Date In: 19/6/18-16:34	Jeb description Date & Time Completed I			Done by		
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Veh No: SU 1935R	E-mail (within Shrs, AIC 2hrs)	İ				
D.O.A: 18/6/18-16:15	i-Motor Claim Form	M1/0999275-001	19/6/18	18:54		
	i-Motor W/O (Within: OD 2h					
OD (TP) Reporting Only	i-Photo Uploaded	1				
	Assessment/Survey Report					
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp				
Preferred Wksp / INC Assign Wksp / QW:	(	Tel: F	ax:	)		
TP Particulars: Veh No:	the state of the s	)/Non-INC( )	¥			
Owner / Driver: (	11 11 12	Tel:	)			
Policy No: ( )	Period: ( )	Cover Type: (	)			
Confirmed by : (	Date:	Time:	)			
Insured/Driver Liability: ( %	6) [Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 30-1	00%]	and the second		
Year of Registration: ( )	) Warranty: YES ( )/NO (	)				
	\$1,000()/\$2,000()					
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Drive-In ( )/ Towed-In ( ); Inv	roice: YES( )/NO( );7	Towing Co: (	,	)		
Remarks:- (INC hotline: 6788 6610	0	Date&Time Completed	Done	by		
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## 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.
- 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 lödgement 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.	
AND THE RESIDENCE OF THE PARTY	ACCIDENT STATEMENT
Date Of Report	19/06/2018 16:34
Date Of Accident	18/06/2018 16:15
Exact Location Of Accident	YISHUN AVE 2 TWDS LENTOR AVE BEFORE YISHUN CTRL 1
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL1935R
Insured/Policyholder	
Name Of Registered Owner	RED CASTLE CO PTE LTD
Co Reg No	201222975N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT ABS D/AIRBAG 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097963931

## Driver

Cover Note Number

Name of Driver MUHAMMAD SUFYAN BIN SABARI

 NRIC No
 \$8535061G

 Date Of Birth
 04/11/1985

 Occupation
 OUTDOOR

 Date Of Driving Pass
 08/09/2011

Driving Experience 6 YEARS AND 9 MONTHS

Gender MALE

Mobile Number +65-91896635

Fax Number

Contact Number OFFICE-91896635

EMail Address NOEMAIL

BLK 213A PUNGGOL WALK Address

#14-747

Postcode 821213

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

## General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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?

NO

Was any injured conveyed to hospital by

ambulance?

Passenger 1

Was any other material or property damaged? YES

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

NO

Number of Passengers (Including Driver)

NAME: 100

GENDER: : FEMALE

## **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

Was there any audio recorded?

NO

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

Vehicle Registration Number

YP4408B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver

COMMERCIAL VEHICLE

ONG BOON KIONG

NRIC/Passport Number S1381331J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## 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.
- Information provided must be as <u>truthful</u> and accurage as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any talse 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 aforesald.
- 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 shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

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

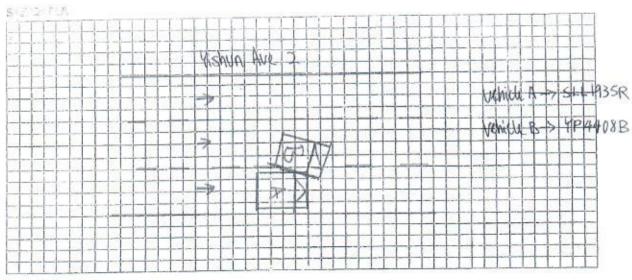
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	travelling along the first lane Vishun Ave 2 towards
Lento- A	we before Yishun central while travelling, vehich B
suddenly	cut into my lane from the serond lane causing our
rehicles t	o collide. Vehicle B didn't stopped over but continued
driving s	o I chased after him and finally got him to stop out one si
when I the	that he wanted to avoid the front vehicle in front
of him 1	which subduring braked . Hence, he cut onto my lane and
	anto my vehicle.
COMIDIEN	also ind benick.

DECLARATION

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

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# CHIEFF THE ARTER WETATE FERM

## IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.

  The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.

  Any false reporting may be referred to the traffic police department for investigation.

LUMBER OF THE PERSONS	ACCIDENT DETAILS	in the street live
Date of accident	18 June 2018	(DD/MM/YY)
Time of accident	4:15PM	(MM:MM)
Exact location of accident	yishun Ave 2 towards Lentor Ave befor	e Yishun Central 1

THE PERSON OF SHAPE	DETAILS OF VERGICLE
Vehicle registration number	SLL1935R
Vehicle make and model	Honda Shuttle
Type of vehicle	Saloon MPV CRV Van Can Can Can Can Can Can Can Can Can C
Vehicle category	Private   Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes D No p if no, please select: Third part claim D Reporting only D

ALL REPORTS AND A STREET	(NEWRAWAF IN	FORMATION	W. A. S. C. L. S. L. C. C.
Insurance company	NTUC		
Policy number	/		
Type of policy	Comprehensive	Third party fire & theft a	TP only D

<b>《中华公司》中华在</b> 第二年,大学公司中共		POLICY HOLDER		
Name	Red Casti	<u>(</u>	Male 🗆	Female
NRIC / Fin / Passport number	2012229	75N		
Contact				
Address	10.2 Sims	Close Gemini (Asims	S(387298)	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)						
Name	Muhammad Sufuan Bin Sabari	Male	Female 🗆				
NRIC / Fin / Passport number	889350616						
Contact							
Address	BIK 213A Punagol Walk						
Email address	9189635						
Date of birth	04-11-1985						
Occupation	Indoor  Outdoor						
Driving date pass	08 8 cpt 2011						

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Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆		



## GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: \_Vehicle Registration No: \_\_SLU 1935 R Original Report No : MNAII 9579397 Sabari NRIC/FIN/Passport No : \$8535 061 G Name(as shown in NRIC): Muhammad Suhjan Bin (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate : Blk 2/34 Punggol walk \$14-747 Address Singapore(811213) Mobile No.: 91896635 Contact (Tel) **Email Address** \_Time of Accident : \_\_\_\_16:15 18 6/18 Date of Accident : Yishun antigi 1 lentor Ave before tishun 1 twds Place of Accident Insurance Company: N70 C (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Add company Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: NRIC/FIN No .:

Date:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8535061G



MUHAMMAD SUFYAN BIN SABARI

MALAY Date of blesh 04-11-1985

SINGAPORE

205550010

\*\*\*\*\*





Date of large

13-11-2015

APT BLK 213A FUNGGOL WALK £14-747 SINGAPORE 821213

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Policy No. Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
		GPC	drivo CLASSIC	SLL1935R	SLL1935R	16/02/2018	15/02/2019
	Policy No. Policyholder Name	Policy No. Policyholder Name NRIC	Policy No. Policyholder Policyholder Name NRIC Product	Policy No. Policyholder Name NRIC Product Cover Type  RED CASTLE 20133284 CRE TASKET	Policy No. Policyholder Name NRIC Product Cover Type Vehicle No.	Policy No. Policyholder Name NRIC Product Cover Type Vehicle Insured No. Object	Policy No. Policyholder Name NRIC Product Cover Type Vehicle Insured Commence No. Object Date

Policy No.	5097963931	Policyholder Name	RED CASTL	LE CO PTE, LTD.	Policyholder NRIC	201222975N		
Address	2 SIMS CLOSE #07-01 GEMINI @ SIMS SINGAPORE 387298							
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy issue Date	08/02/2018	Effective Date	16/02/2010	8 00:00	Expiry Date	15/02/2019	23:59	
Excess Type		All Claim Excess						
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100		
Additional Excess	0	OS Premium	0					
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Youn	g/Inexperience Driver Excess	
Agent	WAH HONG INSURANCE AGENC	Agent Tel.	68927287		GST Flag	Υ		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
	holder Mailing Address							
Address 1	2 SIMS CLOSE	Addre	ss 2	#07-01 GEMINI	® SIMS	Address 3	SINGAPORE 387298	
Address 4		Addre	ss Type	Singapore addres	s	Post Code	387298	
Unit No.	07-01 Related Policy Number		5099409314					
D Insure	ed Object: SLL1935R							
	sements							
□ Endors		Endorsement Type			Endorsement Status		Endorsement Content	

cident MT/0999275						
cy No.	5097963931	Vehicle No.	SLL193SR	GST Registration No	li .	
cynoider Name	RED CASTLE CO PTE. LTD.			Policyholder NRIC	20122297	SN
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	o	
stact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0	
ail Address		Special Remark			Day V	
				eCode	1	
	® No ○ Yes	TCA	® No ○ Yes	eCode Reason		
D Protection	No	NCD Entitlement(%)	10	Private Hire	Yes	
Accident Details						
port Date	19/06/2018 18:52	Accident Report Within 24 hrs	Yes	Accident Type	Collision - 0	Change / Cross lane
te of Accident	18/06/2018	Time of Accident hhimm	16:15	Country of Acadent	Singapore	
porting Centre		Orange Force		ICM No.		
cident Location	YISHUN AVE 2 TWD5 LENTOR AVE BEFO			TOTAL TELL		
	TISHON AVE 2 THOS CENTOR AVE BEY	WE HISHOW CIRCI				
Benefits						
Excess						
n damage Excess	2.000.00	Additional Excess	0	Windscreen Excess	1,00.00	
named Driver Excess		Outside Singapore OD Excess	2,000.00			
rd Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00			
GST Registered Inform	ation					
Registered	No		CET Province Park			
2000			GST Registration Date	440		
Registration No.			GST Status Venfied	No		
aniation restory						
Policyholder Mailing Ad	Idress					
ress 1	2 SIMS CLOSE	Address 2	#07-01 GEMINI @ SIMS	Address 3	SINGAPOR	E 387298
dress 4		Address Type	Singapore address	Post Code	387298	
t No.	07-01	Related Policy Number	9099409314			
OI Driver Info	Sec. 639	The second section of the second	0.0000000000000000000000000000000000000			
OI Driver Info		Park Tour				
	Unnamed Oniver	Driver Type	Unnamed Driver	120074204	000000000000000000000000000000000000000	
named driver Name	MUHAMMAD SUPVAN BIN SABAI	Driver NRIC	58535061G	Driver DOB	04/11/198	5
ister Date of Driver License	08/09/2011	Driver Age	32	Oriving Experience	6	
rtact No.(Mobile)	91896635	Contact No.(Office)	0	Contact No.(Home)	0	
dress 1	BLK 213A	Address 2	PUNGGOL WALK	Address 3	D. W. C. C.	waves
					PUNGGOL	The second secon
dress 4	SINGAPORE 831213					
	SINGAPORE 821213	Address Type	Singapore address	Post Code	821213	
t No.	14-747	Address Type				
it No. es he own a Singapore					821213	
t No. is he own a Singapore istered car?	14-747	Address Type	Singapore address	Post Code	821213	
t No. as he own a Singapore getered car? lanation hathalyser or Blood Test	14-747	Address Type	Singapore address	Post Code	821213	
dress 4 it No. es he own a Singapore gaterod car? claration eathalyser or Blood Test ading?	14-74? ○ Yes <b>③</b> No	Address Type Driver Vehicle No.	Singapore address	Post Code	821213	
it No. es he own a Singapore gatered car? claration softhalyser or Blood Test adding?	14-74? ○ Yes <b>③</b> No	Address Type Driver Vehicle No.	Singapore address	Post Code	821213	
it No. es he own a Singapore gstered car? claration eathalyser or Blood Test ading?	14-74? ○ Yes <b>③</b> No	Address Type Driver Vehicle No.	Singapore address	Post Code	821213	5P4
it No.  ss he own a Singapore gstered car?  clariation  sathalyser or Blood Test ading?  dification History  Claim 001 New	14-747 ○ Yes	Address Type  Driver Vehicle No.  Any Injury?  Insured Name	Singapore address  ○ Yes  No	Post Code  Driver Insurer Comp	821213 Party	9N
t No.  as he own a Singapore gatered car?  laration asthalyser or Blood Test uding?  Incation History  Claim 601 New  im Type +  ntact No. (Mobile)	14-747 ○ Yes	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home)	Singapore address  ○ Yes  No  RED CASTLE CD PTE: LTD.	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)	821213 Parry	594
es he own a Singapore gatered car? claration software or Blood Test adding? streation History claim 001 New im Type * ntact No. (Mobile) air Address	14-747	Address Type  Driver Vehicle No.  Any Injury?  Insured Name	Singapore address  ○ Yes  No	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number	821213 Pearry 201222971 VP44038	594
t No.  as he own a Singapore patered cor?  laration  athalyser or Blood Test  dding?  iffication History  traine 001 New  m Type +  eact No. (Mobile)  at Address  im Description	14-747 ○ Yes	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home)	Singapore address  ○ Yes  No  RED CASTLE CD PTE: LTD.	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)	821213 Pearry 201222971 VP44038	DE .
t No.  as he own a Singapore patered cor?  laration  athalyser or Blood Test  dding?  iffication History  traine 001 New  m Type +  eact No. (Mobile)  at Address  im Description	14-747	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home)	Singapore address  ○ Yes  No  RED CASTLE CD PTE: LTD.	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number	821213 Pearry 201222971 VP44038	204
t No.  Is he own a Singapore intered car?  Inaration  Inaration  Inaration  Incabon History   14-747	Address Type  Driver Vehicle No.  Any Injury?  Insured Name  Contact No.(Home)  Oil Vehicle Number  Insured Liability *	Singapore address  ○ Yes  No  RED CASTLE CD PTE: LTD.  SLL1935R  Not at Fault	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred W	201222975 VP4403B		
t No.  Is he own a Singapore intered car?  Is he own a Singapore intered car?  Is anation  In anation	14-747	Address Type  Driver Vehicle No.  Any Injury?  Insured Name  Contact No.(Home)  Of Vehicle Number  Insured Liability *  Preferend Repair Option	Singapore address  ○ Yes  No  RED CASTLE CD PTE: LTD.  SLL1935R	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred W  GIA report	201222971 VP4403B Received	V
is he own a Singapore interest car?  anation sthatyser or Blood Test ding?  fication History  Malm 601 New  m Type * tact No. (Mobile)  M Address  m Description  erred Workshop Contact  uire Finalisation  e Registered	14-747  () Yes (a) No  0 mg  (D) MX  81687093  SLL1935R / YP64088 ON 18 Jun 2018  (Yes	Address Type  Driver Vehicle No.  Any Injury?  Insured Name  Contact No.(Home)  Oil Vehicle Number  Insured Liability *	Singapore address  ○ Yes  No  RED CASTLE CD PTE: LTD.  SLL1935R  Not at Fault	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred W	201222975 VP4403B	V
t No.  Is he own a Singapore interest cor?  Israelion  Isthalyser or Blood Test ding?  Incation History  Islam 601 New  In Type *  Isact No. (Mobile)  Ist Address  In Description  In the Finalisation  In Registered  Out Taken By.	14-747	Address Type  Driver Vehicle No.  Any Injury?  Insured Name  Contact No.(Home)  Of Vehicle Number  Insured Liability *  Preferend Repair Option	Singapore address  ○ Yes  No  RED CASTLE CD PTE: LTD.  SLL1935R  Not at Fault	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred W  GIA report	201222971 VP4403B Received	V
t No.  Is he own a Singapore stered cor?  Isration  athilyser or Blood Test dding?  Inflication History  Italian 601 New  In Type +  tact No. (Mobile)  at Address  In Description  Indered Workshop Contact  uire Finalisation  e Registered  ont Taken By.	14-747  () Yes (a) No  0 mg  (D) MX  81687093  SLL1935R / YP64088 ON 18 Jun 2018  (Yes V  19/06/2018 18:54	Address Type  Driver Vehicle No.  Any Injury?  Insured Name  Contact No.(Home) Oil Vehicle Number  Insured Liability *  Preferend Repair Option Claim Close Date	Singapore address  O Yes ® No  RED CASTLE CD PTE: LTD.  SLL1935R  Not at Fault  Preferred Workshop, Name unknown	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred W  GIA report	201222971 VP4403B Received	V
t No.  Is he own a Singapore stered cor?  Isration  athingser or Blood Test ding?  Incation History  Islam 601 New  In Type *  Isact No. (Mobile)  Is Address  In Description  Formed Workshop Contact  In Taken By  Porc AK letter	14-747  () Yes (a) No  0 mg  (D) MX  81687093  SLL1935R / YP64088 ON 18 Jun 2018  (Yes V  19/06/2018 18:54	Address Type  Driver Vehicle No.  Any Injury?  Insured Name  Contact No.(Home) Oil Vehicle Number  Insured Liability *  Preferend Repair Option Claim Close Date	Singapore address  ○ Yes  No  RED CASTLE CD PTE: LTD.  SLL1935R  Not at Fault	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred W  GIA report	201222971 VP4403B Received	V
No. s he own a Singapore stered cor? anation sthalyser or Blood Test ding? fication History laim 601 New m Type + tact No. (Mobile) if Address m Description sered Workshop Contact ure Finalisation Registered port Taken By Princ AK letter	14-747  () Yes (a) No  0 mg  (D) MX  81687093  SLL1935R / YP64088 ON 18 Jun 2018  (Yes V  19/06/2018 18:54	Address Type  Driver Vehicle No.  Any Injury?  Insured Name  Contact No.(Home) Oil Vehicle Number  Insured Liability *  Preferend Repair Option Claim Close Date	Singapore address  O Yes ® No  RED CASTLE CD PTE: LTD.  SLL1935R  Not at Fault  Preferred Workshop, Name unknown	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred W  GIA report	201222971 VP4403B Received	V
is he own a Singapore interest cor?  Identical analyses or Blood Test ding?  Ification History  Italian 603	14-747  () Yes (a) No  0 mg  (D) MX  81687093  SLL1935R / YP64088 ON 18 Jun 2018  (Yes V  19/06/2018 18:54	Address Type  Driver Vehicle No.  Any Injury?  Insured Name  Contact No.(Home) Oil Vehicle Number  Insured Liability *  Preferend Repair Option Claim Close Date	Singapore address  O Yes ® No  RED CASTLE CD PTE: LTD.  SLL1935R  Mot at Fault  Preferred Workshop, Name unknown	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred W  GIA report	201222971 VP4403B Received	V
to No.  Is he own a Singapore patered cor?  Isration  athalyser or Blood Test ding?  Israel on History  Islae on Mean  In Type +  Eact No. [Mobile]  at Address  Im Description  ferred Workshop Contact  Israel on Engistered  Ont Taken By  Print AK letter  Ident No.	14-747  Yes No  Omg  DD-MX  81687093  SUL1935R / YP64088 ON 18 Jun 2018  Yes  19/06/2018 18:54  Jackson  MT/0999275	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability * Preferend Rapair Option Claim Close Date	Singapore address  O Yes ® No  RED CASTLE CO PTE: LTD.  SLL1935R  Mot at Fault  Preferred Workshop, Name unknown  Save Submit	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred W  GIA report	201222971 VP4403B Received	V
is he own a Singapore interest cor?  Isration athalyser or Blood Test ding?  Singapore History  Italian 603 New  In Type +  Lact No. (Mobile)  Isration Address  In Description  Isration German Sy  Print AK letter  Itachment  Ident No.	14-747	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability * Preferend Rapair Option Claim Close Date	Singapore address  O Yes ® No  RED CASTLE CO PTE: LTD.  SLL1935R  Mot at Fault  Preferred Workshop, Name unknown  OOL 19/06/2018 18:59	Post Code  Driver Insurer Comp  Insured NRIC  Contact No.(Office)  TP Vehicle Number  Name of Preferred W  G14 report  Date Received	201222975 201222975 VP4403B Received 19/08/201	8 00 00
No. s he own a Singapore stered car? aration sthalyser or Blood Test sing? fication History ailm 601 New in Type + cart No. (Mobile) is Address in Description arred Workshop Contact ure Finalisation out Taken By Print AK letter tachment	14-747  Yes No  Omg  DD-MX  81687093  SUL1935R / YP64088 ON 18 Jun 2018  Yes  19/06/2018 18:54  Jackson  MT/0999275	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Oate	Singapore address  O Yes ® No  RED CASTLE CD PTE: LTD.  SLL1935R  Mot at Fault  Preferred Workshop, Name unknown  OO1 19/06/2018 18:59 Category •	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred W  GIA report  Date Received	201222973 201222973 VP4403B 19/05/201	8 00 00
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No. s he own a Singapore stered car? aration sthalyser or Blood Test sing? fication History laim 601 New m Type + tact No. (Mobile) of Address m Description erred Workshop Contact ure Finalisation e Registered port Taken By Princ AK letter  ttachment	14-747	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Oate	Singapore address  O Yes ® No  RED CASTLE CD PTE: LTD.  SLL1935R  Mot at Fault  Preferred Workshop, Name unknown  OO1 19/06/2018 18:59 Category *  Dear Please Select	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred W  GIA report  Date Received	201222973 201222973 VP4403B 40rkshop Received 19/05/201	8 00 00
to No.  Is he own a Singapore patered cor?  Isration  athalyser or Blood Test ding?  Israel on History  Islae on Mean  In Type +  Eact No. [Mobile]  at Address  Im Description  ferred Workshop Contact  Israel on Engistered  Ont Taken By  Print AK letter  Ident No.	14-747	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability * Preferend Rapair Option Claim Close Date  Claim No. Upload Date  Browse.  Browse.	Singapore address  O Yes ® No  RED CASTLE CD PTE: LTD.  SLL1935R  Mot at Fault  Preferred Workshop, Name unknown  OOL 19/06/2018 18:59 Category *  Clear Please Select  Clear Please Select	Post Code  Driver Insurer Comp  Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W GIA report Date Received	201222979 201222979 VP4403B Iorkshop Received 19/06/201	8 00 00
t No.  es he own a Singapore patered cor?  laration  esthalyser or Blood Test  ding?  lification History  litication History  at Address  lim Description  ferred Workshop Contact  ture Finalisation  e Registered  port Taken By  Print AK letter   attachment  indent No.	14-747	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability * Preferend Rapair Option Claim Close Date  Claim No. Upload Oate  Browse.  Browse.  Browse.	Singapore address  O Yes ® No  RED CASTLE CD PTE: LTD.  SLL1935R  Mot at Fault  Preferred Workshop, Name unknown  19/06/2018 18:59  Category *  Clear Please Select  Clear Please Select	Post Code  Driver Insurer Comp  Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W  GIA report Date Received  Confidencial  V NO V NO V	201222979 201222979 VP4403B VP4403B Iorkshop  Received 19/06/201  Normal  Norm	8 00:00
t No.  es he own a Singapore patered cor?  laration  esthalyser or Blood Test  ding?  lification History  litication History  at Address  lim Description  ferred Workshop Contact  ture Finalisation  e Registered  port Taken By  Print AK letter   attachment  indent No.	14-747	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability * Preferend Rapair Option Claim Close Date  Claim No. Upload Date  Browse.  Browse.	Singapore address  O Yes ® No  RED CASTLE CD PTE: LTD.  SLL1935R  Mot at Fault  Preferred Workshop, Name unknown  19/06/2018 18:59  Category *  Clear Please Select  Clear Please Select	Post Code  Driver Insurer Comp  Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W  GIA report Date Received  Confidencial  V NO V  NO V	201222979 201222979 VP4403B Iorkshop Received 19/06/201	V
t No.  as he own a Singapore gatered car?  laration asthalyser or Blood Test uding?  Incation History  Claim 601 New  im Type +  ntact No. (Mobile)	14-747	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability * Preferend Rapair Option Claim Close Date  Claim No. Upload Oate  Browse.  Browse.  Browse.	Save Submit  Out  19/05/2018 18:59  Category *  Clear Please Select  Clear Please Select  Clear Please Select  Clear Please Select	Post Code  Driver Insurer Comp  Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W  GIA report Date Received  **Confidencial**  **Confidencial**  **Pool V   201222979 201222979 VP4403B VP4403B Iorkshop  Received 19/06/201  Normal  Norm	8 00:00	
t No.  es he own a Singapore patered car?  laration  esthalyser or Blood Test  ding?  Estate 001 New  im Type +  estate No. (Mobile)  all Address  im Description  ferred Workshop Contact  quere Finalisation  te Registered  sort Taken By  Pring AK letter  attachment	14-747	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Oate  Browse. Browse. Browse.	Save Submit  Out  19/06/2018 18:59  Category *  Clear Please Select  Clear Please Select  Clear Please Select  Clear Please Select	Post Code  Driver Insurer Comp  Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W  GIA report Date Received  **Confidential**  **Confidential**  **Pool v  **RO v	201222975  201222975  VP4403B  VP4403B  Received 19/06/201  Normal V  Normal V  Normal V  Normal V  Normal V	8 00:00

Attachment	Upro	aded by/Date	Category	Urgency	Description	Sent? Action (CO)
100	NAC_PAYA_UBI_B00601( NATIONA	ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 18:59	NRDC/ Driving License	Normal	NRIC/ Driving License 2018-6-19	Edit
190	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 July n 2018 18:59		SAS	(acrma)	SAS 2018-6-19	Edit
	NAC_PAYA_UB]_BOOGDS( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Ju n 2018 18:56		Photos	Normal	Photos 2018-6-19	Edit
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Ju n 2018 18:56		Photos	Normal	Photos 2018-6-19	Edit
		ASSESSMENT CENTRE SERVICES) on 19 Ju 2018 18:56	Photos	Normal	Photos 2018-6-19	Edit
		ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 18:56	Photos	Normal	Photos 2018-6-19	Edit
and a	NAC_MAYA_UBI_600601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 July n 2018 18:56		Photos	Normal	Photos 2018-6-19	Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Ju n 2018 18:54		Photos	Normal	Photos 2018-6-19	Edit
	NAC_PAYA_UBI_BOOSOL( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 July 1018 18:54		Photos	Normal	Photos 2018-6-19	Edit
0	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 July 12018 18:54		Photos	Normal	Photos 2018-6-19	Edit
	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Ju n 2018 18:54		Photos	Normal	Photos 2018-6-19	Edit
X	NAC_PAYA_UBI_80060[[ NATIONAL ASSESSMENT CENTRE SERVICES] on 19 Ju n 2018 18:54		Photos	Normal	Photos 2018-6-19	Edit
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1	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2018 18:54		Photos	Normal	Photos 2018-6-19	Edit
A STATE OF THE STA	NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Ju n 2018 18:54		Photos	Normal	Photos 2018-5-19	Edit
34	NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Ju n 2018 18:54 NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Ju n 2018 18:54		Photos	Normal	Photos 2018-6-19	Edit
1			Photos .	Normal	Photos 2018-6-19	Edit
7	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Ju n 2018 18:54		Photos	Normal	Photos 2018-6-19	Edit
♥ Video List			File Name	Ŷ	Source	Action