	Jeb description	Date & Time Completed	Done by
Re[No: NA] INC18010433/24	SAS e-filing	1 22	
Vch No: 98F95196	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 7/6/18-12:00	i-Motor Claim Form	MT/099 7760-001	7/6/18 19:07
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs		
OD : 1P Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report	-	
IF IIIsurer,	Ass't Report by Fax / Hand t	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(	Tol: F	ax:
TP Particulars: Veh No: 6	BE7331 . INC(	)/Non-INC( ).	
Owner / Driver: (		Tel:	)
Policy No: ( )	Period: ( )	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %	) [Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-1	00%]
Year of Registration: ( )		)	
	S1,000 ( )/\$2,000 ( )	<u>′</u>	
The second of th		The state of the state of the state of	125
General Remarks		d Carlot Manager Comment	COM T
( ) Walk-In Customer: Customer's i		ictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Ins	surer URGENTLY.		10
Drive-In ( )/ Towed-In ( ); Invo	pice: YES( ) / NO( ); To	owing Co: (	. )
Apply for Transport Allowance ( )     QC Check / Post Repair Inspection	/ Courtesy Car ( )	-	
3) Upload Resurvey Photo [Repair Cost >			
, a brong recontact t now (sechan cost >	\$3000]		
	\$3000] ( )		
Injury:	\$3000] ( )		
Injury:	\$3000] ( )		en e
Injury:			
Injury:			7.50 Co. 3. 35
Injury:			
Injury:			A Process St.
Injury:			
Injury:			
Injury:		aration Checklist.	
Injury:  Pate/Time Actions  ACTIONS  ACTIONS  ALEAN  ALEAN	Invoice Prep  1) AR: Accident F	aration Checklist	Ant (S) Ant
Injury:  Pate/Time Actions  ACTIONS  ACTIONS  AND ACTIONS  Imant's Particulars:-	Invoice Prep  1) AR: Accident F	aration Checklist Reporting (\$30); ssessment (\$100); INC (\$8	Amt (S) Ami Ist Bill Add I
Injury:  Pate/Time Actions  Actions  A(803575)  Imant's Particulars:-  ver/Owner:	Invoice Prep  1) AR: Accident F  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-The	aration Checklist  Reporting (\$30);  ssessment (\$100); INC (\$86  cough Survey \$	Amt (5) Amt (6) Add 1
Injury:  Pate/Time Actions  Actions  A(803575)  Imant's Particulars:-  ver/Owner:	Invoice Prep  1) AR: Accident F  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-The  5) FT: Fullow-The	aration Checklist  Reporting (\$30); ssessment (\$100); INC (\$80); s \$400; rough Survey \$500; rough Survey (Resurvey)	Ant (5) Am fit Bill Add 1 0) /545 5120 530
Injury:  Onte/Time Actions  IA 1803575  alimant's Particulars:- iver/Owner:	Invoice Prep  1) AR: Accident F  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-The  5) FT: Fullow-The	ar afton Checklist  Reporting (\$30);  INC (\$80);  INC	Ant (5) Am fit Bill Add 1 0) /545 5120 530
Injury: Pate/Time Actions  Actions  A(803575)  Imant's Particulars:- iver/Owner:	Invoice Prep  1) AR: Accident F  2) DA: Darnage A  3) TF: Towing Fe  4) FT: Follow-The  5) FT: Fullow-The For claiming age  6) TR: Re-inspect  7) N1: Idao DA +	aration Checklist  Reporting (\$30); ssessment (\$100); INC (\$86) sough Survey \$ rough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005) ion  SMRT Survey \$	Amt (S) Amt (S) Amt (S) Add 1
Injury:  Onte/Time Actions:  IA 1803575  Limant's Particulars:-  iver/Owner:  Intact No:  maged Portion:	Invoice Prep  1) AR: Accident F  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-The  5) FT: Fullow-The For claiming age  6) TR: Re-inspect  7) N1: Idac DA +  3) NTUC Addition	aration Checklist  Reporting (\$30); ssessment (\$100); INC (\$86) sough Survey \$ rough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005) ion  SMRT Survey \$	Amt (S) Amt   fst Bill   Add 1 0) 7545 5120 \$30 \$75
Injury:  Onte/Time Actions  ACTIONS  ACTIONS  IN 1803575  Itimant's Particulars:-  iver/Owner:  Intact No:  maged Portion:	Invoice Prep  1) AR: Accident F  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-The  5) FT: Fullow-The For claiming age  6) TR: Re-inspect  7) N1: Idao DA +  3) NTUC Addition  OD*  *N5: Courtesy C	aration Checklist  Reporting (\$30); ssessment (\$100); INC (\$80) rough Survey \$ rough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005) ion SMRT Survey \$ al Services:-	Ant (5) Am (i) Bill Add 1 0) Add 1
Injury:  Date/Time Actions  ACTIONS  ACTIONS  IN 1803575  Itimant's Particulars:-  iver/Owner:  Intact No:  maged Portion:  Checked by (Engr-In-Charge):	Invoice Prep  1) AR: Accident F  2) DA: Darnage A  3) TF: Towing Fe  4) FT: Follow-The  5) FT: Fullow-The For claiming age  6) TR: Re-inspect  7) N1: Idao DA +  3) NTUC Addition  OD*  *N5: Courtesy C  *N6: Repair Co-	ar afton Checklist  Reporting (\$30);  seessment (\$100); INC (\$80);  rough Survey (\$200);  sinst JNC Only (wef 10 Jan 2005);  ion  SMRT Survey (\$200);  al Services -  Cer / Tpt Allowence  cordination	Amt (S) Amt (S) Amt (S) Add 1 0) Amt (S) A
Injury:  Date/Time Actions  AC	Invoice Prep  1) AR: Accident F  2) DA: Darnage A  3) TF: Towing Fe  4) FT: Follow-The  5) FT: Fullow-The For claiming age  6) TR: Re-inspect  7) N1: Idao DA +  3) NTUC Addition  OD*  *N5: Courtesy C  *N6: Repair Co-  *N7: Fost Repair  *N8: DV / Colle	ar afton Checklist  Reporting (\$30);  seessment (\$100); INC (\$80);  rough Survey (\$200);  sinst JNC Only (wef 10 Jan 2005);  ion  SMRT Survey (\$200);  al Services:  Cer / Tpt Allowence  ordination  r Inspection  ct Excess Coordination	Amt (S) Amt (S) Amt (S) Add 1  0) Add 1  0) Add 1  0) S75  1160  S5 S10  S25  S5
Injury:  Date/Time Actions	Invoice Prep  1) AR: Accident F  2) DA: Darnage A  3) TF: Towing Fe  4) FT: Follow-The  5) FT: Fullow-The For claiming age  6) TR: Re-inspect  7) N1: Idao DA +  3) NTUC Addition  OD*  *N5: Courtesy C  *N6: Repair Co-  *N7: Fost Repair  *N8: DV / Colle	ar afton Checklist  Reporting (\$30);  seessment (\$100); INC (\$80);  rough Survey (\$200);  sinst JNC Only (wef 10 Jan 2005);  ion  SMRT Survey (\$200);  al Services:  Car / Tpt Allowance  condination  r Inspection  ct Excess Coordination  Non INC) against INC	Ant (5) Am (i) Bill Add 1 0) Add 1

#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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	07/06/2018 18:46
Date Of Accident	07/06/2018 12:00
Exact Location Of Accident	SUNGEI KADUT ST 3 TWDS SUNGEI KADUT ST 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF9519G
Insured/Policyholder	
Name Of Registered Owner	SING MAH HUP KEE TRADING CO PTE LTD
Co Reg No	198000051M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67477538
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER FEA01BR2SDEB (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
Policy Number	5100456527
Cover Note Number	
Driver	
Name of Driver	SONG XIN
Passport No/FIN	G2691429P
Date Of Birth	14/08/1981
Occupation	OUTDOOR
Date Of Driving Pass	24/11/2015
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82511246
Fax Number	
Contact Number	OFFICE-82511246

NOEMAIL

Address

BLK 30 SIN MING DRIVE

#01-251/253

Postcode

575704

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

Type Of Accident SIDE SWIPE Weather Conditions CLEAR Road Surface DRY

### Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 Was any body injured in the Accident? NO 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) 1

### **Details of Police Action**

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

### Circumstances of Accident

REFER TO STATEMENT.

### Attachment(s)

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

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number GBE733T

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver CHING AH MOY NRIC/Passport Number S1128694A

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

### SKETCH PLAN

### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date & Time:

Relative of the state of the st

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

alan k	state ment.		
CT 1949.	Mate mpnt.		
		2	

# DECLARATION

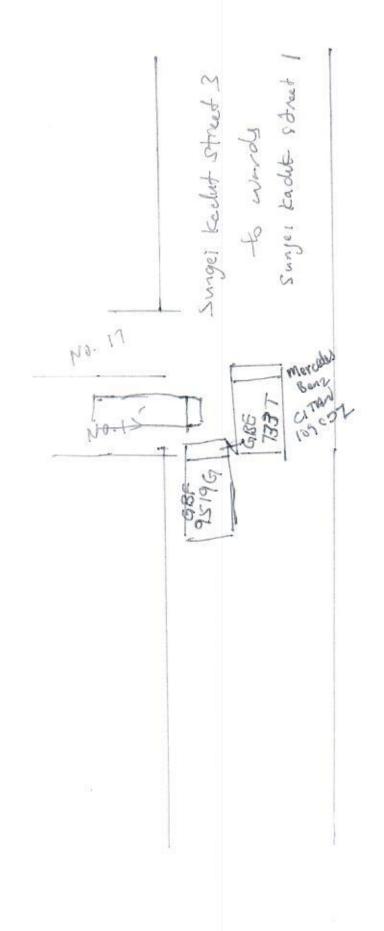
I/We declare the foregoing particulars are true in every respect.

Policyholder Sign on Date & Time

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

NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:



I was driving along Sungei Kadut Street 3 towards Sungei Kadut Street 1, near Unit No.15.

Just in front of Unit No.15, a lorry wanted to exit from Unit No.15 but upon seeing that my lorry was approaching, the driver stopped his lorry in a position that was obstructing part of the lane I was driving through. So I stopped and signalled my right signal light, in the attempt to avoid the stationary lorry. However, a van of car plate GBE733T was driving quite fast pass the lane on my right, causing me to collide into the left side of the van by accident.

# **ACCIDENT STATEMENT**

	HH:MM)
LOCATION: Sungai leadert of 3 tous sungai lead.	1 51
1. DETAILS OF VEHICLE  a) VEHICLE NUMBER: 6849519 6  b) INSURANCE COMPANY: NTOC  c) POLICY NUMBER: 5100456527  d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &	THEFT)
e)MAKE & MODEL:  f)TYPE:(SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTH  g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h) PURPOSE OF USING AT ACCIDENT TIME: LOGING  i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE TYES (NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
2. INSURED / POLICY HOLDER  A) NAME: Sing Mak Hyp (Ce Trading to Pte (MALE / FEM./ b) NRIC/FIN/PASSPORT: 1980000 M CONTACT: 6747  C) ADDRESS:	ALE)
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  (Including driver)  DINRIC/FIN/PASSPORT: G DG 1429 CONTACT: 875 1  CIADDRESS:	12 Y 6
*d) DATE OF BIRTH: (14/8/1981)(DD/MM/YYYY)  =) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE: 24/11/2015	(27)
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	(NO)
b)ROAD SURFACE: (DRY / WET / OTHERS	
7. a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:	
No of passenger a) VEHICLE NUMBER: 68 = 7357 MODEL:	
(Induding driver) b) DRIVER'S NAME: Ching Ah May  (1) NRIC/FIN/PASSPORT: S11386444 CONTACT:  9. THIRD PARTY VEHICLE	
No of passanger d) VEHICLE NUMBER:MODEL:MODEL:MODEL:	
(Including driver) f) NRIC/FIN/PASSPORT:CONTACT:	

email = Singmah@singnet.com, sg fax =







WORK PERMIT

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

SING MAH HUP KEE TRADING CO PTE LTD



SONG XIN

Work Permit No. 0 76800286 Sector: MANUFACTURING







K0298864

VISIT PASS Immigration Regulations

20-04-2018

SONG XIN



FIN G2691429P

te of Birth Se 08-1981 M

Nationality

MULTIPLE JOURNEY VISA ISSUED

ISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED



<b>eBao</b> Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage	Change Passwo	rd · Log Out
My Desktop	Polic	cy Query								
Natice of Loss	Policy N	o.				Date of Acc	ident	07/06	5/2018 12:00	2
	Vehicle	No.(For Motor)	G8F9519G							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5100456527	SING MAH HUP KEE TRADING CO PTE LTD	198000051M	GCV	Comprehensive	GBF9519G	GBF95190	15/05/2018	14/05/2019
					- 1	Continue				

Sequen	ce Date of Endorsement		Endorsement T	уре	Endorsement	Status	Endorsement Content
□ Endors	ements						
D Insure	d Object: GBF9519G						
Jnit No.		Relate Numb	ed Policy er	100456527			
ddress 4				ingapore address		Post Code	575704
Address 1	BLK 30 #01-251/253	Addre		SIN MING DRIVE		Address 3	SINGAPORE 575704
27-1-2000-0-1	older Mailing Address					TO STATE OF THE ST	
Info							
Info Certificate							
Open Policy							
nsurance Flag	No						
Co-							
Agent	UNION MOTOR TRADING CO PT	Agent Tel.	63385142		GST Flag	Y	
Singapore OD Excess		Singapore TP Excess				Young	/Inexperience Driver Excess
Outside		Premium: Outside	200				
Additional Excess		os	0				
Party Excess	0	damage Excess	600		Windscreen Excess	100	
Type Third		Excess					
Excess		All Claim					
Policy issue Date	03/05/2018	Effective Date	15/05/2018 (	0:00	Expiry Date	14/05/2019 2	3:59
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Address	BLK 30 #01-251/253 SIN MING	DRIVE SING	APORE 575704				
Policy No.	5100456527	Policyholder Name	SING MAH H	JP KEE TRADING C	Policyholder NRIC	198000051M	

Accident MT/0997760								
Policy No.	\$100456527	Vehicle No.	G8/9519G		GST Registration	No.	M200	371658
Policyholder Name	SING MAH HUP KEE TRADING CO PTE LT	D			Policyholder NRIC			0051M
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive		Loading		0	- Control
Contact No.(Mobile)	0	Contact No.(Office)	67477538		Contact No. (Hom	-0.0	0	
mail Address		Special Remark	21.75.1848		eCode.	e)	100.0	
OFK	® No ○ Yes	TCA	® No ⊜Yes		eCode Reason		Limit	
ICD Protection	No	NCD Entitlement(%)	20		Private Hire		2000	
Accident Details		Her Conference of Mar	40		Privace rune		No.	
eport Date	07/06/2018 19:03	Acadent Report Within 24 hrs	Yes				200	
ate of Accident	07/06/2018				Accident Type		Side S	wipe
eporting Centra	07/06/2018	Time of Accident hh:mm	12:00		Country of Accide	nt	Singap	ore
codent Location		Orange Force			ICM No.			
♥ Benefits	SUNGEL KADUT ST 3 TWDS SUNGEL KAD	UTST1						
♥ Excess								
wn damage Excess	600,00	Additional Excess			Windscreen Exces	15	100.00	
nnamed Driver Excess		Outside Singapore DD Excess						
and Party Excess	0.00	Outside Singapore TP Excess						
GST Registered Inform	ation							
ST Registered	Yes		GST Registration Date		01/01/20	015		
ST Registration No.	M200371658		GST Status Verified		No			
odification History								
Policyholder Mailing &	idress							
ddress 1	BLK 30 #01-351/253	Address 2	SIN MING ORIVE		Address 3		SINGA	PORE 575704
idress 4		Address Type	Singapore address		Post Code		57570	4
ne No.		Related Policy Number	5100456527					
OI Driver Info								
river Name	Unnamed Driver	Driver Type	Unnamed Driver					
mamed driver Name	SONG XIN	Driver NRIC	G2691429P		Driver DOB		14/08/	1981
gister Date of Driver License	24/11/2015	Driver Age	36		Driving Experience		2	
mact No. (Mobile)	82511246	Contact No.(Office)	0		Contact No.(Home		0	
lóress I	BLK 30	Address 2	SIN MING DRIVE		Address 3	100	Homes	NG INDUSTRIAL ESTATE
dress 4	SINGAPORE 575704	Address Type	Singapore address		Post Code			
							57570	
nit No.	01-251/253		an gapan c auto cas		7081 0000		21212	
ses he own a Singapore.	01-251/253		July and State Sta					
pes he own a Singapore.	01-251/253 ○ Yes	Driver Vehicle No.	and distribution of the state o		Driver Insurer Con	npany		
des he own a Singapore egistered car?			and the second			npany		
ses he own a Singapore egithered car?	○ Yes  ® No	Driver Vehicle No.				npany		
oes he own a Singapore, egistered car?  cciaration			○ Yes ® No			npany		
ne No. oes he own a Singapore egistered car? charation reathalyser or Blood Test eading?	○ Yes  ® No	Driver Vehicle No.				npany		
oes he own a Singapore, egistered car?  cciaration	○ Yes  ® No	Driver Vehicle No.				npany		
es he own a Singapore gistered car? claration eathalyser or Blood Test ading?	○ Yes  ® No	Driver Vehicle No.				npany		
es he own a Singapore gatered car? charation tathalyser or Blood Test ading?	○ Yes  ® No	Driver Vehicle No.				npany		
es he own a Singapore gatered car? charation sathalyser or Blood Test ading?	○ Yes  ® No	Driver Vehicle No.				npany		
es he own a Singapore glatered car? claration eathalyser or Blood Test ading? affication History	○ Yes  ® No	Driver Vehicle No.	○ Yes ® No		Driver Insurer Con	npeny		DOTA N
es he own a Singapore gistered car? charation eathalyser or Blood Test ading? chication History	○ Yes ® No	Driver Vehicle No.  Any injury?  Insured Name			Driver Insurer Con	49.03	198000	OSIM MESO
es he own a Singapore gatered car?  claration bathalyser or Blood Test eding?  affication History  Claim 001 New  wh Type *  vact No.(Mobile)	○ Yes ® No	Driver Vehicle No.  Any injury?  Insured Name  Contact No.(Home)	○ Yes ® No  SING MAH HUP KEE TRADING C		Driver Insurer Con	ì	198000	
es he own a Singapore claration tethalyser or Blood Test eding?  Shication History Claim 001 New  NT Type * mact No.(Mobile) all Address	O mg	Driver Vehicle No.  Any injury?  Insured Name	○ Yes ® No	01	Driver Insurer Con Insured NRTC Contact No. (Office) TP Vehicle Number			
es he own a Singapore gatered car?  charation lathalyser or Blood Test adding?  Africation History  Claim 001 New  Im Type * History No.(Mobile) all Address Im Description	○ Yes ® No	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Oil Vehicle Number	O Yes ® No  SING MAH HUP KEE TRADING C	01	Driver Insurer Con		198000	
es he own a Singapore gazered car?  charation eathalyser or Blood Test ading?  shication History  Chairn 001 New  with Type * misct No. (Mobile) all Address irm Description ferred Workshop Coreact	Ones	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Oil Vehicle Number  Insured Liability *	O Yes ® No  SING MAH HUP KEE TRADING C  GBF9519G  Fully at Fault	01	Driver Insurer Con Insured NRTC Contact No. (Office) TP Vehicle Number		198000	
res he own a Singapore claration eathalyser or Blood Test ading?  diffication History  Claim 001 New  an Type * mact No.(Mobile) asi Address inn Description demed Workshop Contact quire Finalisation	Omg  Omg  One Mx	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repair Option	SING MAH HUP KEE TRADING C GBF951RG		Driver Insurer Con Insured NRTC Contact No. (Office) TP Vehicle Number		198000	т
es he own a Singapore gatered car?  charation eathalyser or Blood Test adding?  charation History  Chaim 001 New  with Type * misct No.(Mobile) all Address im Description femed Workshop Contact quire Finalisation le Registered	Ones ● No  Omg  OD-MX  ▼  GBF9519G / G8€733T ON 7 Jun 2018  Ves  07/06/2018 19:07	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Oil Vehicle Number  Insured Liability *	SING MAH HUP KEE TRADING C GBF951RG		Driver Insurer Con Insured NRTC Contact No. (Office TP Vehicle Number Name of Preferred		198000 GBE721	т
es he own a Singapore gatered car?  charation  athalyser or Blood Test adding?  affication History  chaim 001 New  in Type *  nact No.(Mobile)  all Address  im Description femed Workshop Coreact  ture Finalsacion  e Registered  sort Taken By	Omg  Omg  One Mx	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repair Option	SING MAH HUP KEE TRADING C GBF951RG		Driver Insurer Con Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred GIA report		198000 GBE721	d V
cisration eathalyser or Blood Test eathalyser or Blood eathalyser eathalys	Ones ● No  Omg  OD-MX  ▼  GBF9519G / G8€733T ON 7 Jun 2018  Ves  07/06/2018 19:07	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repair Option	SING MAH HUP KEE TRADING C GBF951RG		Driver Insurer Con Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred GIA report		198000 GBE721	d V
res he own a Singapore claration eathalyser or Rised Test ading?  dification History  Claim 001 New  smitype * misct No.(Mobile) sail Address sim Description derred Workshop Contact quire Finalisation te Registered port Taken By	Ones ● No  Omg  OD-MX  ▼  GBF9519G / G8€733T ON 7 Jun 2018  Ves  07/06/2018 19:07	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Oil Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date	SING MAH HUP KEE TRADING C GBF951RG		Driver Insurer Con Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred GIA report		198000 GBE721	d V
es he own a Singapore gatered car?  charation testinalyser or Blood Test adding?  shination History  Claim 003 New market No. (Mobile)  all Autoress im Description femed Workshop Confact ture Finalisation in Registered sort Taken By  Print AK letter	Ones ● No  Omg  OD-MX  ▼  GBF9519G / G8€733T ON 7 Jun 2018  Ves  07/06/2018 19:07	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Oil Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date	SING MAH HUP KEE TRADING C GEF9519G  Fully at Fault  Preferred Workshop, Name unknown		Driver Insurer Con Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred GIA report		198000 GBE721	d V
es he own a Singapore gistered car?  Saration  athalyser or Blood Test  dding?  Sheation History  Stalim 003 New  In Type * Hack No.(Mobile)  We Address  Im Description  ferred Workshop Coreact  Taken By  Print AK letter	Ones ● No  Omg  OD-MX  ▼  GBF9519G / G8€733T ON 7 Jun 2018  Ves  07/06/2018 19:07	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Oil Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date	SING MAH HUP KEE TRADING C GEF9519G  Fully at Fault  Preferred Workshop, Name unknown		Driver Insurer Con Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred GIA report		198000 GBE721	d V
es he own a Singapore gistered car?  Saration  athalyser or Blood Test  dding?  Sheation History  Stalim 003 New  In Type * Hack No.(Mobile)  We Address  Im Description  ferred Workshop Coreact  Taken By  Print AK letter	Ones ● No  Omg  OD-MX  ▼  GBF9519G / G8€733T ON 7 Jun 2018  Ves  07/06/2018 19:07	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Oil Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date	SING MAH HUP KEE TRADING C GEF9519G  Fully at Fault  Preferred Workshop, Name unknown		Driver Insurer Con Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred GIA report		198000 GBE721	d V
es he own a Singapore gatered car?  claration  athalyser or Blood Test ading?  Shication History  Claim 003 New  with Type * mack No.(Mobile) all Address im Description ferred Workshop Coreact pure Finalisation ie Registered sort Taken By  Print AK letter	Ones ● No  Omg  OD-MX  ▼  GBF9519G / G8€733T ON 7 Jun 2018  Ves  07/06/2018 19:07	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Oil Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date	SING MAH HUP KEE TRADING C GRESSING GRESSING Fully at Fault Preferred Workshop, Name unknown Save Submit		Driver Insurer Con Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred GIA report		198000 GBE721	d V
es he own a Singapore gatered car?  claration eathalyser or Blood Twa ading?  diffication History  Claim 001 New  with Type *  misch No.(Mobile)  ani Address  im Description  femed Workshop Confact  pure Finalisation  ie Registered  port Taken By  Print AK letter	O mg  OG-MX	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liabetry * Preference Repair Option Claim Close Date	SING MAH HUP KEE TRADING C GREPSING GREPSING Fully at Fault Preferred Workshop, Name unknown Save Submg		Driver Insurer Con Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred GIA report		198000 GBE721	d V
es he own a Singapore gatered car?  claration  athalyser or Blood Test ading?  Shication History  Claim 003 New  Will Type *  mack No.(Mobile)  all Address  im Description  ferred Workshop Coreact  pure Finalisation  ie Registered  sort Taken By  Print AK letter  Ittachment*	Omg	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) OI Vehicle Mumber  Insured Liability * Preference Repair Option Claim Close Date	SING MAH HUP KEE TRADING C GEPS19G  Fully at Fault  Preferred Workshop, Name unknown  Dog 07/06/2018 19:08		Driver Insurer Con  Insured NRIC  Contact No. (Office) TP Vehicle Number Name of Preferred  GSA report  Oate Raceived	Workshop	[198000] [GBE721] [Receive 07/06/2	d v
es he own a Singapore gatered car?  claration  athalyser or Blood Test adding?  affication History  Stairm 003 New  with Type *  stact No.(Mobile)  all Address  im Description ferred Workshop Coreact ture Finalsation e Registered sort Taken By  Print AK letter  ttachment	O mg  O mg  OG-MX	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) OI Vehicle Mumber  Insured Liability * Preference Repair Option Claim Close Date	SING MAH HUP KEE TRADING C GRP9519G  Fully at Fault  Preferred Workshop, Name unknown  001 07/06/2018 19:08 Category *		Driver Insurer Con  Insured NRIC  Confact No. (Office) TP Vehicle Number Name of Preferred  GSA report Date Received	Workshop	[1980000] [GBE721] [Receive   07/06/2	d V
es he own a Singapore gatered car?  claration  athalyser or Blood Test adding?  affication History  Stairm 003 New  with Type *  stact No.(Mobile)  all Address  im Description ferred Workshop Coreact ture Finalsation e Registered sort Taken By  Print AK letter  ttachment	Omg	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preference Repair Option Claim Close Date  Claim No. Upload Date	SING MAH HUP KEE TRADING C GRIPSING  GRIPSING  Fully at Fault  Preferred Workshop, Name unknown  001 07/06/2018 19:08 Category * Clear Please Select		Driver Insurer Con  Insured NRIC  Confact No. (Office) TP Vehicle Number Name of Preferred  GSA report Date Received	Workshop	[198000] [GBE721] [Receive 07/06/2	d v
es he own a Singapore gistered car?  Stration  athalyser or Blood Test adding?  Sheation History  Salim 003 New  In Type * Hact No. (Mobile)  We have the salid test of the sa	Omg	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) OI Vehicle Mumber  Insured Liability * Preference Repair Option Claim Close Date	SING MAH HUP KEE TRADING C GRP9519G  Fully at Fault  Preferred Workshop, Name unknown  001 07/06/2018 19:08 Category *	K	Driver Insurer Con  Insured NRIC  Contact No. (Office) TP Vehicle Number Name of Preferred  GSA report Date Received	Workshop	[1980000] [GBE721] [Receive   07/06/2	d v
es he own a Singapore gatered car?  claration eathalyser or Blood Twa ading?  diffication History  Claim 001 New  with Type *  misch No.(Mobile)  ani Address  im Description  femed Workshop Confact  pure Finalisation  ie Registered  port Taken By  Print AK letter	Omg	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preference Repair Option Claim Close Date  Claim No. Upload Date	SING MAH HUP KEE TRADING C GRIPSING  GRIPSING  Fully at Fault  Preferred Workshop, Name unknown  001 07/06/2018 19:08 Category * Clear Please Select		Driver Insurer Con  Insured NRIC Confact No. (Office) TP Vehicle Number Name of Preferred GSA report Date Received	Workshop  Uvgen/	[98000] [GBE721] [Receive   07/06/2	d v
es he own a Singapore gatered car?  claration eathalyser or Blood Twa ading?  diffication History  Claim 001 New  with Type *  misch No.(Mobile)  ani Address  im Description  femed Workshop Confact  pure Finalisation  ie Registered  port Taken By  Print AK letter	Omg	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) OI Vehicle Mumber  Insured Liability * Preference Repair Option Claim Close Date  Claim No. Upload Date  Browse.	SING MAH HUP KEE TRADING C GRIPSING GRIPSING Fully at Fault Preferred Workshop, Name unknown  001 07/06/2018 19:08 Category * Clear Please Select Clear Please Select		Driver Insurer Con  Insured NRIC Confact No. (Office) TP Vehicle Number Name of Preferred  GIA report Date Received	Workshop Urgen Normal Normal	398000 GBE731 Receive 07/06/2	d v
ses he own a Singapore cigration eatharyser or fixed Test eating?	Omg	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Mumber  Insured Liability * Preference Repair Option Claim Close Date  Claim No. Upload Date  Browse Browse Browse Browse	SING MAH HUP KEE TRADING C GRIPSING GRIPSING Fully at Fault Preferred Workshop, Name unknown  DOI DT/06/2018 19:08 Category * Clear Please Select Clear Please Select Clear Please Select Clear Please Select	REGER	Driver Insurer Con  Insured NRIC Confact No. (Office) TP Vehicle Number Name of Preferred  GIA report Date Received	Workshop  Urgen Normal Normal Normal	(2980000   GBE721   Receive   O7/06/2	d v
cisration eathalyser or Blood Two eathalyser or Blood	Omg	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Mumber  Insured Liabetry * Preference Repair Option Claim Close Date  Claim No. Upload Date  Browse Browse Browse	SING MAH HUP KEE TRADING C GRP9519G  Fully at Fault  Preferred Workshop, Name unknown  D01 D7/06/2018 19:08 Category * Clear Please Select Cmar Please Select	N N N N N N N N N N N N N N N N N N N	Driver Insurer Con  Insured NRIC Confact No. (Office) TP Vehicle Number Name of Preferred  GIA report Date Received	Workshop Urgen Normal Normal	398000 GBE731 Receive 07/06/2	d v

	Uploaded By/Date	Folder Date	File Name		9	Source	Action
rideo List		n 2018 19:07			awmai	Photos 2018-6-7	
ALCOMO;	NAC_PAYA_UBI_800601{ NATI	ONAL ASSESSMENT CENTRE SERVICES) on	07 Ju Photos		Normal	200 C 2	
	NAC_PAYA_UBI_800601( NATI	ONAL ASSESSMENT CENTRE SERVICES) on n 2018 19:07	07 Ju Photos		Normal	Photos 2018-6-7	
VEL	NAC_PAYA_URI .800601( NAT)	ONAL ASSESSMENT CENTRE SERVICES) on n 2018 19:07	97 Ju Photos		Mormal	Photos 2018-6-7	
16	NAC_PAYA_US1_800603( NAT)	ONAL ASSESSMENT CENTRE SERVICES) on n 2018 19:07	07 Ju Photos		Normal	Photos 2018-5-7	
13	NAC_PAYA_UBI_B00601( NAT)	ONAL ASSESSMENT CENTRE SERVICES) on n 2018 19:07	07 Ju Photos		Normal	Photos 2018-6-7	
	NAC_PAYA_UBI_BOOGOL  NAT	IONAL ASSESSMENT CENTRE SERVICES) on n 2018 19:07	07 Ju Photos		Normal	Photos 2018-6-7	
vi.	NAC_PAYA_UB1_B00601( NAT	IDNAL ASSESSMENT CENTRE SERVICES) on n 2018 19:07	07 Ju Photos		Normal	Protos 2018-6-7	
	NAC_PAYA_UB1_800603( NAT	IONAL ASSESSMENT CENTRE SERVICES) on in 2018 19:07	07 Ju Photos		Normal	Photos 2018-6-7	
	NAC_PAYA_UBI_800601( NAT	IONAL ASSESSMENT CENTRE SERVICES) on in 2018 19:07	07 Ju Photos		Normal	Photos 2015-5-7	
B	NAC_PAYA_UBI_B00601( NAT	IONAL ASSESSMENT CENTRE SERVICES) on n 2018 19:07	07 Ju Photos		Normal	Photos 2018-6-7	
1	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Ju n 2018 19:08		07 Ju SAS		Normal	SAS 2018-6-7	
- 0	NAC_PAYA_UBI_800601( NAT	IONAL ASSESSMENT CENTRE SERVICES) on H 2018 19:08	07 Ju NRIC/ Driving License		Normal	NRIC/ Driving License 2018-6-7	
21 -			Category	(4)	Urgency	Description	Sent? (CO)