CENTRE SERVICES) on 22 Ma y 2018 20:00	Photos	Normal	Photos 2018-5-22			
1	NAC_PAYA_URL_800601(NAT	10NAL ASSESSMENT CENTRE SERVICES) on 22 Ma y 2018 20:00	Photos	Normal	Photos 2018-5-22			
1	NAC_PAYA_UEI_800601(NA1	TONAL ASSESSMENT CENTRE SERVICES) on 22 Ma y 2018 20:00	Photos	Normal	Photos 2018-5-22			
	NAC_PAYA_UBI_800601(NAT	TOWAL ASSESSMENT CENTRE SERVICES) on 22 Ma y 2018 20:00	Photos	Normal	Photos 2018-5-22			
	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 22 Ma. y 2018 20:00	Photos	Normal	Photos 2018-5-22			
9	NAC_PAYA_UB1_800603(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 22 Ma y 2018 20:01	SAS	Normal	SAS 2018-5-22			
THE.	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 22 Ma y 2018 20:01	NR3C/ Oriving License	Normal	NRIC/ Driving License 2018-5-22			
100		Uploaded By/Date	Category	urgency	Description	Sen (CC		