| NATIONAL Assessment Co | | Date &Time Completed | Done by | |
|---|--|--|---|----------|
| Date In: 18/6/18-19:06 | Jeb description | Date of time completed | 20110 0 | |
| Ref No: NA ING 8011021/24 | SAS e-filing | 1 | | - |
| Vch No: \$W 377 1X | E-mail (within Shrs, AIC 2hrs) | | | • |
| D.O.A: 16/6/18-09:30 | i-Motor Claim Form | M7/0999052-001 | 18/6/18 2 | 143 |
| | i-Motor W/O (Within: OD 2h | rs, TP 4hrs) | | |
| OD (TP) Reporting Only | i-Photo Uploaded | | | |
| | Assessment/Survey Report | | | 1000 |
| TP Insurer: | Ass't Report by Fax / Hand | to Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW | :(| Tel: | ax: | 0112-000 |
| | 14A 6956C . INC |)/Non-INC(). | 100 | |
| Owner / Driver: (| (M) (1) (1) | Tcl: |) | |
| Policy No: () | Period: (| Cover Type: (|) | |
| Confirmed by : (| Date: | Time: |) | |
| Insured/Driver Liability: (| %) [Note-Est. Status (WO): N: 0- | 20%; P: 21-79%. P: 30- | 100%] | |
| Year of Registration: (|) Warranty: YES ()/NO(|) | CONSON - NO AND A | |
| | :\$1,000()/\$2,000() | | | |
| General Remarks:- | TO COMPANY SECTION AND AND AND AND AND AND AND AND AND AN | | Con S | Ť, |
| 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost | () | | | |
| 3) Opload Resulvey Fibility (repair cos | [2 25000] | | | |
| Injury: | | | | 700 P. |
| Date/Time Actions | A 100 CO | a est de la companya | PERSONAL PROPERTY. | |
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| | 1 | | Anii (S) | Amt (S |
| NA 180 3779. | The state of the s | eparation Checklist. | 2752 YO X 18 20 X 20 1 | * |
| NA 180 3279. | 1) AR : Accide | at Reporting (530); | Tit Bill | |
| NA 180 3779 Inimant's Particulars :- | 1) AR : Accide 2) DA : Darres 3) TF : Towing | int Reporting (\$30); go Assessment (\$100); INC (\$ § Fee \$ | 7stBill 580) 40/545 | |
| NA 180 5279 Inimant's Particulars :- river/Owner: | 1) AR : Accide 2) DA : Dame 3) TF : Towing 4) FT : Follow | int Reporting (\$30); ge Assessment (\$100); INC (\$ \$ Fee | 580) 40/545 \$120 \$30 | * |
| NA 180 5279 Inimant's Particulars :- river/Owner: | 1) AR : Accide 2) DA : Dame 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming | int Reporting (\$30); ge Assessment (\$100); INC (\$ gree \$ -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 20) | 580) 40/545 \$120 \$30 | * |
| NA 180 3279. Inimant's Particulars:- river/Owner: ontact No: | 1) AR : Accide 2) DA : Darrer 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-ing 7) N1 : Idao D | ent Reporting (\$30); ge Assessment (\$100); INC (\$ gree \$ -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 20) pection A + SMRT Survey | 580) 40/545 \$120 \$30 | |
| NA 180 3279. Inimant's Particulars :- river/Owner: ontact No: | 1) AR : Accide 2) DA : Dame 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-ing 7) N1 : Idao D 8) NTUC Add | ent Reporting (\$30); ge Assessment (\$100); INC (\$25 Fee \$50. Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 20) pection | 75c Bill 580) 40/545 \$120 \$30 25) \$75 | |
| NA 180 3279. Inimant's Particulars :- river/Owner: ontact No: amaged Portion: | 1) AR : Accide 2) DA : Darne 3) TF : Towing 4) FT : Follow 5) if T : Follow For claiming 6) TR : Re-ing 7) N1 : Idao D 8) NTUC Add OD* | ent Reporting (\$30); ge Assessment (\$100); INC (\$ gree \$ -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 20) pection A + SMRT Survey | 580) 40/545 5120 530 575 5160 | |
| NA 180 3279. Inimant's Particulars :- river/Owner: ontact No: amaged Portion: | 1) AR : Accide 2) DA : Dame 3) TF : Towing 4) FT : Follow 5) iFT : Follow For claiming 6) TR : Re-ing 7) N1 : Idao D 8) NTUC Add OD* *N5: Courte *N6: Repair | int Reporting (\$30); to Assessment (\$100); INC (\$15 Fee \$50. Through Survey (Resurvey) to against INC Only (wef 10 Jan 20) pection A + SMRT Survey itional Services | 580) 40/545 5120 530 575 5160 | |
| NA 180 3279. Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): | 1) AR : Accide 2) DA : Dame 3) TF : Towing 4) FT : Follow 5) iT : Follow For claiming 6) TR : Re-ing 7) N1 : Idao D 8) NTUC Add QD' *N5: Courte *N6: Repair *N7: Fost R *N8: DV / 0 | int Reporting (\$30); ge Assessment (\$100); INC (\$3 Fee \$50. Through Survey (Resurvey) geginst INC Only (wef 10 Jan 20) pection A + SMRT Survey itional Services | \$80) 40/\$45 \$120 \$30 \$75 \$160 \$5 \$10 \$25 \$35 | |
| NA 180 3279. Italmant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): additors! Comments:- | 1) AR : Accide 2) DA : Darney 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-ing 7) N1 : Idac D 8) NTUC Add OD' NS: Courte N6: Repair N7: Fost R +N8: DV / (TP (N11): | int Reporting (\$30); ge Assessment (\$100); INC (\$35 Fee | \$80) 40/\$45 \$120 \$30 \$75 \$160 \$5 \$10 \$25 | * |
| | 1) AR : Accide 2) DA : Dame 3) TF : Towing 4) FT : Follow 5) iT : Follow For claiming 6) TR : Re-ing 7) N1 : Idao D 8) NTUC Add QD' *N5: Courte *N6: Repair *N7: Fost R *N8: DV / 0 | int Reporting (\$30); ge Assessment (\$100); INC (\$35 Fee | \$80) 40/\$45 \$120 \$30 25) \$75 \$160 \$53 \$510 \$525 \$53 \$520 \$30 | Ami (3) |

Frynd Car

SINGAPORE ACCIDENT STATEMENT

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 truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforceast.

| ACCION. | - NI - SI | α $_{1}$ $_{2}$ $_{N}$ | |
|---------|-----------|-------------------------------|--|
| ACCIDE | | | |
| | | | |

Date Of Report 18/06/2018 19:06

Date Of Accident 16/06/2018 09:30

Exact Location Of Accident JUNC MOUNTBATTEN RD & AMBER RD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FW3771X

Insured/Policyholder

Name Of Registered Owner CHEW BOON YONG ANDREW

NRIC No S8714950A Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-81808970

 Alternative Phone No
 OFFICE-81808970

Vehicle Particulars

Manufacturer YAMAHA

Model CZD300A / XMAX300

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

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 MOTORCYCLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

Policy Number 5092266982

Cover Note Number

Driver

Name of Driver CHEW BOON YONG ANDREW

 NRIC No
 S8714950A

 Date Of Birth
 20/05/1987

 Occupation
 INDOOR

 Date Of Driving Pass
 05/07/2011

Driving Experience 6 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81808970

Fax Number

Contact Number OFFICE-81808970

EMail Address NOEMAIL

BLK 705 BEDOK NORTH ROAD Address

#04-3442

Postcode 470705

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD ON COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES YES

2

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: THEH HUI KIANG (ZHONG HUIJUAN)

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

YES

Police Station Name QUEENSTOWN NEIGHBOURHOOD POLICE CENTRE

ROAD: NO. 15 COMMONWEALTH AVENUE, POSTCODE: 149725, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4719999 - FAX NO: 64715299

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20180616/2114.

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

SHA6956C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

4

GENDER:

Passenger 2

NAME:

GENDER:

Passenger 3

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name CHEW BOON YONG ANDREW

Approximate Age

Injuries Sustain LEFT KNEE & LEFT ELBOW

Injured person in which vehicle? FW3771X

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

DETAILS OF INJURED PERSON 2

Name THEH HUI KIANG (ZHONG HUIJUAN)

Approximate Age

Injuries Sustain LEFT FOOT & RIGHT ARM

Injured person in which vehicle? FW3771X

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

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)

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
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| Refer to | police report-1/201806/6/2114. | |
|----------|--------------------------------|--|
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DECLARATION

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

Policyholder's Signature Date & Time:

lider's Signature Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GUARANT LEASING COMPANY OF

ż

ACCIDENT STATEMENT

| AC | CIDENT DATE: 16 / 8 / 18)(D | D/MM/YYYY), TIME:(| 09:30)(HH:MM) |
|--|---|--|---|
| LOC | CATION: Mac Mantsatter | Rd & Amba | Ka |
| | 1. DETAILS OF VEHICLE a) VEHICLE NUMBER: FW 373 b) INSURANCE COMPANY: Number: 509 2266 | 1706 | 8 14 |
| 2 | d)POLICY TYPE: (COMPREHENSIVE e)MAKE & MODEL: f)TYPE: (SALOON / COUPE / MPV | THIRD PARTY / THIRD VAN / LORRY / MOTOR COMMERCIAL / MOTOR IT TIME: PO VG 10 COMMERCIAL / MOTOR OF COMMERCIAL / MOTOR CONTACT CONTACT | CYCLE / OTHERS) PROYCLE) USP S/NO) DNLY) MALE FEMALE) |
| The of passenge Clincluding driver | * CONTINUE TO 3.d IF DRIVER ALSO DRIVER ADNAME: | POLICY HOLDER (| MALE / FEMALE) |
| (2) * female | b)NRIC/FIN/PASSPORT: | CONTAC | OT: |
| heh Ituī Kiang Zhong hujjuan) 4. | *d)DATE OF BIRTH: () 5 / 1 e)OCCUPATION: (INDOOR / OUTDO f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF T IF NO, RELATIONSHIP OF THE DE a)WEATHER CONDITION: (OLEAR / F | DOR) S/3/201 HE INSURED'S COMP RIVER WITH INSURED | ANY? (YES / NO) |
| 6. 7. | b)ROAD SURFACE: (DRY) / WET / OTI WAS ANYBODY INJURED (VES) / NO) G)REPORTED TO POLICE (VES) NO) IF YES, PLEASE STATE WHICH POLICE THIRD PARTY VEHICLE | -Driver (1844 -passanger (14 | some e lett ellaw toot e night ain |
| # He of passenger | a) VEHICLE NUMBER: JHA 1956 b) DRIVER'S NAME: | MODEL:_ | |
| 11. | c) NRIC/FIN/PASSPORT:THIRD PARTY VEHICLE | CONTAC | CT: |
| * No of passenger | d) VEHICLE NUMBER: | 2 / Hara (2000) | |
| (Induding driver) | f) NRIC/FIN/PASSPORT: | CONTAC | T: |
| | 134 | | |

email = paneurobikes@singnet.com.sg, byachew@gmail.com fax =





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

1 of 3 Report No. T/20180616/2114

REPORT OF A TRAFFIC ACCIDENT

| | ne Report I 018 19:36 | Made: | Vide Report No.: G/20180616/0090 | Station Diary No.: |
|---------------------|--------------------------|---------------------------|--|--|
| Informa | nt's Partic | ulars | THE PROPERTY OF STREET | Miles See Secretary Address Consultance of the |
| Name of | f Informant: | | Address: APT BLK 705 BEDOK NORT 470705 | TH ROAD #04-3442 SINGAPORE |
| ID Type NRIC N | / ID No.: O / S87149 | 50A | Contact No.: Home/Office: | Mobile: 81808970 |
| National SINGAP | ity: ORE CITIZ | EN | Email: | WODITE. 01000970 |
| Sex: Male | Age: | Date of Birth: 20/05/1987 | Type of Informant: | |
| Race: Chinese | | | Language: | Institution / School Name: |
| Occupati LOGISTI | | ATION MANAGER | Driving Licence Information: Class: 2B,2A,2,3 | Date of Expiry: |

| Type of Accident: | Injury Conveyed By Ambu | lance [| Orink Orive: Jo | Date/Time of Accident: 16/06/2018 09: | 0.0 | Type of Location T-Junction |
|--|----------------------------|------------|-----------------------|---|-------|--------------------------------|
| Junction of Ro MOUNTBATT AMBER ROA Weather: | | Road Su | face: | | I.S. | 15 |
| Clear | | Dry | nace. | | Roa | d Speed Limit: |
| Clear | | DIY | | | | a opeca Limit. |
| Traffic Flow: One Way Type of Collisi | | Traffic Co | | king | Traff | fic Volume: |

| Vehicle No. | Type | Make | Model | Color | O W | |
|-------------|------------|--|----------------------|-------|----------------------|-----------------|
| FW3771X | | Development of the latest of t | | Color | Condition | No of Passenger |
| | Motorcycle | YAMAHA | CZD300A / XMAX300 | Grey | Seriously Damaged | |
| SHA6956C | Car | | | | No Damage | 3 |

| urance No | Effective | Funda D 4 |
|-----------|------------|-------------|
| | 28/06/2017 | 27/06/2018 |
| | 2266982 | - Lincotivo |



Police Station Of Origin: Queenstown N.P.C.

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

T/20180616/2114

2 of 3

Report No. T/20180616/2114

CONTINUATION OF REPORT

| Details of Perso | | | on Glassie (Marie Const | S 00 - 100 | | Description Science of the Authority | |
|-------------------------|-------------------|--------------|-------------------------|---|---------|---|--|
| Any Pedestrian I | nvolved: No | | | | | | |
| No. of Pedestrian | ns Injured: NIL | | Use of Pe | destria | n Cross | ring: NA | |
| Rider | | | 030 011 0 | uestria | Closs | sing. NA | |
| Name | CHEW BOON YON | IG ANDRE | N | ID No |). | S8714950A | |
| Related Vehicle | FW3771X (Motorcy | rcle) | | Conta | act No. | 81808970 | |
| Hospital/Clinic | CHANGI GENERAL | RAL HOSPITAL | | Class of Driving Licence & Expiry Date | | Class: 2B,2A,2,3 Date of Expiry: NIL | |
| Date Treatment | 16/06/2018 | | Date Disc | | | /2018 | |
| No. of Days gran | ted Medical Leave | 14 | Degree of | | Serio | | |

Brief Details.

On 16/06/2018 at about 0930hrs, I was travelling in my motorvehicle registration plate number FW3771X together with my girlfriend whom is the pillion of my motorvehicle. We were travelling from Queenstown towards Katong I12, nearing the junction of Mountbatten road towards Amber Rd at the traffic junction. While I was at the junction awaiting for the full green arrow sign to show, I then stopped and check for the incoming traffic before moving off. After checking and confirmed that the there was no incoming traffic, I then started to execute the right turn and that was when the taxi with registration plate number SHA6956C had beat the red light and came forward towards me. We both collided and due to the impact, I had fell towards my left and it resulted in mine left knee and left elbow to have abrasion. My pillion suffered left foot and right arm injured. The damage done to thee motorvehicle was, left side scratches, whole steering fork was bend, the wheel was slanted in misalignment and the motorvehicle was no longer in a condition fit for riding. After the collision, both parties then alighted and check on each other wellbeing. We then called for ambulance and traffic police. My pillion and I were conveyed to Changi General Hospital. I am lodging this police report for insurance claims purposes.





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

3 of 3 Report No. T/20180616/2114

CONTINUATION OF REPORT

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 Report: | Signature Of Informant: |
|---|--------------------------------|
| Sgt 1 GABRIEL CHAN WEE KEEN | A |
| Signature Of Interpreter: Not applicable | Date/Time: 16/06/2018 19:36 |
| Officer In Charge Of Case: TP / GIT / | Classification Of Case: |
| Insp TAN CHIN YONG Contact No.: 65476178 | |
| Authentication Stamp | |



45 Gesi80

ORIGINAL

MEDICAL CERTIFICATE

EMD2018115783

Joseph Stick No.

| Name THEH HUI KIANG (ZHENG HUIJUAN) | | | NRIC No. S791702 | 2D - |
|--|----------------------|-----------------------|------------------------|---------------------------------|
| This is to certify that the above-named is unfit for du inclusive. | ly for a period of | 3 days from | 16-Jun-2018 | 18-Jun-2018 |
| Type of medical leave granted : | | | | |
| Hospitalization Leave | 1 | Outpatient Sick Leave | | |
| Admitted on : | | Maternity Leave, | Delivered on : | |
| Discharged on : | | Sterillization Leave, | Operated on: | |
| This certificate is not valid for absence fr | om court attendance. | | | |
| | | Consider Once | ration (if applicable) | |
| Diagnosis | | Surgical Oper | ation (ii applicable) | |
| Diagnosis | | Surgical Oper | ation (ii applicable) | 15% |
| 70 | | Surgical Oper | action (if approacts) | .5 115 e. |
| 70 | to N. | | actor (ii approadic) | |
| R node | to N. | | actor (ii approadic) | Level Ac |
| Fit for light duty from N.A. | to N.A. | A | N.A. | |
| Fit for light duty from N.A. Comments : | N. | A | | |
| Fit for light duty from N.A. Comments: The above-named patient attended my clinic at | N. | A. and left at | N.A. | |
| Fit for light duty from N.A. Comments: The above-named patient attended my clinic at No medical leave is necessary. Hospital/Clinic | N.A. Ward No. | A. and left at | N.A. | |
| Fit for light duty from N.A. Comments: The above-named patient attended my clinic at No medical leave is necessary. | N.A. Ward No. | A. and left at | N.A. | ETTERS) and Designation/MCR No. |



ORIGINAL

MEDICAL CERTIFICATE

EMD2018115835

| | | | | NRIC No |). | |
|---|---------------|-----------------------|--------------|--------------|--------|----------------------------|
| CHEW BOON YONG | | | | S8714 | 950A | |
| This is to certify that the above-named is unfit for duty for a perio inclusive. | d of | 14 days r | from16 | -Jun-2018 | to | 29-Jun-2018 |
| Type of medical leave granted : | | | | | | |
| ✓ Hospitalization Leave | | Outpatient Sick Lea | ve. | | | |
| Admitted on : | | Maternity Leave, | | Delivered on | 1: | |
| Discharged on : | 一 | Sterillization Leave, | | Operated on | | |
| This certificate is not valid for absence from court a | attendance. | | | 35 | | |
| Diagnosis | | Surgical O | neration (if | applicable) | | |
| | | 1 | | | | |
| N.M. | to N.A. | - | | | | |
| Comments : The above-named patient attended my clinic at | to N.A. | and left | at | N.A. | | |
| IN.M. | N.A. | | 2 | | LETTER | S) and Designation/MCR No. |
| Comments : The above-named patient attended my clinic at No medical leave is necessary. Hospital/Clinic | N.A. | and left | 2 | | LETTER | S) and Designation/MCR No. |
| Comments : The above-named patient attended my clinic at No medical leave is necessary. | N.A. Ward No. | and left | 2 | | LETTER | S) and Designation/MCR No. |

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8714950A





CHEW BOON YONG ANDREW



CHINESE

Date of birth 20-05-1987

Country/Place of birth SINGAPORE



5366099



03-10-2014

APT BLK 705 BEDOK NORTH ROAD #04-3442 SINGAPORE 470705

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

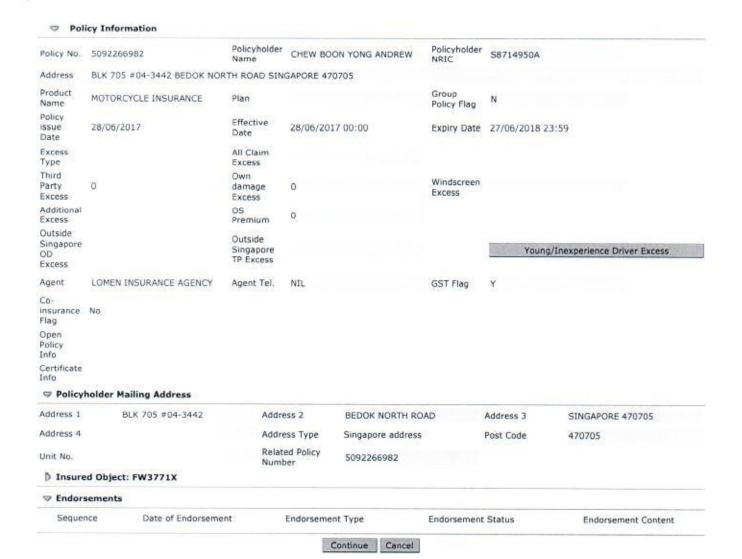
EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 18 Mar 2010 Cc 18 Mar 2010 Cc 18 Mar 2010 Cdass 2 Motorcycles > 400 cc 19 Motorcycles > 400 cc

NP 428A

Licence No: S8714950A

| eBao Tech | | | | | | | GeneralClaim | | | |
|------------------------|------------------------|------------|--------------------------|----------------------|---------|------------------------------|----------------|-------------------|------------------|---------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | | | | | , | Change Lar | nguage | · Change Passwo | ord • Log Out |
| My Desktop | Poli | cy Query | | | | | | | | |
| Notice of Loss | Policy N | 10. | | | | Date of Accident | | 16/06/2018 09:30 | | |
| | Vehicle No.(For Motor) | | FW3771X | | | | | | | |
| | | | | | | Search | | | | |
| | Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5092266982 | CHEW BOON YONG ANDREW | S8714950A | GMC | Third Party, Fire & Theft | FW3771X | FW3771X | 28/06/2017 | 27/06/2018 |
| | | | | | | Continue | | | | |



| Accident MT/0999052 | Energiane | Vehicle No. | PW3771X | GST Registration No. | | |
|--|--|---|--|--|--|--|
| Policy No. | 5092266982 | Adultie Mo. | - FRANCIA | | S8714950A | |
| Policyholder Name | CHEW BOON YONG ANDREW | | | Policyholder NRIC | | |
| Product Code | MOTORCYCLE INSURANCE | Cover Type | Third Party, Fire & Theft | Loading | ٥ | |
| Contact No. (Mobile) | 81808970 | Contact No.(Office) | 0 | Contact No.(Home) | 0 | |
| Email Address | | Special Remark | | eCode | LII V | |
| O*K | ® NO ○YEE | TOA | ® No ○ Yes | eCode Resson | | |
| NCD Protection | No | NCD Entitlement(%) | 20 | Private Hire | No | |
| Accident Details | | | | | | |
| Report Date | 18/06/2018 20:41 | Accident Report Within 24 hrs. | Yes | Accident Type | Collision - Head on collision | |
| Date of Accident | 16/06/2018 | Time of Academ hh;mm | 09:30 | Country of Acodent | Singapore | |
| | 704-004-50-7-0 | | 09.30 | Carrier Control | Singapore | |
| Reporting Centre | | Drange Force | | ICM No. | | |
| Accident Location | JUNC MOUNTBATTEN RO & AMBER RO | | | | | |
| → Benefits | | | | | | |
| To Excess | | | | | | |
| Own damage Excess | 0.00 | Additional Excess | | Windscreen Excess | | |
| Innamed Driver Excess | | Dutside Singapore OD Excess | | | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | | | | |
| GST Registered Inform | | Ourse sugapore in cicess | | | | |
| | | | CCT Beaterman Cate | | | |
| ST Registered IST Registration No. | 740 | | GST Registration Date GST Status Verified | Yes | | |
| todification History | | | Mar alman sellieu | 1,500 | | |
| adina our restory | | | | | | |
| Policyholder Mailing Ad | | | | | | |
| Address 1 | BLK 705 #04-3442 | Address 2 | BEDOK NORTH ROAD | Address 3 | SINGAPORE 470705 | |
| Address 4 | | Address Type | Singapore address | Post Code | 470705 | |
| ine No. | | Related Policy Number | 5092266982 | | | |
| OI Driver Info | | | | | | |
| Driver Name | CHEW BOON YONG ANDREW | Driver Type | Main Driver | | | |
| Unnamed driver Name | STEET STEET STEET | Driver NR3C | 58714950A | Driver DOB | 20/05/1987 | |
| | 05/03/2011 | | | | | |
| Register Date of Oriver License | 81808970 | Contact No.(Office) | 0 | Oriving Experience | 6 | |
| Control and Control of the | | | | Contact No.(Home) | 0 | |
| | | | | | Starramen and the second | |
| | 6LK 705 | Address 2 | BEDOK NORTH ROAD | Address 3 | SINGAPORE 470705 | |
| Address 1 | | | | | SINGAPORE 470705 470705 | |
| Address 1 Address 4 Une No. | | Address 2 | BEDOK NORTH ROAD | Address 3 | | |
| Contact No. (Mobile) Address 1 Address 4 Unin No. Does he own a Singapore Registered car? | BLK 705 | Address 2 | BEDOK NORTH ROAD | Address 3 | | |
| Address 1 Address 4 Unit No. Does he own a Singapore Registered car? | 8LK 705 04-2442 | Address 2 Address Type | BEDOK NORTH ROAD | Address 3 Post Code | | |
| Address: 1 Address: 4 una No. Does he own a Singapore Registered car? | BLK 705 04-3442 ○ Yes ® No | Address 2 Address Type Driver Vehicle No. | BEDOK NORTH ROAD Singapore address | Address 3 Post Code | | |
| Address I Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test | 8LK 705 04-2442 | Address 2 Address Type | BEDOK NORTH ROAD | Address 3 Post Code | | |
| Address 1 Address 4 Ung No. Does he own a Singapore Registered car? Declaration Breathalyser of Blood Test Reading? | BLK 705 04-3442 ○ Yes ® No | Address 2 Address Type Driver Vehicle No. | BEDOK NORTH ROAD Singapore address | Address 3 Post Code | | |
| Address 1 Address 4 une No. Does Ne own a Singapore Regresered car? Declaration Breathalyser or Blood Test | BLK 705 04-3442 ○ Yes ® No | Address 2 Address Type Driver Vehicle No. | BEDOK NORTH ROAD Singapore address | Address 3 Post Code | | |
| Address I Address 9 ung No. Does he own a Singapore Regispered car? Declaration Breathalyser or Blood Test Reading? | BLK 705 04-3442 ○ Yes ® No | Address 2 Address Type Driver Vehicle No. | BEDOK NORTH ROAD Singapore address | Address 3 Post Code | | |
| odress 1 oddress 4 one No. loes he own a Singapore registered car? reathalyser of Blood Test reading? Claim 001 New | BLK 705 04-3442 | Address 2 Address Type Driver Vehicle No. | BEDOK NORTH ROAD Singapore address W Yes No | Address 3 Post Code | 470705 | |
| Address I Address 4 une No. Does he own a Singapore Registered car? Pectaration Breathalyser of Blood Test Reading? food fication History Claim 001 Next | BLK 705 04-3442 ○ Yes ® No | Address 2 Address Type Driver Vehicle No. | BEDOK NORTH ROAD Singapore address | Address 3 Post Code | | |
| Address I Address 4 Unit No. Does he own a Singapore Registered car? Pectaristion Readhalyser or Blood Test Reading? Claim 001 New | BLK 705 04-3442 | Address Type Driver Vehicle No. Any injury? | BEDOK NORTH ROAD Singapore address W Yes No | Address 3 Post Code Driver Insurer Company | 470705 | |
| Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Pediaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type 4 Contact No.(Mobile) | BLK 705 04-3442 ○ Yes No 0 mg | Address 2 Address Type Driver Vehicle No. Any injury? Insured Name | BEDOK NORTH ROAD Singapore address W Yes No | Address 3 Post Code Driver Insurer Company Insured NRIC | 470705 | |
| Address 1 Address 4 Ann No. Does he own a Singapore Registered car? Redistation And Residue of Blood Test Reading? Claim 001 Next Claim Type 4 Contact No. (Mobile) Small Address | BLK 705 04-3442 ○ Yes No 0 mg | Address 2 Address Type Driver Vehicle No. Any injury? Insured Name Contact No. (Home) | BEDOK NORTH ROAD Singapore address W Yes No CHEW BOOM YONG ANDREW | Address 3 Post Code Driver Insurer Company Insured NRIC Contact No.(Office) | \$6714960A SHA6956C | |
| Address 1 Address 4 Anni No. Joes he own a Singapore legistered car? Andress of Blood Test leading? Claim 001 New Claim Type + Contact No. (Mobile) Small Address Jaim Description | 6LK 705 04-3442 ○ Yes No 0 mg | Address 2 Address Type Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number | BEDOK NORTH ROAD Singapore address PYSS No CHEW DOON YONG ANDREW PW3771X | Address 3 Post Code Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number | \$6714960A SHA6956C | |
| Address 1 Address 4 Ann No. Does he own a Singapore Registered car? Redistation Areathalyser or Blood Test Reading? Claim 001 Next Contact No. (Mobile) Cont | 6LK 705 04-3442 ○ Yes No 0 mg | Address 2 Address Type Driver Vehicle No. Any injury? Insured Name Consect No. (Home) Of Vehicle Number | BEDOK NORTH ROAD Singapore address W Yes No CHEW DOON YONG ANDREW PW3771X Not at Fault | Address 3 Post Code Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Worksh | \$6714990A SHA6956C | |
| Address 1 Address 4 Ann No. Does he own a Singapore Registered car? Redaration Prestrative or Blood Test Reading? Claim 001 Next Contact No. (Mobile) Smell Address Jaim Description Preferred Workshop Contact No. Require Finalisation | 6LK 705 04-3442 Yes ® No 0 mg 0 mg PW3771X / SHA6956C ON 16 Jun 2018 Yes | Address 2 Address Type Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preference Repair Option | BEDOK NORTH ROAD Singapore address W Yes No CHEW DOON YONG ANDREW PW3771X Not at Fault | Address 3 Post Code Driver Insurer Company Insured NRIC Contact No.(Office) TP Wehicle Number Name of Preferred Worksh | \$6714950A \$6714950A \$146956C | |
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| Address 1 Address 4 unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Addition History | GLK 705 04-3442 O Yes ® No 0 mg 0 mg PW3771X / SHA6956C ON 16 Jun 2018 Yes Y 18/06/2018 20:43 | Address 2 Address Type Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preference Repair Option | BEDOK NORTH ROAD Singapore address W Yes No CHEW DOON YONG ANDREW PW3771X Not at Fault | Address 3 Post Code Driver Insurer Company Insured NRIC Contact No.(Office) TP Wehicle Number Name of Preferred Worksh | \$6714950A \$6714950A \$146956C | |
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| Address 1 Address 4 Jone No. Does he own a Singapore Registered car? Joed floation Address or Blood Test Reading? Address or Blood Test Reading? Claim 001 New Claim Type 4 Contact No. (Mobile) Email Address Claim Description Performed Workshop Contact No. Require Finalisation Date Registered Report Taken By Princ AK letter Attachment | GLK 705 04-3442 O Yes © No 0 mg 0 mg PW3771X / SHA6956C ON 16 Jun 2018 Yes V 18/06/2018 20:43 | Address 2 Address Type Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preference Repair Option | BEDOK NORTH ROAD Singapore address We yes No CHEW BOON YONG ANDREW PW3773X Not at Fault Preferred Workshop, Name unknown | Address 3 Post Code Driver Insurer Company Insured NRIC Contact No.(Office) TP Wehicle Number Name of Preferred Worksh | \$6714950A \$6714950A \$146956C | |
| Address 1 Address 4 Anni No. Does he own a Singapore Registered car? Redding? Claim 001 New Claim 1001 New Claim 1001 New Claim Description Preferred Workshop Contact Registered Regi | BLK 705 04-3442 ○ Yes (a) No 0 mg 0 mg PW3771X / SHA6956C DN 16 Jun 2018 Yes L8/06/2018 20:43 Jackson | Address Type Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Labelity * Preferend Repair Option Claim Close Date | BEDOK NORTH ROAD Singapore address W Yes No CHEW BOON YONG ANDREW PREFERRED WORKShoo, Name unknown Save Submit | Address 3 Post Code Driver Insurer Company Insured NRIC Contact No.(Office) TP Wehicle Number Name of Preferred Worksh | \$6714950A \$6714950A \$146956C | |
| Address 1 Address 4 Anni No. Does he own a Singapore Registered car? Redding? Claim 001 New Claim 1001 New Claim 1001 New Claim Description Preferred Workshop Contact Registered Regi | BLK 705 04-3442 ○ Yes No 0 mg 0 mg PW3771X / SHA6956C DN 16 Jun 2018 Yes | Address Type Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Labelity * Preferend Repair Option Claim Close Date | BEDOK NORTH ROAD Singapore address E Yes No CHEW BOON YONG ANDREW PW3771X Not at Fault Preferred Workshoo, Name unknown Save Submit DOI 18/06/2018 20:45 | Address 3 Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksh GIA report Date Received | \$8714950A \$14950A \$146956C 160 Received 18/08/2018 00:00 | |
| Address 1 Address 4 Jone No. Does he own a Singapore Registered car? Jectaration Ineathayper or Blood Test Reading? Tod fication History Claim 001 Next Claim Type 4 Contact No. (Mobile) Email Address Claim Description Performed Workshop Contact No. Require Finalisation Date Registered Report Taken By Print Ak letter Attachment | BLK 705 04-3442 ○ Yes (a) No 0 mg 0 mg PW3771X / SHA6956C DN 16 Jun 2018 Yes L8/06/2018 20:43 Jackson | Address 2 Address Type 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 | BEDOK NORTH ROAD Singapore address BY Yes No CHEW SOON YONG ANDREW FW3771X Not at Fault Preferred Workshop, Name unknown Save Submit OO1 18/06/2018 20:45 Category * | Address 3 Post Code Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Worksh GIA report Date Received | \$673.4960A \$673.4960A SHA6956C PRoceived 18/06/2018 00:00 | |
| Address: 1 Address: 4 Jone No. Does he own a Singapore Registered car? Joed heating Address: 4 Joed heating Address: 4 Joed heating Claim OO1 Next Claim Type 4 Contact No. (Mobile) Email Address Claim Description Performed Workshop Contact No. Require Finalisation Date Registered Report Taken By Princ AK letter Attachment PACCIDENT No. | BLK 705 04-3442 ○ Yes No 0 mg 0 mg PW3771X / SHA6956C DN 16 Jun 2018 Yes | Address 2 Address Type Driver Vehicle No. Any injury? Insured Name Consact No.(Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date Browse | BEDOK NORTH ROAD Singapore address BY Yes No CHEW SOON YONG ANDREW FW3771X Not at Fault Preferred Workshop, Name unknown Save Submit O01 18/06/2018 20:45 Category * Clear Please Select | Address 3 Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksh GIA report Date Received | #70705 \$673.4960A SHA6956C Received 18/06/2018 00:00 | |
| Address 1 Address 4 Anni No. Does he own a Singapore Registered car? Redding? Claim 001 New Claim 1001 New Claim 1001 New Claim Description Preferred Workshop Contact Registered Regi | BLK 705 04-3442 ○ Yes No 0 mg 0 mg PW3771X / SHA6956C DN 16 Jun 2018 Yes | Address 2 Address Type 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 | BEDOK NORTH ROAD Singapore address E Yes No CHEW BOON YONG ANDREW PW3771X Not at Fault Pyeferred Workshop, Name unknown Save Submit OO1 18/06/2016 20:45 Category * Clear Please Select | Address 3 Post Code Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Worksh GIA report Date Received | \$673.4950A \$186956C PRECEIVED | |
| Address: 1 Address: 4 Jone No. Does he own a Singapore Registered car? Joed heating Address: 4 Joed heating Address: 4 Joed heating Claim OO1 Next Claim Type 4 Contact No. (Mobile) Email Address Claim Description Performed Workshop Contact No. Require Finalisation Date Registered Report Taken By Princ AK letter Attachment PACCIDENT No. | BLK 705 04-3442 ○ Yes No 0 mg 0 mg PW3771X / SHA6956C DN 16 Jun 2018 Yes | Address 2 Address Type Driver Vehicle No. Any injury? Insured Name Consact No.(Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date Browse | BEDOK NORTH ROAD Singapore address E Yes No CHEW BOOM YONG ANDREW PW3771X Not at Fault Pyeferred Workshop, Name unknown Save Submit OO1 18/06/2016 20:45 Category * Clear Please Select | Address 3 Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksh GIA report Date Received | #70705 \$68714960A SHA6956C Received 18/06/2018 00:00 | |
| Address: 1 Address: 4 Jone No. Does he own a Singapore Registered car? Joed heating Address: 4 Joed heating Address: 4 Joed heating Claim OO1 Next Claim Type 4 Contact No. (Mobile) Email Address Claim Description Performed Workshop Contact No. Require Finalisation Date Registered Report Taken By Princ AK letter Attachment PACCIDENT No. | BLK 705 04-3442 ○ Yes No 0 mg 0 mg PW3771X / SHA6956C DN 16 Jun 2018 Yes | Address 2 Address Type 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 Browse Browse Browse | BEDOK NORTH ROAD Singapore address BY Yes No CHEW SOON YONG ANDREW FW3773X Not at Fault Preferred Workshop, Name unknown Save Submit O01 18/06/2018 20:45 Category * Clear Please Select Clear Please Select Clear Please Select | Address 3 Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksh GIA report Date Received Confidential V Norm V Norm V Norm V Norm V Norm V Norm | #70705 \$6714960A | |
| Address 1 Address 4 Anni No. Does he own a Singapore Registered car? Redding? Claim 001 New Claim 1001 New Claim 1001 New Claim Description Preferred Workshop Contact Registered Regi | BLK 705 04-3442 ○ Yes No 0 mg 0 mg PW3771X / SHA6956C DN 16 Jun 2018 Yes | Address 2 Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Lability * Preference Repair Option Claim Close Date Claim No. Upload Date Browse Browse Browse | BEDOK NORTH ROAD Singapore address E Yes No CHEW BOOM YONG ANDREW FW3773X Not at Fault Preferred Workshop, Name unknown Save Submit O01 18/06/2018 20:45 Category * Clear Please Select | Address 3 Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksh Confidential Confidential Confidential V Norm V Norm | #70705 \$6714960A | |
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| Attachment | | Uploaded By/Date | Category | 9 | Urgency | Description | Msg Sent? Action (CO) |
|------------|---|----------------------|-----------|---------|---------------------------------|------------------|-----------------------------|
| e-172 | NAC_PAYA_UBI_800801(NAT | NRIC/ Driving Userse | | Normal | NRIC/ Driving License 2018-6-18 | Edit | |
| *** | NAC_PAYA_UBI_800601(NAT | SAS | | Normal | SAS 2018-6-18 | Edit | |
| | NAC_PAYA_UBI_800601(NAT | Photos | | Normal | Photos 2018-6-18 | Edit | |
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| 1 | NAC_PAYA_UBI_800601(NAT | Photos | | Normali | Prints 2018-6-18 | Late | |
| | NAC_PAYA_UBI_BOOGDL(NAT | Photos | | Normal | Photos 2015-5-15 | ten | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Ju n 2018 20:44 | | Photos | | Normal | Photos 2018-6-18 | Edit |
| | NAC_PAVA_UB)_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Iu n 2018 20:44 | | Photos | | Normal | Photos 2015-6-18 | Edit |
| 10 | NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Ju in 2018 20:44 | | Photos | | Normal | Photos 2018-6-18 | Edit |
| 2 | NAC_PAVA_UB3_800603(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Ju n 2018 20:44 | | Photos | | Normal | Photos 2018-6-18 | Edit |
| | NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Julia 2018 20144 | | Photos | | Normal | Photos 2018-6-18 | Edit |
| 31. | NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Ju in 2018 20:44 | | Photos | | Normal | Photos 2018-6-18 | Edit |
| Fair | NAC_PAYA_UBL.800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 July 20:44 | | Photos | | Normal | Photos 2018-6-18 | Edit |
| 12 | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 July 2018 20143 | | Photos | | Normal | Photos 2018-6-18 | Edit |
| 1 | NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Ju in 2018 20143 | | Photos | | Normal | Photos 2018-6-18 | Edit |
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