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D.O.A: 28/7/18-21:00	i-Motor Clai		M1/0996514-001	30/1/18	18:35
	i-Motor W/C	(Within: OD 2hr	s. TP 4brs)		
OD TP : Reporting Only	i-Photo Upio		1		
200	Assessment/St	irvey Report			
TP Insurer:			o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh No: SKF	383'4	INC (	)/Non-INC( )	28	
Owner / Driver: (			Tel:	)	
Policy No: ( ) Po	eriod: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est. Status (V	WO): N: 0-2	0%; P: 21-79%. P: 80-	-100%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1,	000 ( )/\$2,000	( )			
General Remarks:				Contract	-
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#### 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.
   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.

	ACCIDENT STATEMENT
Date Of Report	30/05/2018 18:17
Date Of Accident	28/05/2018 21:00
Exact Location Of Accident	MILLENIA WALK DROP OFF POINT
Country/State of Loss	SINGAPORE
D. D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJA2718B
Insured/Policyholder	
Name Of Registered Owner	HO2 PTE LTD
Co Reg No	201623774E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8 A
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	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	5100572973
Cover Note Number	
Driver	
Name of Driver	OON HOCK CHYE
NRIC No	S1611454E
Date Of Birth	01/09/1963
Occupation	OUTDOOR
Date Of Driving Pass	14/08/1985
Driving Experience	32 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96163625
Fax Number	
Contact Number	OFFICE-96163625
EMail Address	NOEMAIL

BLK 109 GANGSA ROAD Address

#02-145 670109

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Postcode

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

CLEAR Weather Conditions 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.

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : FEMALE

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

Was the accident reported to the police?

NO

2

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### Circumstances of Accident

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded? NO

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

Vehicle Registration Number SKF383H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHONG CHOON LIM

NRIC/Passport Number S1745429C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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
- 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.
- 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.

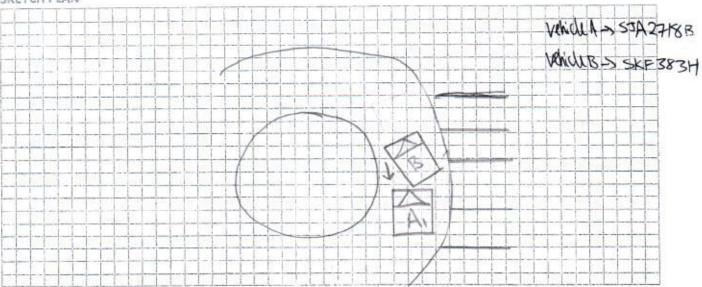
Policyholder's Signature

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

Reporting Centre Personnel's Signature

Name: NRIC/FIN No .:

Date & Time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

MARKET TO SERVICE THE SERVICE STATE OF THE SERVICE	ACCIDENT DETAILS	
Date of accident	28105/18	(DD/MM/YY
Time of accident	2100	(HH:MM
Exact location of accident	Millenia walls Drop off poi	nt

AND THE PERSON OF THE PERSON	DETAILS OF VEHICLE
Vehicle registration number	SJA2718B
Vehicle make and model	Touta wish
Type of vehicle	Saloon   MPV   CRV   Van   Lorry   Bus   Motorcycle   Others:
Vehicle category	Private   Commercial   Motorcycle
Purpose of using at said time	working
Are you claiming under your own insurance company?	Yes □ No ☑ if no, please select:  Third part claim ☑ Reporting only □

	INSURANCE IN	FORMATION	A SECTION AND ADDRESS OF THE PERSON NAMED IN COLUMN ASSESSMENT OF THE PERSON N
Insurance company	174	JC	
Policy number			
Type of policy	Comprehensive d	Third party fire & theft	TP only 🗆

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Contact					
Address					

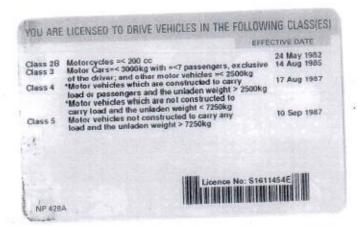
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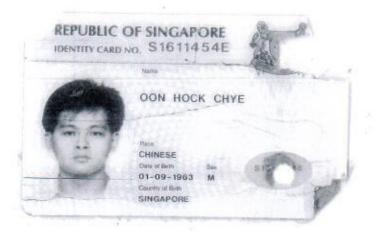
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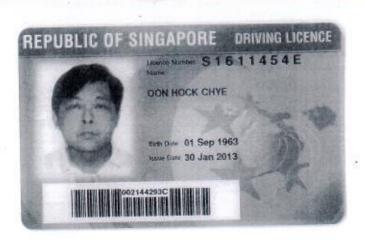
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Was injured conveyed to	Yes 🗆	No 🗆	6
hospital by ambulance?			
<b>建筑的人类是社会是实验</b>	THE PER	INJURED	D PERSON 6
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes □	No □	
Was injured conveyed to	Yes □	No □	









		The Real Property lies			Change Lan	guage '	Change Passwor	d · Log Out
y Query								
5.				Date of Acc	ident	28/05/	2018 21:00	
No.(For Mator)	S3A2718B							
				Search				
Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
5100572973	HO2 PTE LTD	201623774E	GFT	drivo CLASSIC	SJA2718B	SJA2718B	15/05/2018	
	WHITE CHANGE SHOW	Policy No. Policyholder Name	Policy No. Policyholder Name Policyholder	Policy No. Policyholder Policyholder Product	y Query  Date of Accomposition (Por Motor)  S3A2718B  Search  Policy No. Policyholder Name NRIC Product Cover Type	y Query  Date of Accident  No.(For Motor)  SJA2718B  Search  Policy No.  Policyholder Name Policyholder Product Cover Type Vehicle No.	y Query  Date of Accident 28/05/ No.(For Motor) SJA2718B  Search  Policy No. Policyholder Name Policyholder Product Cover Type Vehicle No. Object	y Query  Date of Accident 28/05/2018 21:00  No.(For Motor) S3A2718B  Search  Policy No. Policyholder Name NRIC Product Cover Type Vehicle No. Object Date

olicy No.	5100572973		Policyholder Name	HO2 PTE L	,TD	Policyholder NRIC	201623774E	
ddress	3031A UBI ROA	D 3 #01-118 9	SINGAPORE 40	8659				
Product Name	FLEET INSURAN	CE	Plan			Group Policy Flag	N	
Policy ssue Date	08/05/2018		Effective Date	15/05/201	8 00:00	Expiry Date	14/05/2019	23:59
xcess			All Claim Excess					
hird arty xcess	1500.00		Own damage Excess	2000.00		Windscreen Excess	100.00	
Additional xcess	0		OS Premium	30067.00				
Outside Singapore OD Excess	2000.00		Outside Singapore TP Excess	1500.00			Your	ng/Inexperience Driver Excess
Agent	KHC HOLDINGS	PTE LTD	Agent Tel.	62538288		GST Flag	Υ	
Co- nsurance Flag Open Policy nfo Certificate Info	No							
Policy	holder Mailing	Address		5 49	0.000		and Market Services	100000000000000000000000000000000000000
Address 1	3031A	JBI ROAD 3	Add	ress 2	#01-118		Address 3	SINGAPORE 408659
Address 4			Add	ress Type	Singapore address		Post Code	408659
Unit No.	01-118		Rela Num	ted Policy	5100572973			
D Insur	ed Object: SJA2	718B						
Seque 1	nce Date o	f Endorsement	Endorsem Basic Inform Endorsemen	nation	Endorsement Number	Endorse Endorsem Effective	ement Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 15 May 2018, th following amendment(s) is/are made to this policy: VEHICLE NUMBER HIRE PURCHASE COMPAI SGD4012K TAI THONG LEE TRADING PTE LTD SGY8614L TAI THONG LEE TRADING PTE LTD SJA2549Y TAI THONG LEE TRADING PTE LTD SJA2549Y TAI THONG LEE TRADING PTE LTD SJA2718B TAI THONG LEE TRADING PTE LTD SJA5936T TAI THONG LEE TRADING PTE LTD SKH5133U TAI THONG LEE TRADING PTE LTD SKH5133U TAI THONG LEE TRADING PTE LTD SKH5133U TAI THONG LEE TRADING PTE LTD SKN1015Y TAI THONG LEE TRADING PTE LTD SKN812E DAIMLER FINANCIAL SERVICES
								AFRICA & ASIA PACIFIC LTD  Thank you for giving us the opportunity to serve you. We confirm that the following vehicle (has/have been deleted from this policy: VEHICLE NUMBER

he premium on this policy has n scident MT/0996524	ot been collected.									
elicy No.	5100572973			Vehicle No.	SJA27188		SST Registration No.			
	HO2 PTE LTD			101000.10			Poscytholder NRIC		201623774E	
				Cover Type	drive CLASSIC		oading		0	
reduct Code	FLEET INSURANCE				n CLASSIC		Contact No.(Home)		0	
ontact No.(Mobile)	0			Consact No.(Office) Special Remark	0		eCode		T- 4	
mail Address	Valence State of the State of t				00		eCode Reason		10000	
FK	No Yes			TCA	® No ○ Yes				Name of the last o	
CD Protection	No:			NCD Entitlement(%)	0		Private Hire		Yes	
Accident Details										
eport Date	10/05/2018 18:33			Accident Report Within 24 hrs	Yes		Accident Type		Damaged whilst par	ked.
ate of Accident	28/05/2018			Time of Accident hhomm	21:00		Country of Accident		Singapore	
eporting Centre				Orange Force		8	ICM No.			
	MILLENIA WALK DRO									
ccident Location	MILLENIA WALK DRO	IF OFF POIN	11							
9 Benefits										
♥ Excess										
win damage Excess		2,000.00		Additional Excess	0	3	Windscreen Excess		100.00	
Innamed Driver Excess				Outside Singepore OD Excess		z,000.00				
hied Party Excess		1,500.00		Outside Singagore TP Excess		1,500.00				
ST Registered Informa	tion									
ST Registered	No.				GST Registr	ration Date				
ST Registration No.					GST Status	Venfied	No			
fodification History										
Policyholder Hailing Ado	fress									
				Address 2	#01-118		Address 3		SINGAPORE 40865	9
Address I	3031A UBI RDAD 3						Post Code		408659	1
Address 4				Address Type	Singapore address		POSC LOGE		*******	
init No.	01-118			Related Policy Number	5100572973					
□ OI Driver Info										
Driver Name	Unnamed Driver			Driver Type	Unnamed Driver					
Annamed driver Name	DON HOCK CHYE			Driver NRIC	\$1611454E	100	Dover DDS		01/09/1963	
legister Date of Driver License	14/08/1985			Driver Age	54	Q.	Driving Experience		32	
Contact No.(Mobile)	96163625			Contact No.(Office)	0	39	Contact No.(Home)		0	
2 econoble	BLK 109			Address 2	GANGSA ROAD		Address 3		SINGAPORE 67010	9
									THE PARTY OF THE PARTY	
Address 4				Address Type	Singapore address	3	Post Code		670109	
	07.148			Address Type	Singapore address					
Unit No.	02-149				Singapore address		Post Code			
Unit No. Does he own a Singapore	02-145 ① Yes ® No			Address Type  Driver Vehicle No.	Singapore address			any		
Unit No. Does he own a Singapore					Singapore address		Post Code	any		
Unit No. Does he own a Singapore Registered car? Declaration					Singapore address		Post Code	any		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test					Singapore address		Post Code	any		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	○ Yes ® No			Driver Vehicle No.	XSFR		Post Code	eny		
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	○ Yes ® No			Driver Vehicle No.	XSFR		Post Code	eny		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	○ Yes ® No			Driver Vehicle No.	XSFR		Post Code	any		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	○ Yes ® No			Driver Vehicle No.	XSFR		Post Code	any		
Unit No. Does he own a Singapore Registered car? Pectaration Breathalyser or Blood Test Reading?	○ Yes ® No			Driver Vehicle No.	XSFR		Post Code	any		
Init No.  Joes he own a Singapore Legistered Cor?  ectaration  legistarion Blood Test leading?	○ Yes ® No			Driver Vehicle No.	XSFR		Post Code	any		
Unit No. Does he own a Singapore Legistered car?  seclaration  Breathalyser or Blood Test leading?  foodification History  Claim 001 New	○ Yes ® No 0 mg	V		Driver Vehicle No.	XSFR		Post Code	any		
Unit No. Does he own a Singapore legistered car?  sectaration  Breathalyser or Blood Test leading?  Claim 001 New  Claim Type *	○ Yes ® No 0 mg	V		Driver Vehicle No.  Any injury?  Insured Name	○ Yes <b>®</b> No		Post Code  Driver Insurer Comp	any j	670109	
Unit No.  Does he own a Singapore Registered car?  Peclaration  Breathalyser or Blood Test Reading?  Foodification History  Claim 001 New  Claim Type *  Contact No. (Mobile)	○ Yes ® No 0 mg	V		Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home)	○ Yes ® No		Post Code  Driver Insurer Comp  Insured NRIC  Contact No.(Office)	any j	670109 20162377AE ND	
John No.  Joes he own a Singapore legistered car?  sectaration  Sreathalyser or Blood Test leading?  Codification History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Itmas Address	O mg			Driver Vehicle No.  Any injury?  Insured Name	○ Yes <b>®</b> No		Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number	Property of	670109 201623774E	
Junt No.  Joes he own a Singapore Legistered car?  Breathalyser or Blood Test Leading?  Codification History  Chaim 001 New  Chaim Type +  Contact No. (Mobile)  Lemas Address Claim Description	○ Yes ® No 0 mg			Onver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number	O Yes ® No HO2 PTE LTD SIA27188		Post Code  Driver Insurer Comp  Insured NRIC  Contact No.(Office)	Property of	670109 20162377AE ND	
Init No.  Does he own a Singapore legistered car?  Steathalise  Breathalyser or Blood Test leading?  Chaim 001 New  Chaim Type *  Contact No. (Mobile)  Steam Address  Claim Description  Preferred Workshop Contact	O mg			Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home)	○ Yes ® No	Į.	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred W	Property of	201623774E NDL SKF383H	
John No.  Joes he own a Singapore Legistered car?  Relativation  Breathalyser or Blood Test Leading?  Claim 001 New  Claim 1001 New  Chaim 4001 New  Chaim 4001 New  Chaim 4001 New  Chaim 5001 New  Chaim 500	O mg		y 2018	Onver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number	O Yes ® No HO2 PTE LTD SIA27188	Į.	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number	Property of	670109 20162377AE ND	
Just No.  Joes he own a Singapore Legistered car?  Activation  Breathalyser or Blood Test Reading?  Codification History  Claim 001 New  Chaim Type +  Contact No. (Mobile)  Breathalt Address  Claim Description  Perferred Workshop Contact 40.  Require Finalisation	O mg  On-Mx  90050110  SJA27188 / SKF383H	H ON 26 Ma	y 2018	Onver Vehicle No.  Any injury?  Insured Name Contact No.(Home) GS Vehicle Number  Insured Liability +	O Yes ® No HO2 PTE LTD SIA27188	co, Name unknown	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred W	Property of	201623774E NDL SKF383H	
Unit No. Does he own a Singapore Registered car?  Rectaration  Breathalyser or Blood Test Reading?  Addification History  Claim Type + Contact No. (Mobile)  Email Address Claim Description  Preferred Workshop Coreact No.  Require Finalisation  Date Registered	O mg  OD-MX  90050110  SJA27188 / SKF383- Yes	H ON 26 Ma	y 2018	Onver Vehicle No.  Any injury?  Insured Name Contact No. (Home) G0 Vehicle Number  Insured Liability + Preferend Repair Option	O Yes ® No HO2 PTE LTD SIA27188	co, Name unknown	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred W  GIA report	Property of	2016237746 NDL SKF383H	
Junt No.  Joes he own a Singapore legistered car?  Joestharition  Breathalyser or Blood Test leading?  Jodification History  Chaim 001 Next  Chaim Type +  Contact No. (Mobile)  John Description  Jordermed Workshop Contact  No.  Require Finalisation  Jose Registered  Report Taken By	O mg  OD-MX  90050110  SJA27168 / SKF363h  Yes  30,005/2018 18:35	H ON 26 Ma	y 2018	Onver Vehicle No.  Any injury?  Insured Name Contact No. (Home) G0 Vehicle Number  Insured Liability + Preferend Repair Option	O Yes ® No HO2 PTE LTD SIA27188	co, Name unknown	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred W  GIA report	Property of	2016237746 NDL SKF383H	
Junt No.  Joes he own a Singapore legistered car?  Joestharition  Breathalyser or Blood Test leading?  Jodification History  Chaim 001 Next  Chaim Type +  Contact No. (Mobile)  John Description  Jordermed Workshop Contact  No.  Require Finalisation  Jose Registered  Report Taken By	O mg  OD-MX  90050110  SJA27168 / SKF363h  Yes  30,005/2018 18:35	H ON 26 Ma	y 2018	Onver Vehicle No.  Any injury?  Insured Name Contact No. (Home) G0 Vehicle Number  Insured Liability + Preferend Repair Option	O Yes ® No HOZ PTE LTD SJA27188 Not at Fault Preferred Worksh	co, Name unknown	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred W  GIA report	Property of	2016237746 NDL SKF383H	
Unit No. Does he own a Singapore Registered car?  Declaration  Breath Blyser or Blood Test Reading?  Addition History  Claim Type + Contact No. (Mobile)  Email Address Claim Description  Perfermed Workshop Contact No. Require Finalisation  Date Registered  Report Taken By	O mg  OD-MX  90050110  SJA27168 / SKF363h  Yes  30,005/2018 18:35	H ON 26 Ma	y 2018	Onver Vehicle No.  Any injury?  Insured Name Contact No. (Home) G0 Vehicle Number  Insured Liability + Preferend Repair Option	O Yes ® No HO2 PTE LTD SIA27188	co, Name unknown	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred W  GIA report	Property of	2016237746 NDL SKF383H	
Junt No.  Joes he own a Singapore legistered car?  Joestharition  Breathalyser or Blood Test leading?  Jodification History  Chaim 001 Next  Chaim Type +  Contact No. (Mobile)  John Description  Jordermed Workshop Contact  No.  Require Finalisation  Jose Registered  Report Taken By	O mg  OD-MX  90050110  SJA27168 / SKF363h  Yes  30,005/2018 18:35	H ON 26 Ma	y 2018	Onver Vehicle No.  Any injury?  Insured Name Contact No. (Home) G0 Vehicle Number  Insured Liability + Preferend Repair Option	O Yes ® No HOZ PTE LTD SJA27188 Not at Fault Preferred Worksh	co, Name unknown	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred W  GIA report	Property of	2016237746 NDL SKF383H	
John No.  Joes he own a Singapore legistered cor?  Joesthation  Breathalyser or Blood Test leading?  Jodification History  Chaim 001 New  Chaim Type *  Contact No. (Mobile)  John Address  Claim Description  Jordermed Workshop Contact  No.  Joesthat Registered  Report Taken By  Print AK letter  Attachment	O mg  OD-MX  90050110  SJA27168 / SKF363h  Yes  30,005/2018 18:35	H ON 26 Ma	y 2018	Onver Vehicle No.  Any injury?  Insured Name Contact No. (Home) G0 Vehicle Number  Insured Liability + Preferend Repair Option	O Yes ® No HOZ PTE LTD SJA27188 Not at Fault Preferred Worksh	co, Name unknown	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred W  GIA report	Property of	2016237746 NDL SKF383H	
Unit No. Does he own a Singapore Registered car?  Declaration  Broadhayser or Blood Test Reading?  Foodification History  Chaim 001 New  Chaim Type * Contact No. (Mobile)  Email Address  Claim Experiment Workshop Contact  No.  Require Finalisation  Date Registered  Report Taken By  Frint AK letter	O mg  OD-MX  90050110  S1A27168 / SKF3834  Yes  30/05/2018 18:35	H ON 26 Ma	y 2018	Onver Vehicle No.  Any injury?  Insured Name Contact No. (Home) G0 Vehicle Number  Insured Liability + Preferend Repair Option	O Yes ® No HOZ PTE LTD SJA27188 Not at Fault Preferred Worksh	co, Name unknown	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred W  GIA report	Property of	2016237746 NDL SKF383H	
Init No.  Does he own a Singapore Registered Cor?  Breathalyser or Blood Test Reading?  Codification History  Chaim 001 New  Chaim Type *  Contact No. (Mobile)  Small Address  Chaim Description  Preferred Workshop Contact  Report Taken By  Print AK letter  Attachment	O mg  OD-MX  90050110  SJA27168 / SKF363h  Yes  30,005/2018 18:35	H ON 26 Ma	y 2018	Onver Vehicle No.  Any injury?  Insured Name Contact No. (Home) G0 Vehicle Number  Insured Liability + Preferend Repair Option	O Yes ® No  HO2 PTE LTD  SJA27158  Not at Fault  Preferred Worksh  Save Submit	co, Name unknown	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred W  GIA report	Property of	2016237746 NDL SKF383H	
Init No.  Joes he own a Singapore Registered Cor?  Relativation  Breathalyser or Blood Test Reading?  Chaim 001 New  Chaim Type *  Contact No. (Mobile)  Breathalyser or Blood Test Reading  Report Taken By  Print AK letter  Attachment  Recorder No.	O mg  OD-MX  90050110  S1A27168 / SKF3834  Yes  30/05/2018 18:35	H ON 28 Ma	y 2018	Onver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) GS Vehicle Number  Insured Liability * Preference Repair Option Claim Close Date	O Yes ® No  HO2 PTE LTD  SJA27168  Not at Fault  Preferred Worksh  Save Submit	sp, Name unknown	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred W  GIA report	Property of	2016237746 NDL SKF383H	
Junit No.  Does he own a Singapore Registered Car?  Declaration  Breath alyser or Blood Test Reading?  Claim 001 New  Claim 101 New  Claim Type *  Contact No. (Mobile)  Breath Address  Claim Description  Preferred Workshop Coreact  No. Require Finalisation  Date Registered  Report Taken By  Phint AK letter  Actachment	O res ® No  O mg  OD-MX  90050110  SJA27168 / SKFJ834  Yes  30/05/2018 18:35  Jackson	H ON 28 Ma	y 2018	Oniver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No.	O Yes ® No  HO2 PTE LTD  SJA27168  Not at Fault  Preferred Worksh  Save Submit	op, Name unknown	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred W  GIA report	Property of	201623774E NIL SKF383H Received 30/05/2018 00 00	
Init No.  Joes he own a Singapore Registered Cor?  Realization  Breathalyser or Blood Test Reading?  Chaim 001 New  Chaim Type *  Contact No. (Mobile)  Breathalyser or Blood Test Reading  Description  Report Taken By  Print AK letter  Attachment  Recorder No.	O res ® No  O mg  OD-MX  90050110  SJA27168 / SKFJ834  Yes  30/05/2018 18:35  Jackson	H ON 28 Ma	y 2018	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability + Preference Repair Option Claim Close Date  Claim No. Upload Date	O Yes ® No  HOZ PTE LTD  SJA27188  Not at Fault  Preferred Worksh  Save Submit	op, Name urknown  op, Name urk	Post Code  Driver Insurer Comp  Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W  G[A report Date Received  Confidential	Orkahop	2016237748 NUL SKF383H Received 30/05/2018 00:00	3
Init No.  Joes he own a Singapore Registered Cor?  Realization  Breathalyser or Blood Test Reading?  Chaim 001 New  Chaim Type *  Contact No. (Mobile)  Breathalyser or Blood Test Reading  Description  Report Taken By  Print AK letter  Attachment  Recorder No.	O res ® No  O mg  OD-MX  90050110  SJA27168 / SKFJ834  Yes  30/05/2018 18:35  Jackson	H ON 28 Ma	y 2018	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date	O Yes ® No  HO2 PTE LTD  SIA27168  Not at Fault  Preferred Worksh  Save Submit	op, Name urknown  op, Name urk	Post Code  Driver Insurer Comp  Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W  G[A report Date Received  Confidential	Urgeno	2016237748 NIL SKF383H Received 30/05/2018 00 00	3
Init No.  Joes he own a Singapore Registered Cor?  Realization  Breathalyser or Blood Test Reading?  Chaim 001 New  Chaim Type *  Contact No. (Mobile)  Breathalyser or Blood Test Reading  Description  Report Taken By  Print AK letter  Attachment  Recorder No.	O res ® No  O mg  OD-MX  90050110  SJA27168 / SKFJ834  Yes  30/05/2018 18:35  Jackson	H ON 28 Ma	y 2018	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date  Brows  Brows	O Yes ® No  HO2 PTE LTD  SJA27188  Not at Fault  Preferred Worksh  Save Submit	op, Name urknown   Oc. No. No. No. No. No. No. No. No. No. No	Post Code  Driver Insurer Comp  Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W  G[A report Date Received  Confidential	Urgeno Normal Normal	2016237748 NIL SKF383H Received 30/05/2018 00 00	3
Init No.  Joes he own a Singapore Registered Cor?  Realization  Breathalyser or Blood Test Reading?  Chaim 001 New  Chaim Type *  Contact No. (Mobile)  Breathalyser or Blood Test Reading  Description  Report Taken By  Print AK letter  Attachment  Recorder No.	O res ® No  O mg  OD-MX  90050110  SJA27168 / SKFJ834  Yes  30/05/2018 18:35  Jackson	H ON 28 Ma	y 2018	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date	O Yes ® No  HO2 PTE LTD  SIA27168  Not at Fault  Preferred Worksh  Save Submit	op, Name unknown V  op, Name unknown V  co, Na	Post Code  Driver Insurer Comp  Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W  G[A report Date Received  Confidential	Urgeno	20162377AE NDL SKF383H Received 30/05/2018 00 00	3
Unit No. Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Claim 001 New  Claim 001 New  Claim When the Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Coreact  No. Require Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment	O res ® No  O mg  OD-MX  90050110  SJA27168 / SKFJ834  Yes  30/05/2018 18:35  Jackson	H ON 28 Ma	y 2018	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date  Brows  Brows	O Yes ® No  HO2 PTE LTD  SIA27168  Not at Fault  Preferred Worksh  Save Submit  6 Oear Pleas  6 Oear Pleas  6 Oear Pleas	op, Name unknown v  op, Name unknown v  oot category * e Select v e Select v	Post Code  Driver Insurer Comp  Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W  G[A report Date Received  Confidential  10  V  NO  V	Urgeno Normal Normal	2016237748 NIL SKF383H Received 30/05/2018 00 00	3
Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Claim 001 New  Claim 1001 New  Claim 1001 New  Claim 1001 New  Chaim 1001 New  Registered Workshop Coreact No.  Regure Finalisation  Date Registered  Report Taken By  Print AK letter	O res ® No  O mg  OD-MX  90050110  SJA27168 / SKFJ834  Yes  30/05/2018 18:35  Jackson	H ON 28 Ma	y 2018	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date  Brown Brown Brown	O Yes ® No  HO2 PTE LTD  SJA27188  Not at Fault  Preferred Worksh  Save Submit  6 Oear Pleas  6 Oear Pleas  6 Oear Pleas	op, Name unknown v  op, Name unknown v  op, Name unknown v  cop, Name un	Post Code  Driver Insurer Comp  Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W  G[A report Date Received  Confidential  TO  NO  V	Urgeno Normal Normal	20162377AE NDL SKF383H Received 30/05/2018 00 00	3

- Anna Middle	Uploaded By/Date	Polder Date	Fire Name		9	Source	Action
Video List	NAC_PAYA_UB1_800601( N	ATIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 18:35	Photos		Normal	Photos 2018-5-30	
		ATIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 18:35	Photos		Normal	Photos 2018-5-30	
J	NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 18:35		Photos		Normal	Photos 2018-5-30	
3	NAC_PAYA_UB1_800601( N	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 18:35			Normal	Photos 2018-5-30	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 18:25		Priorios		Normal	Photos 2018-5-30	
	NAC_PAYA_UB1_800601( N	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 18:35			Normal	Photos 2018-5-30	
3	NAC_PAYA_UB1_800601( N	ATIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 18:36	Photos		Normal	Photos 2018-5-30	
7	NAC_PAYA_UB1_800601( N	ATJONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 18:36	Photos		Normal	Protos 2018-5-30	
	NAC_PAYA_UB1_800601( N	ATIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 18-36	Photos		Normal	Photos 2018-5-30	
	NAC_PAYA_UB1_800601( N	ATIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 3018 18-36	Photos		Normal	Photos 2018-5-30	
7	NAC_PAYA_UB1_800601( N	ATIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 18:36	Photos		Normal	Photos 2018-5-30	
20	NAC_PAYA_UB1_800601( N	ATIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 18:36	Photos		Normal	Photos 2018-5-30	
0	NAC_PAYA_UB1_800601( N	ATIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 18:36	Photos		Normal	Photos 2018-5-30	
63	NAC_PAYA_UB1_800601( N	ATIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 18:36	SAS		Normal	SAS 2018-5-30	
4 10	NAC_PAYA_UBI_800601[ N	ATJONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2016 18:36	NRIC/ Driving License		Normal	NRTC/ Driving Licensia 2018-S-30	
ttachment		Uploaded By/Date	Category	?	Urgency	Description	Msg Sent? (CO)

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