Date In: 18/6/18-17:59	Jcb description	Date &Time Completed	Done b	"
Re[No: NA] INC 1801 (076) 24	SAS e-filing	1		
Veh No: 5/5/1030M	E-mail (within 8hrs, AIC 2	thrs)		
D.O.A: 16/6/18-18:20	i-Motor Claim Form	M7/2999053-001	18/6/18	1200
\overline{a}	i-Motor W/O (Within:			
OD : TP ! Reporting Only	i-Photo Uploaded			
2700-20	Assessment/Survey Rep	port	11/20 TO AV - 1 5/5/2010	
TP Insurer:	Ass't Report by Fax / F	land to Owner/Wksp		Section III
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	
TP Particulars: Veh No: 5	JN8899D I	NC()/Non-INC()		and the state of t
Owner / Driver: (Tel:)	
Policy No: ()	Period: () Cover Type: ()	
Confirmed by : (Date:	Time:)	ceety open
Insured/Driver Liability: (%	%) [Note-Est. Status (WO): N	N: 0-20%; P: 21-79%. P: 80-	100%]	
Year of Registration: () Warranty: YES ()/NC			
	\$1,000()/\$2,000()		NASSATIN DESCRIPTION	- 30Y - 1 ³ 4 - 2.1
		Na-10046 (A. 2016)	THE STATE OF THE STATE OF	
() Walk-In Customer : Customer's	Information strictly Confidentia			
		A Suicay NO Island Chapter		
() Total Loss Case : to e-mail In		\ Tomin = Co. (· · · · · · · · · · · · · · · · · · ·)
Drive-In ()/ Towed-In (); Inv	voice: YES () / NO (); Towing Co: (
Remarks: (INC hotline: 6788 661	6):	Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()			
•				
frances :				
Injury:			Cargoral Street	
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		and a second second		
	ense (2		erselos se	
		TO THE TOTAL STATE OF THE STATE		
	1			
Date/Time Actions	Invoic	e Preparation Checklist	Ant (S)	AMI (5)
Date/Time Actions NAI803769	A 100 A	e Preparation Checklist		
Date/Time Actions NAI803769	1) AR : A 2) DA : I	e Preparation Checklist Accident Reporting (\$30); Damage Assessment (\$100); INC	And (S) fit Bill S80)	
NAI803769	1) AR : A 2) DA : I 3) TF : T 4) FT : F	e Preparation Checklist Accident Reporting (\$30); Damage Assessment (\$100); INC (owing Fee Sollow-Through Survey	Am((5)) (fst.Bill 580) 40/545 5120	
NAI803769 . Inimant's Particulars :-	1) AR : A 2) DA : I 3) TF : T 4) FT : F 5) FT : F	e Preparation Checklist Accident Reporting (\$30); Damage Assessment (\$100); INC (owing Fee Sollow-Through Survey ollow-Through Survey (Resurvey)	### Annt (5). ### fst Bill \$80) #### 40/545 \$120 \$30	
NAIS03769 . Laimant's Particulars:- river/Owner:	1) AR : A 2) DA : I 3) TF : T 4) FT : F 5) FT : F For cla	e Preparation Checklist Accident Reporting (\$30); Damage Assessment (\$100); INC (owing Fee Sollow-Through Survey ollow-Through Survey (Resurvey) siming against INC Only (wef 10 Jan 20) Re-inspection	\$\frac{\text{Am('(5))}}{\text{fit:Bill}}\$\$ \$\$80)\$ \$40/\$45\$ \$\$120\$ \$\$30\$ \$\$55\$ \$\$75\$	
NA(803769	1) AR : A 2) DA : I 3) TF : T 4) FT : F 5) FT : F Forcts 6) TR : R 7) N1 : Is	e Preparation Checklist Accident Reporting (\$30); Damage Assessment (\$100); INC (owing Fee Sollow-Through Survey ollow-Through Survey (Resurvey) oliming against JNC Only (wef 10 Jan 20) te-inspection dae DA + SMRT Survey	### (5) fst.Bill 580) 40/545 5120 530 05)	
NA(803769 Inimant's Particulars:- river/Owner: ontact No:	1) AR: A 2) DA: I 3) TF: T 4) FT: F 5) FT: F For old 6) TR: R 7) N1: Id 8) NTUO	e Preparation Checklist Accident Reporting (\$30); Damage Assessment (\$100); INC (owing Fee Sollow-Through Survey Collow-Through Survey (Resurvey) Collow-Through Survey Collow-Through Su	Ant (5) (1st Bill 580) 40/545 \$120 \$30 005) \$75 \$160	
NA(803769 . Inimant's Particulars:- river/Owner: ontact No: amaged Portion:	1) AR : A 2) DA : I 3) TF : T 4) FT : F 5) FT : F Forele 6) TR : R 7) N1 : Ie 2 8) NTUC OD* *N5: C	c Preparation Checklist. Accident Reporting (\$30); Damage Assessment (\$100); INC (owing Fee Sollow-Through Survey collow-Through Survey (Resurvey) diming against INC Only (wef 10 Jan 20) te-inspection dae DA + SMRT Survey Additional Services Courtesy Car / Tpt Allowance	Ant (5) (1st Bill 580) 40/545 \$120 \$30 95) \$75 \$160	
NA(803769 Inimant's Particulars :- river/Owner: ontact No: nmaged Portion: C Checked by (Engr-In-Charge):	1) AR: A 2) DA: I 3) TF: T 4) FT: F 5) FT: F For de 6) TR: R 7) N1: Ie 8) NTUC OD* *N5: C *N6: F *N7: I	e Preparation Checklist Accident Reporting (\$30); Damage Assessment (\$100); INC (owing Fee Sollow-Through Survey Collow-Through Survey (Resurvey) Comming against INC Only (wef 10 Jan 20) te-inspection dae DA + SMRT Survey Cadditional Services. Courtesy Car / Tpt Allowance Repair Co-ordination Fost Repair Inspection	Ant (5) (1st Bill 580) 40/545 \$120 \$30 005) \$75 \$160	Amt(\$)
NA(803769 Inimant's Particulars:- river/Owner: ontact No: nmaged Portion: C Checked by (Engr-In-Charge):	1) AR: A 2) DA: I 3) TF: T 4) FT: F 5) FT: F Fords 6) TR: R 7) N1: Is 8) NTUC OD* *N5: C *N6: I *N7: I	e Preparation Checklist. Accident Reporting (\$30); Damage Assessment (\$100); INC (owing Fee Sollow-Through Survey Collow-Through Survey (Resurvey) Coming egainst INC Only (wef 10 Jan 20) Ce-in spection day DA + SMRT Survey Courtesy Car / Tpt Allowance Repair Co-ordination Fost Repair Inspection DV / Collect Excess Coordination	S80) 40/S45 \$120 \$30 25) \$75 \$160 \$55 \$510 \$25 \$55	
Date/Time Actions	1) AR : A 2) DA : I 3) TF : T 4) FT : F 5) FT : F Forcle 6) TR : R 7) N1 : Ic 2 8) NTUC OD* *N5: C *N6: F *N7: J *N8: I TP (N	e Preparation Checklist Accident Reporting (\$30); Damage Assessment (\$100); INC (owing Fee Sollow-Through Survey Collow-Through Survey (Resurvey) Comming against INC Only (wef 10 Jan 20) te-inspection dae DA + SMRT Survey Cadditional Services. Courtesy Car / Tpt Allowance Repair Co-ordination Fost Repair Inspection	\$\$0) 40/\$45 \$120 \$30 \$25 \$160 \$55 \$510 \$525 \$53 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50	

SINGAPORE ACCIDENT STATEMENT

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

AC	CID	ENT	T C	FAT		CN	
AC	UID	EМ		IAI	CIVI		

Date Of Report 18/06/2018 17:59 Date Of Accident 16/06/2018 18:20

JUNC LOR 6 TOA PAYOH & LOR 1 TOA PAYOH Exact Location Of Accident

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJS1030M

Insured/Policyholder

Name Of Registered Owner LIM CHER KHOON

NRIC No S7220720C Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-90276142 Alternative Phone No OFFICE-90276142

Vehicle Particulars

Manufacturer KIA

Model CERATO FORTE 1.6(A) SX ABS D/AB 2WD 4DR

Exact Purpose for which vehicle was being used at PRIVATE USE time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken Vehicle Category

THIRD PARTY PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5038309817-08

Cover Note Number

Driver

Name of Driver LIM CHER KHOON (LIN ZIQIN)

NRIC No. S7220720C Date Of Birth 19/05/1972 Occupation **INDOOR** Date Of Driving Pass 24/06/2009

Driving Experience 8 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90276142

Fax Number

Contact Number OFFICE-90276142

EMail Address NOEMAIL Address BLK 84 LORONG 2 TOA PAYOH

#08-315

Postcode 310084

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

8

Insurance Company of Driver's Own Vehicle

-

NO

2

YES

NO

1

NO

NO

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

Number of Passangers (Including Driver)

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJN8899D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of.
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) Investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (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:

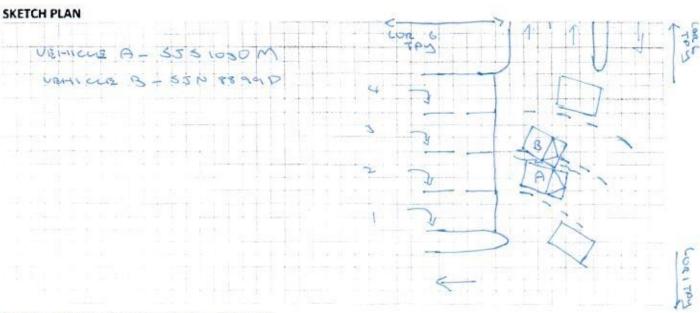
Driver's Signature (if driver is not the policyholder)

Date & Time:

Reporting Centre Personne

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I	WAS MAKENY A RICHT THRN WHEN THE TRAFFIC	
L	IGHT TURNED GREEN. I HASON THE 2nd LANE.	
h	THILE I UPS IN THE TURNING POCKET, SUDDIENLY	I
F	ELT A IMPACT FROM THE LOFT SIDE OF MY VIEW	-11 CLR
చం	O I AUGUSTED FROM MY VEHICLE AND REALIZED	17
5	AS A VEMICUE BEARING (SIN 8899D) THAT MA	OR
A	FORLY RIGHT TURN, THAT COME THE COLLISIO	20 51
TH	TE LEFT SIDE OF MY VEHICLE AND WITH PHOTOS	77
SIH	IOWN HE WAS IN THE MIDDLE OF 2 TURNING POEKET	
CLA	and 2 and lane 3 pocket).	
V	181-11 CUR A - 55 5 1050 M	
- 6	VEHICLE B- SIN 88991)	
_11/200		
		- SHILLE

DECLARATION

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

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.:

/ehicle No.	555 1030 Model / Make KIA CRAMO FORTE
Date of Accident	16/06/2018
Time of Accident	1820 HRS
ocation of Accident	LOR 6 TOA PASOM OF T-JUNUTION OF
Exact purpose use during accid	lent persone usiz (cor 1/ cor 6 Top proch)
Name of Owner	LIM CHER KHOON SEN TECK SEAL
Felephone No.	H/P: 90276142 Home: Office:
VRIC	572207206
Address	BUR BY WORDNY 2 TOA PASON \$108-315 5(310094)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTURE
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	
Name of Driver	As Above If No,
NRIC	Any Passengers: NIL
Date of birth	19 MAY 1972
Occupation	Outdoor / Indoor
Driving License Pass Date	24 JUN 2009
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state Owner
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No. If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No. If Yes, Where?
Vehicle B No.	SSN Y (990) Any Passengers:
Name of Driver	Contact No.:
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	FEON LEFT PORTION
Camera Recorder	Yes / No
Email Address	
Linaii Addiess	
PARTICULAR WORKSHOP	TWINCER AUTOMOTIVE PER UTO
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	IAN
FAX NO	6741 0510
THE RESERVE THE PARTY OF THE PA	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7220720C



Name

LIM CHER KHOON (LIN ZIQIN)

勤

林子

19-05-1972 M

CHINESE Date of birth

Country of birth SINGAPORE

E72207200





NAIC No. \$7220720C

Date of issue 21-03-2013

Address APT BLK 84 LORONG 2 TOA PAYOH #08-315 SINGAPORE 310084 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 24 Jun 2009 of the driver; and other motor vehicles =< 2500kg



NP 428A

4951681

eBao Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601	100000	Petiti	Department of the second	NI JACO		Change Lan	guage '	Change Passwo	ord • Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	10-				Date of Acc	ident	16/06/	2018 18:20	
	Vehicle	No.(For Motor)	SJS1030M							
					Į.	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5038309817- 08	LIM CHER KHOON	S7220720C	GPC	drivo CLASSIC	SJS1030M	SJS1030M	29/07/2017	28/07/2018
					1	Continue				31

olicy No.	5038309817-08	Policyholder Name	LIM CHER K	HOON	Policyholder NRIC	S7220720C	
Address	BLK 686B #10-234 CHOA CHU K	ANG CRESCE	NT SINGAPOR	RE 682686			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	07/07/2017	Effective Date	29/07/2017	00:00	Expiry Date	28/07/2018 23	59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/	Inexperience Driver Excess
Agent	WILLIAM NEO INSURANCE AGE!	Agent Tel.	97519191		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 686B #10-234	Addr	ess 2	CHOA CHU KANG (RESCENT	Address 3	SINGAPORE 682686
		Addr	ess Type	Singapore address		Post Code	682686
Address 4			ed Policy ber	5038309817-08			
Address 4 Unit No.		: Num					
Unit No.	ed Object: SJS1030M	Num					
Unit No.		SNUIII					

Accident MT/0999053					
Paracy, No.	9038309817-08	Vehicle No.	8381030M	GST Registration No.	
Policyholder Name	LIM CHER KHOON			Policyholder NRIC	57220720C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90276142	Contact No. (Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No. V
KPK.	® No ⊜ Yes	TCA	® No ○Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
→ Accident Details	11.000				
	19/06/2018 30:58	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Report Date		Time of Accident hh:mm	18:20	Country of Accident	Singapore
Date of Accident	16/08/2018		30.20	ICM No.	
Reporting Centre		Orange Force		21202210	
Accident Location	JUNC LOR 6 TOA PAYON & LOR 1 TOA PAYON				
♥ Benefits ♥ Excess					
STATE STATE OF	000000	\$250 FE 1 (\$250 FE)	2	Windscreen Excess	100.00
Own damage Excess	600.00	Additional Excess	0	MINUSUREN EXCESS	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
fixed Party Excess	0.00	Outside Singapore TP Excess	0.00		
□ GST Registered Inform			STATES AND WORKS STORY OF		
ST Registered	No.		GST Registration Date GST Status VenRed	Yes	
SST Registration No. Modification History			you average versies	0.00	
Hodinication History					
♥ Policyholder Mailing Ad	ddresa				
Address 1	BLK 6868 #10-234	Address 2	CHOA CHU KANG CRESCENT	Address 3	SINGAPORE 682686
Address 4		Address Type	Singapore address	Post Code	682686
Unit No.		Related Policy Number	5038309817-08		
♥ OI Driver Info					
Driver Name	LIM CHER KHOON	Driver Type	Main Driver		
unnamed driver Name		Driver NRIC	67220720C	Driver 008	19/05/1972
Register Date of Driver License	24/06/2009	Driver Age	46	Driving Experience	8
Contact No.(Mobile)	90276142	Contact No. (Office)	0	Contact No.(Home)	0
	BLK 84	Address 2	LORONG 2 TOA PAYOH	Address 3	TOA PAYOH PEAKVIEW
Address 1					
	SINGAPORE 310084	Address Type	Singapore address	Post Code	310084
Address 4	SINGAPORE 310084 08-315		Singapore address		
Address 1 Address 4 Unit No. Does he own a Singapore Registered car?			Singapore address		310084
Address 4 Unit No. Does he own a Singapore Registered car?	08-315	Address Type	Singapore address	Post Code	310084
Address 4 Unit No. Does he own a Singapore Registered Car? Declaration Breathwayer or Blood Test	08-315	Address Type	Singapore address ○ Yes No	Post Code	310084
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Bresthalyser or Blood Test Reading?	08-315 ○ Yes ® No	Address Type Driver Vehicle No.	6500 345 3450 35	Post Code	310084
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Bresthalyser or Blood Test	08-315 ○ Yes ® No	Address Type Driver Vehicle No.	6500 345 3450 35	Post Code	310084
Address 4 Link No. Does he own a Singapore Registered Car? Declaration Breathayser or Blood Test Reading?	08-315 ○ Yes ® No	Address Type Driver Vehicle No.	6/30 sal 5 m/s a 5	Post Code	310084
Address 4 Line No. Does he own a Singapore Regulated dar? Declaration Breethayer or Blood Test Reading? Modification History	08-315 () Yes (No.	Address Type Driver Vehicle No. Any injury?	○ Yes ® No	Post Code Driver Insurer Compan	310084
Address 4 Link No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New	08-315 () Yes (®) No 0 mg	Address Type Driver Vehicle No. Any injury? Insured Name	○ Yes ® No	Post Code Driver Insurer Compan	310084
Address 4 Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Claim 601 New	08-315 () Yes (No.	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	○ Yes ® No LIM CHER KHOON 67607298	Post Code Driver Insurer Compan Insured NRIC Consict No. (Office)	310084 W 57220720C
Address 4 Unit No. Does he own a Singapore Registered Car? Declaration Breathayser or Blood Test Reading? Claim 001 New Claim Type 4 Contact No. (Mobile)	08-315 () Yes (®) No 0 mg	Address Type Driver Vehicle No. Any injury? Insured Name	○ Yes ® No	Post Code Driver Insurer Compan Insured NRIC Consict No. (Office) TP Varicle Number	\$7220720C 53188990
Address 4 Unit No. Does he own a Singapore Registered Car? Declaration Breathayser or Blood Test Reading? Claim Type 4 Contact No. (Mobile) Email Address	08-315 () Yes (®) No 0 mg	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	○ Yes ® No LIM CHER KHOON 67607298	Post Code Driver Insurer Compan Insured NRIC Consict No. (Office)	\$7220720C 53188990
Address 4 Lind No. Does the own a Singazore Registered Car? Declaration Breathalyser or Blood Test Reading? Claim 601 New Claim Type + Connact No (Mobile) Email Address Claim Description Preferred Workshap Connact	08-315	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	○ Yes ® No LIM CHER KHOON 67607298	Post Code Driver Insurer Compan Insured NRIC Consict No. (Office) TP Varicle Number	\$7220720C 53188990
Address 4 Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type 4 Consact No. (Mobile) Email Address Claim Description Preferred Workshop Consact No.	08-315	Address Type Driver Vehicle No. Any injury? Insured Name Centact No.(Hame) OI Vehicle Number	○ Yes No LIM CHER KHOON 67697298 SIS1030M	Post Code Driver Insurer Compan Insured NRIC Consict No. (Office) TP Varicle Number	\$7220720C 53188990
Address 4 Link No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Claim Oo1 New Claim Type 4 Consect No (Mobile) Email Address Claim Description Perferred Workshop Corriact No. Reguire Finalisation	08-315	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability *	○ Yes ® No LIM CHER KHOON 67667298 SIS1030M	Post Code Driver Insurer Compan Insured NRIC Consact No. (Office) TP Variacle Number Name of Preferred Wool	\$7220720C \$3188990
Address 4 Link No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim Type + Consect No. (Mobile) Email Address Claim Description Preferred Workshop Cornact No. Require Finalisation Date Registered	08-315	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option	○ Yes ® No LIM CHER KHOON 67667298 SIS1030M	Post Code Driver Insurer Compan Insured NRIC Consact No. (Office) TP Variation Number Name of Preferred Wool GIA report	\$7220720C \$3088990 Received
Address 4 Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type 4 Consact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	08-315	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option	○ Yes ® No LIM CHER KHOON 67667298 SIS1030M	Post Code Driver Insurer Compan Insured NRIC Consact No. (Office) TP Variation Number Name of Preferred Wool GIA report	\$7220720C \$3088990 Received
Address 4 Link No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered. Report Token By	08-315	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option	UM CHER KHOON 67607298 SIS1030M Not at Fault Preferred Workshop, Name unknown	Post Code Driver Insurer Compan Insured NRIC Consact No. (Office) TP Variation Number Name of Preferred Wool GIA report	\$7220720C \$3088990 Received
Address 4 Link No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim Type + Consect No (Mobile) Email Address Claim Description Preferred Workshop Corract No. Require Finalisation Date Registered Report Token By Print AX Jetter	08-315	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option	○ Yes ® No LIM CHER KHOON 67667298 SIS1030M	Post Code Driver Insurer Compan Insured NRIC Consact No. (Office) TP Variation Number Name of Preferred Wool GIA report	\$7220720C \$3088990 Received
Address 4 Link No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No (Mobile) Email Address Claim Description Preferred Workshop Contact Require Finalisation Date Registered Report Token By Direct Ax Letter Attachment	08-315	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option	UM CHER KHOON 67607298 SIS1030M Not at Fault Preferred Workshop, Name unknown	Post Code Driver Insurer Compan Insured NRIC Consact No. (Office) TP Variation Number Name of Preferred Wool GIA report	\$7220720C \$3088990 Received
Address 4 Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type 4 Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Token By Direct AX letter	08-315	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	O Yes ® No LIM CHER KHOON 57607298 SI51030M Not at Fault Preferred Workshop, Name unknown Seve Submit	Post Code Driver Insurer Compan Insured NRIC Consact No. (Office) TP Variation Number Name of Preferred Wool GIA report	\$7220720C \$3088990 Received
Address 4 Line No. Does he own a Singapore Registered car? Declaration Breethayer or Blood Test Reading? Claim ODI Mem Claim ODI Mem Claim Type + Contact No (Mobile) Email Address Claim Description Preferred Workshop Contact Require Finalisation Date Registered Report Token By Divint AK Jether Attachment	08-315	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.	O Yes ® No LIM CHER KHOON 67607298 SI51030M Not at Fault Preferred Workshop, Name unknown Save Submit	Post Code Driver Insurer Compan Insured NRIC Consact No. (Office) TP Variation Number Name of Preferred Wool GIA report	\$7220720C \$3088990 Received
Address 4 Link No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No (Mobile) Email Address Claim Description Preferred Workshop Contact Require Finalisation Date Registered Report Token By Direct Ax Letter Attachment	08-315	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	O Yes ® No LIM CHER KHOON 57607298 SI51030M Not at Fault Preferred Workshop, Name unknown Seve Submit	Post Code Driver Insurer Compan Insured NRIC Coreact No. (Office) TP Venicle Number Name of Preferred Worl GIA report Date Received	\$7220720C \$3388990 Received
Address 4 Link No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 601 New Claim 601 New Claim 1400 (Mobile) Email Address Claim 0 Description Preferred Workshop Corract Require Finalisation Date Registered Report Token By Print AX Letter Attachment	08-315	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.	O Yes ® No LIM CHER KHOON 67607298 SIS1030M Not at Fault Preferred Workshop, Name unknown Seve Submit 001 18/06/2018 21:03 Cacegory *	Post Code Driver Insurer Compan Insured NRIC Consact No. (Office) TP Velnicle Number Name of Preferred Worl GIA report Date Received	\$7220720C SJN88990 Received V 18/06/2018 00:00 Description *
Address 4 Line No. Does he own a Singapore Registered car? Declaration Breethayer or Blood Test Reading? Claim ODI Mem Claim ODI Mem Claim Type + Contact No (Mobile) Email Address Claim Description Preferred Workshop Contact Require Finalisation Date Registered Report Token By Divint AK Jether Attachment	08-315 ○ Yes ® No 0 mg 0 mg 55157511 SX51030M / S3N8899D ON 16 Jun 2018 Yes	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.	Caregary *	Post Code Driver Insurer Compan Insured NRIC Coreact No. (Office) TP Venicle Number Name of Preferred Worl GIA report Date Received	\$7220720C \$3188990 Received 18/06/2018 00:00
Address 4 Line No. Does he own a Singapore Registered car? Declaration Breethayer or Blood Test Reading? Claim ODI Mem Claim ODI Mem Claim Type + Contact No (Mobile) Email Address Claim Description Preferred Workshop Contact Require Finalisation Date Registered Report Token By Divint AK Jether Attachment	08-315 ○ Yes ® No 0 mg 0 mg 55157511 SX51030M / S3N8899D ON 16 Jun 2018 Yes	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferened Repair Option Claim Close Date Claim No. Upload Date	O Yes ® No LIM CHER KHOON 67607298 SIS1030M Not at Fault Preferred Workshop, Name unknown 1001 18/06/2018 21:03 Category * L Open Please Select	Post Code Driver Insurer Compan Insured NRIC Consact No. (Office) TP Velnicle Number Name of Preferred Worl GIA report Date Received	S7220720C S3N88990 Received V 18/06/2018 00:00 S V V V V V V V V V
Address 4 Line No. Does he own a Singapore Registered car? Declaration Breethayer or Blood Test Reading? Claim ODI Mem Claim ODI Mem Claim Type + Contact No (Mobile) Email Address Claim Description Preferred Workshop Contact Require Finalisation Date Registered Report Token By Divint AK Jether Attachment	08-315 ○ Yes ® No 0 mg 0 mg 55157511 SX51030M / S3N8899D ON 16 Jun 2018 Yes	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Labrity * Preference Repair Option Claim Close Date Claim No. Upload Date	O Yes ® No LIM CHER KHOON 67607298 SIS1030M Not at Fault Preferred Workshop, Name unknown 18/06/2018 21:03 Cacepary * Cacepary * Coest Please Select	Post Code Driver Insurer Compan Insured NRIC Consact No. (Office) TP Velncia Number Name of Preferred Worl GIA report Date Received	S7220720C S3N88990 SN88990 SN8990 SN88990 SN8990 S
Address 4 Line No. Does he own a Singapore Registered car? Declaration Breethayer or Blood Test Reading? Claim ODI Mem Claim ODI Mem Claim Type + Contact No (Mobile) Email Address Claim Description Preferred Workshop Contact Require Finalisation Date Registered Report Token By Divint AK Jether Attachment	08-315 ○ Yes ® No 0 mg 0 mg 55157511 SX51030M / S3N8899D ON 16 Jun 2018 Yes	Address Type 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 Browse Browse	O Yes ® No LIM CHER KHOON 57607298 SIS1030M Not at Fault Preferred Workshop, Name unknown 18/06/2018 21:03 Category * Category * Color Please Select M. Clear Please Select	Post Code Driver Insurer Compan Incured NRIC Coreact No. (Office) TP Venicle Number Name of Preferred Worl GIA report Date Received Confidential III V N ING V N ING V N	S7220720C S3N88990 SN88990 SN8990 SN88990 SN88990 SN8990 SN8
Address 4 Line No. Does he own a Singapore Registered car? Declaration Breethayer or Blood Test Reading? Claim ODI Mem Claim ODI Mem Claim Type + Contact No (Mobile) Email Address Claim Description Preferred Workshop Contact Require Finalisation Date Registered Report Token By Divint AK Jether Attachment	08-315 ○ Yes ® No 0 mg 0 mg 55157511 SX51030M / S3N8899D ON 16 Jun 2018 Yes	Address Type 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 Browss Browss Browss Browss	O Yes ® No LIM CHER KHOON 67607298 SIS1030M Not at Fault Preferred Workshop, Name unknown 18/06/2018 21:03 Category * Category * Cotar Please Select M. Clear Please Select M. Clear Please Select	Post Code Driver Insurer Compan Insured NRIC Consact No. (Office) TP Vehicle Number Name of Preferred Worl GIA report Date Received Confidential In V N NO V N In V N	S7220720C S3N88990 SN88990 SN8990 SN8
Address 4 Line No. Does he own a Singapore Registered car? Declaration Breethayer or Blood Test Reading? Claim ODI Mem Claim ODI Mem Claim Type + Contact No (Mobile) Email Address Claim Description Preferred Workshop Contact Require Finalisation Date Registered Report Token By Divint AK Jether Attachment	08-315 ○ Yes ® No 0 mg 0 mg 55157511 SX51030M / S3N8899D ON 16 Jun 2018 Yes	Address Type 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 Browse Browse	O Yes ® No LIM CHER KHOON 67607298 SIS1030M Not at Fault Preferred Workshop, Name unknown 18/06/2018 21:03 Cacepary * Ca	Post Code Driver Insurer Compan Incured NRIC Coreact No. (Office) TP Venicle Number Name of Preferred Worl GIA report Date Received Confidential III V N ING V N ING V N	S2220720C S3N88990 SN88990 SN8990 S

	Uploaded By/Date	Folder Date	File Name		9	Source	Action
ldeo List							
	NAC_PAYA_UBI_B00601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 18 July 2018 21:00	Photos		Normal	Photos 2018-6-18	
-	NAC_PAYA_LIBI_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 18 July 12018 21:00	Photos		Normal	Photos 2018-6-18	
	NAC_PAYA_UB1_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 18 July 2018 21:00	Photos		Normal	Priotos 2018-6-18	
	NAC_PAYA_UB1_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on LB Ju in 2018 21:00	Photos		Normal	Photos 2018-6-18	
3	NAC_PAYA_UBI_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 18 July n 2018 21:00	Photos		Normal	Photos 2018-6-18	
4	NAC_PAYA_UB1_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 18 July 2018 21:00	Photos		Normal	Photos 2018-6-18	
9	NAC_PAYA_UB1_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 18 July n 2018 21:00	Photos		Normal	Photos 2018-6-18	
D	NAC_PAYA_UBI_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 18 July 2018 21:00	Protos		Normel	Photos 2018-6-18	
¥	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 18 July n 2018 21:00	Photos		Normal	Photos 2018-5-16	
9	NAC_PAYA_UB1_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 18 Jul n 2018 21:00	Photos		Normal	Photos 2018-6-18	
V	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 18 July 12018 21:00	Photos		Normal	Phonos 2018-6-18	
677	NAC_PAYA_UBI_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 18 July n 2018 21:00	Photos		Normal	Photos 2018-5-18	
	NAC_PAYA_UB1_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 18 July 2018 21:01	Photos		Normal	Process 2018-6-18	
9	NAC_PAYA_UB1_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 18 July 2018 21:01	Photos		Normal	Photos 2018-6-18	
93	NAC_PAYA_UB1_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 18 July 2018 21:01	SAS		Normal	SAS 2018-6-18	
		ONAL ASSESSMENT CENTRE SERVICES) on 18 July 2018 21:03	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-6-18	
achment.		Uploaded By/Date	Category	Y	Urgency	Description	Msg Sent? (CO)