Date     Date     Date   Dat	
DOA : 26   1/3 - 1/3 - 1/9   E-mail (stois Str., AIC 2bet)	
DO   P   Reporting Only	
I-Motor W/O (wishis: 0D 2hm, 7P 4hm)   I-Photo Uploaded   I-Photo Up	19.01
TP Insurer:  Assessment/Survey Report  Ass't Report by Eax/ Hand to Owner/Wksn  Preferred Wksp / INC Assign Wksp / QW: (  Tel: Fax:  TP Particulars: Veh No: FRM VI / 6V  Note / Priver: (  Policy No: (  Policy No: (  Period: (  Policy No: (	1.7
Assessment/Survey Report   Ass't Report by Fax / Hand to Owner/Wksp	4 1 10 10
Preferred Wksp / INC Assign Wksp / QW:	-
Preferred Wksp / INC Assign Wksp / QW:	
Policy No: (	and the same
Policy No. (	APPENDING.
Confirmed by: (   Date:   Time: )	
Insured/Driver Liability   ( %) [Note-Est Status (WO): N: 0-20%; P: 21-79%; P: 30-100%]     Year of Registration: (	
Year of Registration: ( ) Warranty: YES ( ) / NO ( )  Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )  General Remarks:- ( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. ( ) Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: (  Remarks:- (INC horline: 6789 6616): Date& sime Compute at   Done 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) 2) QC Check / Post Repair Inspection ( ) 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury:  DateTime   Actions    Actions   A	
Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )  General Remarks:- ( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. ( ) Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: (  Remarks:- (ING horline: 6788 6616): Date&Time Completed: Done 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) 2) QC Check / Post Repair Inspection ( ) 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury:  Date*Time   Actions    NA 18 0 3 3 7 6	S. L. Section
Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )  General Remarks:- ( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. ( ) Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ) ; Towing Co: (  Remarks:- (IN/ hoffine: 6788 6616): Date&Sime Completed Dene 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) 2) QC Check / Post Repair Inspection ( ) 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury:  are Time	31 - 19
General Remarks:  ( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.  ( ) Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: (  Remarks: (INC hotline: 67886616)   Date-Clinic Completed   Done  1) Apply for Transport Allowance ( ) / Courtesy Car ( )  2) QC Check / Post Repair Inspection ( )  3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury :  after Time   Actions    Actions   Actions      An (5) / (Fig. 11)	- 170
( ) Walk-In Custom:r: Customer's information strictly Confidential & Strictly NO refer of repairer. ( ) Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: (    Comarks: (INC hoftline: 6788 6616)	-
( ) Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. (  Comarks: (ING holline: 6788 6616)	*/2/
Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co (  Remarks: (INC hotline: 6788 6616)	
Date& First Couple at   Done	
Apply for Transport Allowance ( ) / Courtesy Car ( )	)
Apply for Transport Allowance ( ) / Courtesy Car ( )	by
Description	-5
Injury :	
Injury :	
Invoice Preparation Checklist:   Ant (5)   Invoice Preparation Checklist:   Invoice Preparation C	NAME OF TAXABLE PARTY.
Invoice Preparation Checklist   Anit (5)	
Invoice Preparation Checklist   Anit (5)	114 (11)
NA 18 0 3 3 7 6	
NA   8 0 3 3 7 6	
NA 18 0 3 3 7 6	
NA   8 0 3 3 7 6	-
The limit of the	
NA 18 0 3 3 7 6	
1) AR : Accident Reporting (\$30);   10   10   10   10   10   10   10   1	
2 DA: Damege Assessment (\$100); INC (\$80)     Ver/Owner:     3) TF: Towing Fee	
Ver/Owner:   4) FT : Follow-Through Survey   \$120     Intact No:   5) FT : Follow-Through Survey (Resurvey)   \$30     For claiming against INC Only (wef 10 Jan 2005)     For claiming against INC Only (wef 10 Jan 2005)     For claiming against INC Only (wef 10 Jan 2005)     For claiming against INC Only (wef 10 Jan 2005)     6) TR : Re-inspection   \$75     7) N1 : Idae DA + SMRT Survey   \$160     8) NTUC Additional Services     OD*	
Solution	
For claiming against INC Only (Wer 10 Jan 2005)   6) TR: Re-inspection   \$775     7) N1: Idae DA + SMRT Survey   \$160     8) NTUC Additional Services:-   OD:*	
Taged Portion:   7) N1 : Idae DA + SMRT Survey   S160	
S) NTUC Additional Services:-  OD*  Checked by (Engr-In-Charge):  *NS: Courtesy Car / Tpt Allowance \$5  *NS: Repair Co-ordination \$10  *NT: Fost Repair Inspection \$25  *NS: DV / Collect Excess Coordination \$55	
Checked by (Engr-In-Charge):  *N5: Courtesy Car / Tpt Allowance \$5  *N6: Repair Co-ordination \$10  *N7: Fost Repair Inspection \$25  *N8: DV / Collect Excess Coordination \$55	Amt (
*N6: Repair Co-ordination 510  *N6: Repair Co-ordination 525  *N7: Fost Repair Inspection 525  *N8: DV / Collect Excess Coordination 55	
ditors Comments:- *N7: Fost Repair Inspection \$25  *N8: DV / Collect Excess Coordination \$5	
ditors Comments:- *N8: DV / Collect Excess Coordination \$5	
TP (N11) · TP (N:n INC) against INC \$20	
9) N12: Idao Mobile 30	
9) N12: Idao Mobile 30 2 / 3: Invoice dated Fee Charged	

Capital Co

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

**Driving Experience** 

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT
Date Of Report	30/05/2018 14:54
Date Of Accident	26/05/2018 17:10
Exact Location Of Accident	JUNC YISHUN AVE 7 & SEMBAWANG RD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF4490L
Insured/Policyholder	
Name Of Registered Owner	LIAN SENG HARDWARE & ENGINEERING PTE LTD
Co Reg No	201206208E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67901855
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	TOYOTA DYNA 150 MANUAL
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5089369367-01
Cover Note Number	
Driver	
Name of Driver	RATHINAM BASKAR
Passport No/FIN	F8278787U
Date Of Birth	28/07/1974
Occupation	INDOOR
Date Of Driving Pass	04/07/2011

6 YEARS AND 10 MONTHS

(LOCAL) +65-94288809

OFFICE-94288809

MALE

NOEMAIL

61 WOODLANDS INDUSTRIAL PARK E9 Address

#02-30 E9 PREMIUM

Postcode 757047

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

NO

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions DRIZZLING

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Passenger 1 NAME: : FRANCIS BRITTO AROCKIA RABIN

> GENDER: : MALE

**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

NO

ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING, Police Station Address

POSTCODE: 319194, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2519999 - FAX NO: 63548749

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180527/2005.

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 FBM4146U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

Name

RATHINAM BASKAR

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

GBF4490L

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

### **DETAILS OF INJURED PERSON 2**

Name

FRANCIS BRITTO AROCKIA RABIN

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

GBF4490L

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

### SKETCH PLAN

### IMPORTANT NOTICE

- 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 <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)

Lunderstand, 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## ACCIDENT STATEMENT

ACC	IDENT DATE: ( 26 / 05 / 2018 ) (DD/MM/Y)	YY), TIME: ( 17: 10 )(HH:MM)
LOCA	etion: Junction of Yishun Ave 7	and Sembawang Pd
1	DETAILS OF VEHICLE  a) VEHICLE NUMBER:	ARTY / THIRD PARTY FIRE &THEFT)  RRY / MOTORCYCLE / OTHERS)  CIAL / MOTORCYCLE)  NOVIC PUNDOCC  SURANCE (YES/NO)
2.	INSURED / POLICY HOLDER A) NAME: LIAN SENG HAVAWAYE Y b) NRIC/FIN/PASSPORT: C) ADDRESS: 61 WOODLANDS IND PR	CONTACT: 0790 1855
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY H	OLDER
14 Ho of passenga Claduding driver) (02)	DRIVER  a) NAME: RATHINAM BACKAY  b) NRIC/FIN/PASSPORT: 0 31953639  c) ADDRESS:	(MALE / FEMALE) CONTACT:
4.	e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE: 6 (A)  WAS DRIVER AN EMPLOYEE OF THE INSUR	RED'S COMPANY? (YES / NO)
5.	IF NO, RELATIONSHIP OF THE DRIVER WIT a) WEATHER CONDITION: (CLEAR / RAINING /	OTHERS DALING )
6.	b)ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION	700 Parala 110/
Ho of passenger	THIRD PARTY VEHICLE  a) VEHICLE NUMBER: FBM 41464	MODEL:
Induding driver)	b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT:	CONTACT:
	THIRD PARTY VEHICLE  d) VEHICLE NUMBER:	MODEL:
(No of passenger Including driver)	e) DRIVER'S NAME:	CONTACT:
(_)	T) NRIC/PIN/PASSPORT:	
		14

email = toomantowerts egmant rom





1 of 4

Report No. T/20180527/2005

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

	Time Report 2018 02:00	Made:	Vide Report No.:	Station Diary No.: 23
hilom			<b>这是对你可以是我们就是是不</b>	ANTICON CONTRACTOR
Name	of Informant NAM BASK		Address: 314 CHANGI ROAD SINGAP	ORE 419791
	e / ID No.: ) / F8278787	7U	Contact No.: Home/Office:	Mobile: 94288809
Nationa INDIAN			Email:	
Sex: Male	Age:	Date of Birth: 28/07/1974	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupati Electricia			Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/05/2018 17:10	Type of Location X-Junction
Location: Junction of R YISHUN AVI SEMBAWAN towards woo Lamp Post N	NG ROAD dlands.	20 E		
Weather: Drizzling		Road Surface: Wet	Ros	ad Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - World	Tra king Ligh	ffic Volume:
Type of Colli	alan.			**

V.						
FBM4146U	Motorcycle	YAMAHA	TOYOTA DYNA 150 MANUAL	White		0
GBF4490L	Lorry	TOYOTA	FZN150	Black	Seriously Damaged	1

destrian Crossing: NA





Report No. T/20180527/2005

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

Pessenger				1 300	學是這	
Name	FRANCIS BRITTO	AROCKIA RA	BIN	ID No.	1	G2737441M
Related Vehicle	GBF4490L (Lorry)			Conta	ct No.	91220907
Hospital/Clinic	MOUNT ALVERNIA	HOSPITAL		Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	27/05/2018		Date Disci			/2018
No. of Pays gran	ted Medical Leave	04	Degree of	Injury	Slight	
Duveting 1		100				
Name	RATHINAM BASKA	NR.		ID No.	M. I	F8278787U
Related Vehicle	GBF4490L (Lorry)			Conta	ct No.	94288809
Hospital/Clinic	MOUNT ALVERNIA	A HOSPITAL		Class Driving Licens Expire	g	Class: 3 Date of Expiry: NIL
Date Treatment	27/05/2018		Date Disc	harge		5/2018
Date Treatment	ted Medical Leave	04	Degree of	Injury	Sligh	t
Rider days gran	The second second	STATE OF THE PARTY			THE REAL PROPERTY.	A STATE OF THE STA
Name	NUR SHAFIQAL BI	N HALIL	THE PERSON NAMED OF	ID No	).	S9435980E
Related Vehicle	NIL			Conta	act No.	93213330
						OL NIII
Hospital/Clinic	NIL			Class Drivir Licen Expir	ng	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	lake — weeky new
Date Treatment	ted Medical Leave	NIL	Degree o	finiury	NIL	English and a second and a

Brief Details.

On 26/05/2018 at about 1710hrs, I was driving along Yishun Ave 7 in my company lorry (GBF4490L) towards Woodlands on the centre lane. Upon reaching the junction of Yishun Ave 7 and Sembawang Road, the traffic lights turned red. As such, I slowed my vehicle to a stop right before the junction. After my vehicle had stopped, a motorcycle (FBM4146U) suddenly collided into the rear of my vehicle.

Upon collision, we came out of our vehicle to assist the rider FBM4146U and to check on the damages. As none of us has any visible injuries, we did not call for ambulance. After taking pictures of the damages and exchanging particulars, we decided to move off from the area and report the matter to our own respective insurance company.

There is no in car camera in my company lorry. Later on in the day, both my passenger and I felt





3 of 4

Report No. T/20180527/2005

Police Station Of Origin: Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

discomfort around our back and neck area. We went to see a doctor and was both given 4 days MC.





4 of 4 Report No. T/20180527/2005

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, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Repo	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/05/2018 02:00
Officer In Charge Of Case: TP / AEIT / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP168	SIGNATURE



## WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
LIAN SENG HARDWARE & ENGINEERING PTE. LTD.



Name RATHINAM BASKAR

Work Permit No. 0 31953839 Sector:

CONSTRUCTION







K0252412





Licence Number: F 8 2

**RATHINAM BASKAR** 

Birth Date: 28 Jul 1974

Issue Date: 03 Jun 2016

Valid Till 03/07/2021



### Immigration 3 Auditions

Name RATHINAM BASKAR

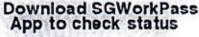


Date of Birth Sex 28-07-1974 M

Nationality INDIAN

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.







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

EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

04 Jul 2011



NP 428A



### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RI	SKS AND COMPENSATI	ION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RI		A CONTRACTOR OF THE CONTRACTOR
ROAD TRANSPORT ACT, 1987 (MAL	AYSIA)	
MOTOR VEHICLES (THIRD PARTY RI	SKS) RULES, 1959 (MAI	LAYSIA)
Certificate Number: 5089369367-	01	Cover : Comprehensive
1. Index mark and Registration Nu	mber of Vehicle	: GBF4490L
Chassis Number		: JTFAT35Y60K206950
2. Name of Policyholder		: LIAN SENG HARDWARE & ENGINEERING PTE LTD
3. Effective Date of Insurance		: '15 Dec 2017
4. Expiry Date of Insurance		: 14 Dec 2018
5. Persons or Classes of Persons e	ntitled to drive#	
(a) The Policyholder.		
(b) Any other person who is dr	iving on the Policyhold	ler's order or with his/her permission.
	een so permitted and is	ccordance with the licensing or other laws or regulations to drive s not disqualified by order of a Court of Law or by reason of any ng the Motor Vehicle.
6. Limitations as to Use#		
(a) Use for social domestic and	pleasure purposes and	d in connection with the Policyholder's business or profession.
		nection with the Policyholder's business.
This Policy does not cover		
(a) Use for hire or reward.		
(b) Use for racing, pace-making	z. reliability trial or spe	red-testing.
		any one disabled mechanically propelled vehicle.
		the Motor Vehicle (Third Party Risks and Compensation) sport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	: S\$600	
EXCESS (SECTION 2)	: N/A	
WINDSCREEN EXCESS	: \$\$100	240
INSURE WITH COE	: YES	
HIRE PURCHASE COMPANY	: UNITED OVERS	SEAS BANK LIMITED
SUM INSURED	: MARKET VALU	IE OF INSURED VEHICLE AT TIME OF LOSS
		re relates is issued in accordance with the provisions of the Motor er 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
	I INSURANCE AGENCY	(00000572596)
Date of Issue : 27 Nov	2017 14:41 hrs	
-	1	For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Jones	#	Om-
Countersigned By:	y	
Constitution of Constitution o	Authorised Officer	
	AUTHORISED ( JTTICET	Chief Executive



Policy No.	5089369367-01	Policyholder Name	LIAN SENG	HARDWARE & ENGI!	Policyholder NRIC	201206208E	
Address	61 WOODLANDS INDUSTRIAL P	ARK E9 #02-3	O E9 PREMIU	M SINGAPORE 75704	17		
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	27/11/2017	Effective Date	15/12/2017	00:00	Expiry Date	14/12/2018 23	:59
Excess Type		All Claim Excess					
Third Party Excess	0.00	Own damage Excess	600.00		Windscreen Excess	100.00	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	JUN SHI INSURANCE AGENCY	Agent Tel.	65320118		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Policy							
0.0000000000000000000000000000000000000	61 WOODLANDS INDUS	TRIAL P Addre	iss 2	#02-30 E9 PREMIU	м	Address 3	SINGAPORE 757047
Policyl Address 1 Address 4	61 WOODLANDS INDUS		ess 2 ess Type	#02-30 E9 PREMIUI Singapore address	М	Address 3 Post Code	SINGAPORE 757047 757047
Address 1	61 WOODLANDS INDUS	Addre	ess Type ed Policy		М	2011/01/07/07/07	BRUIES PERSON VICTORIA CARD
Address 1 Address 4 Unit No.	61 WOODLANDS INDUS	Addre Relate	ess Type ed Policy	Singapore address	М	2011/01/07/07/07	BRUIES PERSON VICTORIA CARD
Address 1 Address 4 Unit No.	ed Object: GBF4490L	Addre Relate	ess Type ed Policy	Singapore address	М	2011/01/07/07/07	BRUIEN FOR CONTRACTOR

Accident MT/0996543					
Policy No.	5069369367-01	Vehicle No.	G8F4490L	GST Registration No.	NA.
Policyholder Name	LIAN SENG HARDWARE & ENGINEERING PTE	LTD		Policyholder NRTC	2012062086
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	67901855	Comact No. (Home)	0
Email Address		Special Remark		eCode	N: V
KFK	® No ⊜ Yes	TCA	® No ○Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
S Accident Details	- nu	ness production and		3331000	0.440
Report Date	30/05/2018 19:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/05/2018	Time of Accident hh:mm	17:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC YISHUN AVE 7 & SEMBAWANG RD				
♥ Benefits					
♥ Excess					
Dwn damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Inform					
GST Registered	Yes		GST Registration Date	01/01/2015	
GST Registration No.	NA		GST Status Verified	No	
Modification History					
▽ Policyholder Hailing Ad	fidress				
Address 1	61 WOODLANDS INDUSTRIAL P	Address 2	#02-30 E9 PREMIUM	Address 3	SINGAPORE 757047
Address 1 Address 4	OT HOUSENES INDUSTRIBLE	Address Type	Singapore address	Post Code	757047
				Post Code	737047
Unit No.		Related Policy Number	5089369367-01		
♥ OI Driver Info		No. of the last of	(administrative		
Driver Name Unnamed driver Name	RATHINAM BASKAR	Driver Type Driver NRIC	Unnamed Driver F8278787U	Driver DOB	28/07/1974
			43	Driving Experience	6
Register Date of Driver License		Driver Age		Contact No.(Home)	0
Contact No.(Mobile) Address 1	94288809 51 WOODLANDS INDUSTRIAL P	Contact No.(Office) Address 2	O EO PREMIUM	Address 3	SINGAPORE 757047
Address 1	DE MOODINGS INDOSERIAL S	Appliess 7	ES PROPRIOR	Manual Control of	STANDAR 131041
And discount of the		Address Trees	Consessed Address	Dest Cade	253043
Address 4	22	Address Type	Singapore address	Post Code	757047
Unit No.	02-30		Singapore address		757047
	02-30 ○ Yes <b>®</b> No	Address Type  Driver Vehicle No.	Singapore address	Post Code  Driver Insurer Company	757047
Unit No. Does he own a Singapore Registered car <sup>2</sup>			Singapore address		757047
Unit No. Does he own a Singapore Registered car <sup>3</sup> Declaration	○ Yes  ® No	Driver Vehicle No.			757047
Unit No. Does he own a Singapore Registered car <sup>2</sup>			Singapore address		757047
Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?	○ Yes  ® No	Driver Vehicle No.			757047
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	○ Yes  ® No	Driver Vehicle No.			757047
Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?	○ Yes  ® No	Driver Vehicle No.			757047
Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?	○ Yes  ® No	Driver Vehicle No.			757047
Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim 003 New	○ Yes  ® No	Driver Vehicle No.  Any injury?	® Yes ○ No	Driver Insurer Company	
Unit No.  Does he even a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim 903 New  Claim Type +	○ Yes  No Omg	Driver Vehicle No.  Any injury?  Insured Name		Driver Insurer Company  Insured NRIC	757047 2012062088
Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim OD3 New  Chaim Type *  Contact No.(Mobile)	○ Yes  ® No	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home)	® YES ○NO	Driver Insurer Company  Insured NRIC Consact No.(Office)	201506506E
Unit No.  Deciaretion  Breathalyser or Blood Test Reading?  Modification History  Claim Type *  Contact No. (Mobile)  Email Address	○ Yes	Driver Vehicle No.  Any injury?  Insured Name	® Yes ○ No	Driver Indurer Company  Insured NRIC  Contact No. (Office)  TP Vehicle Number	
Unit No.  Deciaration  Breathalyser or Blood Test Reading?  Modification History  Claim ODS New  Chim Type *  Confact No. (Mobile)  Email Address  Claim Description	○ Yes  No Omg	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number	® Yes ONO  LIAN SENG HARDWARE & ENGIS  GBF4490L	Driver Insurer Company  Insured NRIC Consact No.(Office)	201506506E
Unit No.  Does he even a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim 603 New  Claim 1 New +  Contact No. (Mobile)  Breat Address  Claim Description  Preferred Workshop Contact No.	O mg  CO-MX  96379567  GBF44901, / FBM4146U ON 26 May 2018	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability *	® Yes ONO  LIAN SENG HARDWARE & ENGIS  GBF4490L  Not at Pault	Driver Indurer Company  Insured NRIC  Consact No. (Office)  TP Vehicle Number  Name of Preferred Workshop	201206208E
Unit No.  Deciaration  Breathalyser or Blood Test Reading?  Modification History  Claim Type *  Contact No. (Mobile)  Email Address  Claim Decomption  Perferred Workshop Contact No.  Require Finalisation	O mg  CO-MX 96379567  GBF4490L / FBM4146U ON 26 May 2018  Yes	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preference Repair Option	® Yes ONO  LIAN SENG HARDWARE & ENGIS  GBF4490L	Driver Indurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	201206208E
Unit No.  Deciaration  Breathalyser or Blood Test Reading?  Modification History  Claim Type *  Contact No. (Mobile)  Email Address  Claim Decorption  Preferred Workshop Contact No.  Require Finalisation	O mg  O mg  OD-MX  96379567  GBF4490L / FBM4146U ON 26 May 2018  Ves  Ves  Ves  30/05/2018 19:46	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability *	® Yes ONO  LIAN SENG HARDWARE & ENGIS  GBF4490L  Not at Pault	Driver Indurer Company  Insured NRIC  Consact No. (Office)  TP Vehicle Number  Name of Preferred Workshop	201206208E
Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim OD3 New  Claim Type +  Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Contact No.  Require Finalisation  Date Registered  Report Tekan By	O mg  CO-MX 96379567  GBF4490L / FBM4146U ON 26 May 2018  Yes	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preference Repair Option	® Yes ONO  LIAN SENG HARDWARE & ENGIS  GBF4490L  Not at Pault	Driver Indurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	201206208E
Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim OD3 New  Claim Type *  Consact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Contact No.  Require Finalisation  Date Registered	O mg  O mg  OD-MX  96379567  GBF4490L / FBM4146U ON 26 May 2018  Ves  Ves  Ves  30/05/2018 19:46	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Pyeferered Repair Option	® Yes ONO  LIAN SENG HARDWARE & ENGIS  GBF4490L  Not at Pault	Driver Indurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	201206208E
Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim OD3 New  Claim Type +  Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Contact No.  Require Finalisation  Date Registered  Report Tekan By	O mg  O mg  OD-MX  96379567  GBF4490L / FBM4146U ON 26 May 2018  Ves  Ves  Ves  30/05/2018 19:46	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Pyeferered Repair Option	® Yes ONO  LIAN SENG HARDWARE & ENGIS  GBF4490L  Not at Pault	Driver Indurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	201206208E
Unit No.  Deciaration  Breathalyser or Blood Test Reading?  Modification History  Claim OD3 New  Claim Type +  Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Contact No.  Require Finalisation  Date Registered  Report Takan By	O mg  O mg  OD-MX  96379567  GBF4490L / FBM4146U ON 26 May 2018  Ves  Ves  Ves  30/05/2018 19:46	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Pyeferered Repair Option	© Yes ONo  LIAN SENG HARDWARE & ENGIS  GBF4490L  Not at Fault  Preferred Werkshop, Name unknown	Driver Indurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	201206208E
Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim OD3 New  Claim Tape *  Consact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Contact  No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter	O mg  O mg  OD-MX  96379567  GBF4490L / FBM4146U ON 26 May 2018  Ves  Ves  Ves  30/05/2018 19:46	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Pyeferered Repair Option	© Yes ONo  LIAN SENG HARDWARE & ENGIS  GBF4490L  Not at Fault  Preferred Werkshop, Name unknown	Driver Indurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	201206208E
Unit No.  Deciaration  Breathalyser or Blood Test Reading?  Modification History  Claim Type *  Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Contact  No.  Regular Finalisation  Data Registered  Report Takan By  If hist AK letter	O mg  O mg  OD-MX  96379567  GBF4490L / FBM4146U ON 26 May 2018  Ves  Ves  Ves  30/05/2018 19:46	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Pyeferered Repair Option	© Yes ONo  LIAN SENG HARDWARE & ENGIS  GBF4490L  Not at Fault  Preferred Werkshop, Name unknown	Driver Indurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	201206208E
Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim OD3 New  Claim Type *  Consact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Contact  No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment	O mg  O mg  OD-MX  96379567  GBF4490L / FBM4146U ON 26 May 2018  Ves  Ves  Ves  30/05/2018 19:46	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Pyeferered Repair Option	® Yes ○No  LIAN SENG HARDWARE & ENGIS  GBF4490L  Not at Fault  Preferred Workshop, Name unknown  Save Submit	Driver Indurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	201206208E
Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim OO3 New  Claim Type *  Concact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Contact  No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter	O mg  CO-MX 96379567  GBF4490L / FBM4146U ON 26 May 2018  Yes 20/05/2018 19:46  Jackson	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date	® Yes ONO  LIAN SENG HARDWARE & ENGIS  GBF44901.  Not at Pault  Preferred Workshop, Name unknown  Save Submit	Driver Indurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	201206208E
Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim OD3 New  Claim OD3 New  Claim OD4 New  Claim OD5 New  Claim OD5 New  Address  Claim Description  Preferred Workshop Contact  No.  Require Finalisation  Date Registered  Report Takan By  Print AK letter  Attachment	O mg  CO-MX 96379567  GBF4490L / FBM4146U ON 26 May 2018  Yes 30/05/2018 19:46  Jackson	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date	® Yes ○No  LIAN SENG HARDWARE & ENGIS  GBF4490L  Not at Fault  Preferred Workshop, Name unknown  Save Submit	Driver Indurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	201206208E FBM4146U Received 30/05/2018 00:00
Unit No.  Dees he even a Singapore Registered car?  Declaration  Breathshyser or Blood Test Reading?  Madification History  Claim OD3 New  Claim OD3 New  Claim OD4 New  Claim OD5 New  Claim OD5 New  Address  Claim Description  Preferred Workshop Contact  No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment	O mg  CO-MX  96379567  GBF4490L / FBMe146U ON 26 May 2018  Yes  20/05/2018 19:46  Jackson  MT/C996543  ● Yes ○ No	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date	W Yes ONo  LIAN SENG HARDWARE & ENGIF  GBP4490L  Not at Fault  Preferred Workshop, Name unknown  Save Submit  OO: 30/05/2018 19:47  Category *	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	201206208E FBM4146U Received 30/05/2018 00:00
Unit No.  Dees he even a Singapore Registered car?  Declaration  Breathshyser or Blood Test Reading?  Madification History  Claim OD3 New  Claim OD3 New  Claim OD4 New  Claim OD5 New  Claim OD5 New  Address  Claim Description  Preferred Workshop Contact  No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment	O mg  CO-MX  96379567  GBF4490L / FBMe146U ON 26 May 2018  Yes  20/05/2018 19:46  Jackson  MT/C996543  ● Yes ○ No	Driver Vehicle No.  Any injury?  Insured Name Contact No.[Home] OI Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date	© Yes ONo  LIAN SENG HARDWARE & ENGIF  GBP4490L  Not at Fault  Preferred Workshop, Name unknown  OO: 30/05/2018 19:47  Category *  Diese Please Select	Driver Insurer Company  Insured NRIC Concact No.(Office) TV Vehicle Number Name of Preferred Workshop GIA report Date Received	2012062088 FBM4146U  Received 30/05/2016 00:00
Unit No.  Dees he even a Singapore Registered car?  Declaration  Breathshyser or Blood Test Reading?  Madification History  Claim OD3 New  Claim OD3 New  Claim OD4 New  Claim OD5 New  Claim OD5 New  Address  Claim Description  Preferred Workshop Contact  No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment	O mg  CO-MX  96379567  GBF4490L / FBMe146U ON 26 May 2018  Yes  20/05/2018 19:46  Jackson  MT/C996543  ● Yes ○ No	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Uploed Date  Browse  Browse	W Yes No  LIAN SENG HARDWARE & ENGIS  GBP4490L  Not at Fault  Preferred Workshop, Name unknown  OG: 30/05/2018 19:47  Category *  Clear Please Select  Clear Please Select	Driver Insurer Company  Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop  GIA report Date Received  Confliction Normal Normal Normal	2012062088 FBM4146U  Received 30/05/2016 00:00
Unit No.  Does he own a Singapore Registered car?  Sectoration  Breathstyser of Blood Test Reading?  Addition History  Claim 603 New  Claim 603 New  Claim 604 New  Claim 605 New  Registered Workshop Contact No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment	O mg  CO-MX  96379567  GBF4490L / FBMe146U ON 26 May 2018  Yes  20/05/2018 19:46  Jackson  MT/C996543  ● Yes ○ No	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Uploed Date  Browse Browse	W Yes No  LIAN SENG HARDWARE & ENGIS  GBP4490L  Not at Fault  Preferred Workshop, Name unknown  OG1  30/05/2018 19:47  Category *  Clear Please Select  Clear Please Select	Driver Insurer Company  Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop  GIA report Date Received  Confidential Urger Normal Normal Normal Normal Normal	2012062088 FBM4146U  Received 30/05/2016 00:00
Unit No.  Dees he even a Singapore Registered car?  Declaration  Breathshyser or Blood Test Reading?  Madification History  Claim OD3 New  Claim OD3 New  Claim OD4 New  Claim OD5 New  Claim OD5 New  Address  Claim Description  Preferred Workshop Contact  No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment	O mg  CO-MX  96379567  GBF4490L / FBMe146U ON 26 May 2018  Yes  20/05/2018 19:46  Jackson  MT/C996543  ● Yes ○ No	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  Browse Browse Browse	© Yes ONo  LIAN SENG HARDWARE & ENGIS  GBF4490L  Not at Fault  Preferred Workshop, Name unknown  O01  J0/05/2018 19:47  Category *  Chest Please Select  Chest Please Select  Chest Please Select	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop  GIA report Date Received  Confidential Urger Normal Normal Normal Normal Normal	2012062088 FBM4146U  Received 30/05/2018 00:00
Unit No.  Does he own a Singapore Registered car?  Declaration  Breathshyser or Blood Test Reading?  Madification History  Claim OD3 New  Claim OD3 New  Claim OD4 New  Claim OB5 New  Claim OB5 New  Address  Claim Description  Preferred Workshop Contact  No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment	O mg  CO-MX  96379567  GBF4490L / FBMe146U ON 26 May 2018  Yes  20/05/2018 19:46  Jackson  MT/C996543  ● Yes ○ No	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Uploed Date  Browse Browse	© Yes ○No  LIAN SENG HARDWARE & ENGIS  GBF44901.  Not at Fault  Preferred Workshop, Name unknown  U  Save Submit  OO!  J0/05/2018 19:47  Category *  Clear Please Select  Clear Please Select	Driver Insurer Company  Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop  GIA report Date Received  Confidential Urger Normal Normal Normal Normal Normal	2012062088 FBM4146U  Received 30/05/2016 00:00

		F-12000000	ew Window Scan	and uploads	NAME OF THE PARTY	potator	
	Uploaded By/Date	Folder Date	File Name		?	Source	Action
Video List							
-	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 19:46		Photos		Normal	Photos 2018-5-30	3
COTA T	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 19:46		Photos		Normal	Photos 2018-5-30	1
5	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 19:46		Photos		Normal	Photos 2018-5-30	
300	NAC_PAYA_USI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 19:46		Photos		Normal	Photos 2018-5-30	
	NAC_PAYA_USI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 19:46		Priorition		Normal	Photos 2018-5-30	9
*	NAC_BAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma $_{\rm Y}$ 2018 19:46		Photos		Normal	Photos 2018-5-30	
200	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 19:46		Photos		Normal	Photos 2018-5-30	
	NAC_PAYA_UBI_BOOKO1  NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 19:46		Photos		Normal	Photos 2018-5-30	
*	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma v 2018 19:46		Photos		Normal	Photos 2018-5-30	- 1
	NAC_PAYA_UBI_BIOROI( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 19:46		Photos		Normal	Photos 2018-5-30	3
	NAC_PAYA_UBI_800601[ NATIO	NAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 19:46	Photos		Normal	Photos 2018-5-30	
60	NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma v 3018 19:47		SAS		Normal	SAS 2018-5-30	
200	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Me y 2018 19:47.		NRIC/ Driving License		Normal	NR3C/ Driving License 2018-5-30	
A	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Ma y 2018 19:47		NRIC/ Driving License		Normal	NRIC/ Driving License 2018-5-30	1
Attachment		Uploaded By/Date	Category	Ŷ	Urgency	Description	Msg Sent? A (CD)