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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.

	ACCIDENT STATEMENT
Date Of Report	25/06/2018 19:19
Date Of Accident	25/06/2018 09:30
Exact Location Of Accident	SUNTEC CITY TOWER 2 ROUNDABOUT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGL8010Y
Insured/Policyholder	
Name Of Registered Owner	CONNECT4CAR PTE LTD
Co Reg No	201411459M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS 1.5E A
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	YES
Policy Number	5068994860-03
Cover Note Number	
Driver	
Name of Driver	JOE LIAN AIK CHOR
NRIC No	S0905212G
Date Of Birth	12/06/1946
Occupation	OUTDOOR
Date Of Driving Pass	01/11/1968
Driving Experience	49 YEARS AND 7 MONTHS

MALE

NOEMAIL

(LOCAL) +65-92330339

OFFICE-92330339

BLK 101 HOUGANG AVENUE 1 Address

#05-1155 530101

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

NO

YES

NO

1

NO

NO

General Information of the Accident

Type Of Accident COLLISION - ROUNDABOUT

Weather Conditions RAINING Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

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

SLG4121D

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)

DETAILS OF INJURED PERSON 1

Name

JOE LIAN AIK CHOR

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY & NECK

SGL8010Y

YES

NO

SIGTON FLAN

IMPORTANT NOTICE

- Please report <u>correcilly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder enc/or the Authorised Driver.
- 3. Information provided must be as trushful and accurate as gossible. 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,
- 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
- 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.
- Consent under the Personal Data Protection Act (PDPA)

l 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)
 - (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
- (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.
- 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 Signati (If driver is not the policyholder)

Date & Time:

Reporting Centre Personne's Signature

Name:

NRIC/FIN No .:

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		(F()A)
		2/21
DECLARATION	and a second second	
i/We declare the foregoing particu	lars are true in every respect.	
Policyholder's Reputer 2	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMC SketchPlanForm, V3

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IMPORTANT ACTICE

- 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.

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Time of socident	9.30	(MM:MM)
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Vehicle make and model		ATOYOT	201		
Type of vehicle	Saloon Lorry	MPV Bus	CRV Motorcyc	Van	Others:
Vehicle category	Private 🗆	Comm	ercial Ø M	otorcyc	cle 🗆
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes Third part c	No pr	if no, please: Reporting on		

	(MS/UR/AMICE III)	FORMATION	· 对邻 维 克·多克·克·
Insurance company	NTU	(
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

The second secon	INSURED / POLICY HOLDER		
Vignie	CO'NNECT4 CAR PTE LTD	Male 🗆	Female
NRIC / Fin / Passport number	201411459 M		
Contact Address	53 UBI AVENUE 1 # 01- 23 PAYA UBI	INDUSTR	IAL PARK
Address	SMGAPORE 408934.		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)				
Name	JOE LIAN AIK CHOR Male &	Female			
NRIC / Fin / Passport number	S0905212G				
Contact	92330339				
Address	APT BLK IDI HOUGANG AVENUE 1 \$ 05-1155 SINGAPORE 530101	M			
Email address					
Date of birth	12/06 1946	-			
Occupation	Indoor D Outdoor Ø				
Driving date pass	1 NOV 1968				

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No of passenger		1			
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Was other vehicle damaged?	Yes 🗷	NOL			
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Were seat belts worn?	Yes	No o
Was injured conveyed to hospital by ambulance?	Yes 🗆	No ø

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

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可以在1000年中的	Bally White Bally	INTURED PERSON 4	
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njuries sustained			
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Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

		INJURED PERSONIS	
Name			
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Which vehicle person in?		•••	
Were seat belts worn?	Yes □	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes D	No 🗆	

A TON THE PROPERTY OF THE PARTY		INJURED PERSON 6
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Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No D





23-03-2007

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APT BLK 101 HOUGANG AVENUE 1 W05-1155 SINGAPORE 530101

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

EFFECTIVE DATE

Class 2B Hatorcycles =< 200 ec 28 Aug 1978
Class 2A Hatorcycles between 201 pc sed 400 cc 28 Aug 1979
Class 3 Motorcycles > 400 cc
Class 3 Motor Class - 3000 kg with =<7 passengers, exclusive 01 Nov 1969
of the driver; and effect motor vehicles =< 2500 kg

NP 428A



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0905212G



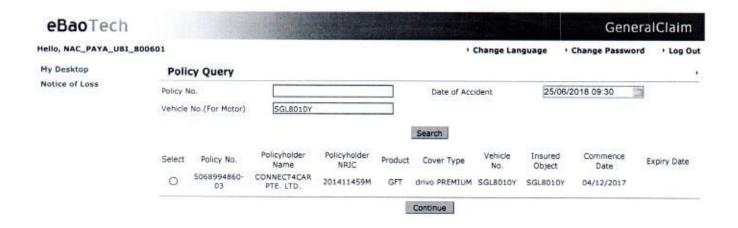
JOE LIAN AIK CHOR

Raco CHINESE Data of birth 12-06-1946 M

SINGAPORE

E06052120

UNING OF SINGAPORE DRIVING LICENCE ua um Sobouseands LOE HAN AIR CHOR pentee: 12 Jun 14-mus See: 11 May 2017



Policy No.	5068994860-03	Policyholder Name	CONNE	CT4CAR PTE. LTD.	Policyholder NRIC	201411459	PM ME
Address	53 UBI AVENUE 1 #01-23 PAY	(Cramitine)	IAL PARK	SINGAPORE 408934	mac		
Product	FLEET INSURANCE	Plan			Group		
Name Policy					Policy Flag	N	
ssue Date	23/11/2017	Effective Date	04/12/2	2017 00:00	Expiry Date	03/12/201	8 23:59
Excess Type		All Claim Excess					
Third Party Excess	1000.00	Own damage Excess	1000.00)	Windscreen Excess	100.00	
Additional Excess	0	OS Premium	545.90				
Outside Singapore OD Excess	1000.00	Outside Singapore TP Excess	1000.00)		You	ung/Inexperience Driver Excess
Agent	SOONG WAI SAN	Agent Tel.	654711	54	GST Flag	~	
Flag Open Policy Info Certificate Info	No ·						
	older Mailing Address	2105500	nearan	NOV. N. C. A. GALLANDA CALLENDA	0/20/00/00/00 Velocies = 0		
Address 1	53 UBI AVENUE 1	Addre		#01-23 PAYA UBI I	NDUSTRIAL I	Address 3	SINGAPORE 408934
Address 4			ss Type	Singapore address	F	ost Code	408934
Unit No.	01-23	Relate Numbe	d Policy er	5087771369-01			
♪ Insured	Object: SGL8010Y	300-300					
□ Endorse	ements						
Sequenc	Date of Endorsement	Endorsemen	nt Type	Endorsement Numbe	r Endorsem	nent Status	Endorsement Content
10	04/12/2017 00:00	Basic Informat Endorsement	ion	000001286715172	Endorseme Effective	nt Take	internal endt - vehicle usage chang from Rental vehicle (less than 12 mths) to Private Hire (Self Drive o Chauffeur)
2	15/01/2018 00:00	Basic Informat Endorsement	ion	000001286735612	Endorseme Effective	nt Take	Thank you for giving us the opportunity to serve you. We confirm that from 15 Jan 2018, the Original Registration Date is amended as follows for SE2018K: ORIGINAL REGISTRATION DATE: 0 Oct 2015
	02/02/2018 00:00	Basic Informati Endorsement	on	000001286749083	Endorsemen Effective	nt Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SKX2251Y 02-02-2018 \$1,009.10 In view of this amendment, an additional premium of \$1,009.10 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque if avour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make
							payment at any of our branches by cash or NETS.

	hot been collected.					
cident HT/1000267 Http://doi.	5068994860-03	Vehicle No.	SGL8010Y	EST Benefit as No.		
Rcyholder Name	CONNECT4CAR PTE. LTD.	Called Feb.	33280101	GST Registration No.	523360035587	
sduct Code	FLEET INSURANCE			Policyholder NRIC	201411459M	
		Cover Type	drivo PREMIUM	Loading	0	
react No.(Mobile)	W000000	Contact No.(Office)		Contact No (Home)		
ail Address	0.0	Special Remark		eCode		
K.	® No ○ Yes:	TCA	® No O Yes	eCode Reason		
D Protection	No	NCD Entitlement(%)	a	Private Hire	Yes	
Accident Details	22/22/22/20/20/20/00/	TO TROBE OF VARIABLE PROPERTY	T. BANK	ANNO MATERIAL M	9.3004	
port Date	26/06/2018 15:11	Accident Report Within 24 hrs	Yes	Academ Type	Others	
te of Accident	25/06/2018	Time of Accident hh:mm	09:30	Country of Accident	Singapore	
porting Centre		Orange Force		ICM No.		
ident Location	SUNTEC CITY TOWER 2 ROUNDABOUT					
Benefits						
Excess						
n damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00	
armed Driver Excess		Outside Singapore OD Excess	1,000.00			
rd Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00			
GST Registered Inform	ation					
Registered	No		GST Registration Date	22 (21)		
Registration No. Reation History			GST Status Verified	Yes		
Policyholder Mailing Ad	idress					
fress 1	53 UST AVENUE 1	Address 2	#01-23 PAYA UBI INDUSTRIAL I	Address 3	SINGAPORE 408934	
tress 4		Address Type	Singapore address	Post Code	408934	
it No.	01-23	Related Policy Number	5087771369-01	Full Code	470274	
OI Driver Info	3000	344444413131313131313131313131313131313	3500 11 2200 02			
ver Name	Unnamed Driver	Onver Type	Unnamed Driver			
samed driver Name	JOE LIAN AIK CHOR	Oriver NR3C	50905212G	Driver DOB	12/06/1946	
ester Date of Oniver License	01/11/1966	Driver Age	72	Driving Experience	49	
tact No.(Mobile)	92330339	Contact No.(Office)		Contact No. (Home)	380	
ress 1	BUK 101 #05-1155	Address 2	HOUGANG AVENUE 1	Address 3	SINGAPORE 530101	
iress 4		Address Type				
		Musicess Type	Singapore address	Post Code	530101	
r No.	DELLIEF					
	05:1155	20070000000				
is he own a Singapore	05-1155 ○ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
s he own a Singapore Stered car [†] aration		Driver Vehicle No.		Driver Insurer Company		
is he own a Singapore istered car? laration athalyser or Blood Test		Driver Vehicle No. Any Injury?	○ ves ® No	Driver Insurer Company		
it No. res he own a Singapore getered carb claration resthalyser or Blood Test ading?	○ Yes ® No	25 (1997) 20	○ ves ® No	Driver Insurer Company		
is he own a Singapore (stered car) (aration athelyser or Blood Test athelyser history	○ Yes ® No	25 (1997) 20	○ ves ® No	Driver Insurer Company		
s he own a Singapore stered car? aration whatyser or Blood Test deg? fication History laim 602 New	○ Yes ® No	Any injuny?	COLUMN CO			
is he own a Singapore istered car? aration aration athalyser or Blood Test ding? fication History laim 602 New	○ Yes ® No O mg	Any injury? Insured Name	○ Yes No CONNECT+CAR PTE, LTD.	Driver Insurer Company Insured NRIC	20141145BM	
is he own a Singapore istered car? laration athleyser or Blood Text ding? incation History laim 602 Mem m Type + tact No.(Mobile)	○ Yes ® No	Any injury? Insured Name Contact No.(Home)	CONNECT4CAR PTE, LTD.		201411459M +	
is he own a Singapore detered car? anation athalyses or Blood Test deig? Acation History Laim 602 Next Type * Lact No. (Mobile) all Address	O mg OD-MX ■ OD-MX ■ OD-MX	Any injury? Insured Name	COLUMN CO	Insured NRIC	201411459M + 5LG4121D	
is he own a Singapore district of the own and the own sthatyser or Diood Test divig? fication History laiem 602 New m Type * tact No. (Mobile) vii Address m Description	○ Yes ® No O mg	Any injury? Insured Name Contact No.(Home)	CONNECT4CAR PTE, LTD.	Insured NRIC Contact No.(Office)	+	
is he own a Singapore district of the own and the own sthatyser or Diood Test divig? fication History laiem 602 New m Type * tact No. (Mobile) vii Address m Description	O mg OD-MX ■ OD-MX ■ OD-MX	Any injury? Insured Name Contact No.(Home)	CONNECT4CAR PTE, LTD.	Insured NRIC Contact No.(Office) TP Vehicle Number	+	
s he own a Singapore stered car? anation whatyser or Blood Test dang? fication History laim 602 New m Type * act No. (Mobile) if Andress m Description erred Workshop Contact	O mg OD-MX ■ OD-MX ■ OD-MX	Any injury? Insured Name Contact No.(Home) OI Vehicle Number	CONNECT4CAR FTE. LTD. SCLBOLOY	Insured NRIC Contact No.(Office) TP Vehicle Number	+	
is he own a Singapore offered car? anation athalyser or Blood Test ding? fication History laim 602 New m Type * tact No. (Mobile) will Andress m Description erred Workshop Contact uire Finalisation	O mg OD-MX 22959989 SGL8010Y / SLG4121D ON 25 Jun 2018	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability *	CONNECT4CAR FTE, LTD. SGL80L0Y Not at Fault	Insured NRIC Consact No. (Office) TP Vehicle Number Name of Preferred Workshop	+ SLG41210	
s he own a Singapore stered car? anation athalyser or Blood Test ding? fication History lailer 602 New Type * act No. (Mobile) if Address in Description erred Workshop Contact ure Finalisation Registered	O mg O mg OD-MX 92959989 SGL8010V / SLG4121D ON 25 Jun 2018 Yes	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option	CONNECT4CAR FTE, LTD. SGL80L0Y Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	+ SLG43210	
s he own a Singapore stered car? anation athalyser or Blood Test lang? fication History fication History New Type * tact No. (Mobile) if Address in Description erred Workshop Contact uire Finalisation if Registered por Taken By	O mg O mg OD-MX 92959989 SGL8010V / SLG4121D ON 25 Jun 2018 Yes 25/05/2018 19:21	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option	CONNECT4CAR FTE, LTD. SGL80L0Y Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	+ SLG43210	
is he own a Singapore offered car? anation athalyser or Blood Test doing? fication History laim 602 New Type * tact No. (Mobile) all Address in Description erred Workshop Contact use Finalisation Registered out Taken By Print AK latter	O mg O mg OD-MX 92959989 SGL8010V / SLG4121D ON 25 Jun 2018 Yes 25/05/2018 19:21	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	CONNECT4CAR FTE, LTD. SGL80L0Y Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	+ SLG43210	
she own a Singapore stered car? anation inhalyser or Blood Test Jung? Incation History alies 602 New In Type 4 act No. (Mobile) If Address In Description ared Workshop Contact use Finalisation Registered out Taken By Print AK letter	O mg O mg OD-MX 92959989 SGL8010V / SLG4121D ON 25 Jun 2018 Yes 25/05/2018 19:21	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	SGL8010Y Not at Paut Preferred Workshop, Name unknown	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	+ SLG43210	
is he own a Singapore stered car? anation sithalyser or Blood Test dieg? fication History laim 602 New m Type * tact No. (Mobile) sil Address in Description erred Workshop Confact uire Finassation is Repistered out Taken By Prine AK liether	O mg OD-MX 92959989 SGL8010V / SLG4121D ON 25 Jun 2018 Yes 25/05/2018 19:21 Jackson	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	SGL8010Y Not at Paut Preferred Workshop, Name unknown	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	+ SLG43210	
s he own a Singapore stered car? aration shalyser or Blood Test dieg? fication History laim 002 New m Type * tact No. (Mobile) si Address m Description erred Workshop Contact use Finalisation a Registered out Taken By Print AK latter tachment	O mg OD-MX 92959989 SGL8010V / SLG4121D ON 25 Jun 2018 Yes 26/06/2018 19:21 Jackson M1/1000267	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No.	SGL8010Y Not at Paut Preferred Workshop, Name unknown	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	+ SLG43210	
is he own a Singapore offered car? anation athalyser or Blood Test doing? fication History laim 602 New Type * tact No. (Mobile) all Address in Description erred Workshop Contact use Finalisation Registered out Taken By Print AK latter	O mg OD-MX 92959989 SGL8010V / SLG4121D ON 25 Jun 2018 Yes 25/05/2018 19:21 Jackson	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	CONNECTACIAR FTE. LTD. SGLB010Y Not at Fault Preferred Workshop, Name unknown Save Suzemit	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	+ SLG43210	
in he own a Singapore stered car? Ination thalyser or Blood Test leng? Acation History alies 602 New In Type * act No. (Mobile) I Address In Description and Workshop Contact lengthered ret Taken By Print AK letter Itachment	O mg OD-MX 92959989 SGL8010V / SLG4121D ON 25 Jun 2018 Yes 26/06/2018 19:21 Jackson M1/1000267	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No.	CONNECTACIAR PTE, LTD. SGL8010Y Not at Fault Preferred Workshop, Name unknown Save Suomk	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	+ SLG4121D Receives 26/06/2018 00:00	
in he own a Singapore stered car? Ination thalyser or Blood Test leng? Acation History alies 602 New In Type * act No. (Mobile) I Address In Description and Workshop Contact lengthered ret Taken By Print AK letter Itachment	O mg O mg OD-MX 92959989 SGL8010Y / SLG4121D ON 25 Jun 2018 Yes 25/05/2018 19:21 Jackson MT/1000287 ® Yes ○ No	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No.	CONNECTACIAR PTE, LTD. SGL8010Y Not at Fault Preferred Workshop, Name unknown CO2 26/06/2018 19:23 Category •	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	+ SLG4121D Receives 26/06/2018 00:00	
in he own a Singapore stered car? Ination thalyser or Blood Test leng? Acation History alies 602 New In Type * act No. (Mobile) I Address In Description and Workshop Contact lengthered ret Taken By Print AK letter Itachment	O mg O mg OD-MX 92959989 SGL8010Y / SLG4121D ON 25 Jun 2018 Yes 25/05/2018 19:21 Jackson MT/1000287 ® Yes ○ No	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date	CONNECTACIAR PTE, LTD. SGL8010Y Not at Fault Preferred Workshop, Name unknown CO2 26/06/2018 19:23 Category • Clear Please Select	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urgen	+ SLG41210 Received V 26/06/2018 00:00 Description •	
s he own a Singapore stered car? shallon thalyser or Blood Test larg? fication History alim 002 New In Type * cact No. (Mobile) il Address in Description erred Workshop Contact ure Finalisation Registered ort Taken By Print AK letter tachment	O mg O mg OD-MX 92959989 SGL8010Y / SLG4121D ON 25 Jun 2018 Yes 25/05/2018 19:21 Jackson MT/1000287 ® Yes ○ No	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Browse.	CONNECTACIAR PTE, LTD. SGL8010Y Not at Pault Preferred Workshop, Name unknown CO2 26/06/2018 19:23 Category • Clear Please Select	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urgen Inc. V Normal V Normal Normal	+	
s he own a Singapore stered car? shallon thalyser or Blood Test larg? fication History alim 002 New In Type * cact No. (Mobile) il Address in Description erred Workshop Contact ure Finalisation Registered ort Taken By Print AK letter tachment	O mg O mg OD-MX 92959989 SGL8010Y / SLG4121D ON 25 Jun 2018 Yes 25/05/2018 19:21 Jackson MT/1000287 ® Yes ○ No	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date Browse. Browse.	CONNECTACIAR PTE, LTD. SGLB010Y Not at Fault Preferred Workshop, Name unknown CO2 26/06/2018 19:23 Category * Clear Please Select Clear Please Select	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urger ING V Normal V Normal V Normal V Normal	+	
is he own a Singapore stered car? anation anation anation anation anation anation anation anation fication History laim 002 New Type * tact ho. (Mobile) al Address in Description erred Workshop Contact uire Finalsation a Registered out Taken By Print AK latter ttachment	O mg O mg OD-MX 92959989 SGL8010Y / SLG4121D ON 25 Jun 2018 Yes 25/05/2018 19:21 Jackson MT/1000287 ® Yes ○ No	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Browse.	CONNECTACIAR PTE. LTD. SOLBOLOY Not at Fault Preferred Workshop, Name unknown CO2 26/06/2018 19:23 Category * Clear Please Select Clear Please Select Clear Please Select	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urgen Inc. V Normal V Normal Normal	+	

ttachment		Uploaded By/Date	Category	P Urgency	Description	Mag Sent? As (CO)
12.64	NAC_PAYA_UBI_B00601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 26 July 2018 19:23	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-26	,000
1	NAC_PAYA_UBI_,800601{ NA	TOWAL ASSESSMENT CENTRE SERVICES) on 26 July 2018 19:22	SAS	Normal	SAS 2018-6-26	-
CAL CAL DA	NAC_PAYA_UBI_800601(NA	TONAL ASSESSMENT CENTRE SERVICES) on 26 July 2018 19:22	Photos	Normal	Photos 2018-6-26	0
200	NAC_PA1A_UBI_800501[NA	TOWAL ASSESSMENT CENTRE SERVICES) on 26 July 2018 19:22	Photos.	Normal	Photos 2018-6-25	11
-	NAC_PAYA_UB1_800601(NA	TONAL ASSESSMENT CENTRE SERVICES) on 26 July 2018 19:22	Photos	Normal	Photos 2018-6-26	
	NAC_PAYA_UB1_800681(NA	IONAL ASSESSMENT CENTRE SERVICES) on 26 Julin 2018 19:22	Photos	Normal	Photos 2018-6-26	9
	NAC_PAYA_UB1_800601(NA	10NAL ASSESSMENT CENTRE SERVICES) on 26 Ju n 2018 19:22	Photos	Normal	Photos 2018-6-26	
	NAC_PAYA_UBL_800601[NAT	TONAL ASSESSMENT CENTRE SERVICES) on 26 July 2018 19:22	Photos -	Normal	Photos 2018-6-26	
	NAC_PAYA_UBI_800501(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 26 Ju in 2018 19:22	Photos	Normal	Photos 2018-5-25	1
	NAC_PAYA_UB1_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 26 Ju n 2018 19-22	Photos	Normali	Photos 2018-6-26	
	NAC_PAYA_UB1_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 26 July 2018 19:22	Photos	Normal	Photos 2018-6-26	
•	NAC_PAYA_UBI_B00601[NAT	IONAL ASSESSMENT CENTRE SERVICES) on 26 July 1 2018 19:22	Photos	Normal	Photos 2018-6-26	
	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 26 July n 2018 19:21	Photos	Normal	Photos 2018-6-26	1
	NAC_PAYA_UBI_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 26 July 1 2018 19:21	Photos	Normal	Photos 2018-6-26	
	NAC_PAYA_UB1_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 26 lu o 2018 19:21	Photos	Normal	Photos 2018-6-26	
	NAC_PAYA_UB1_BD0603(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 26 July 2018 19:21	Photos	Normal	Photos 2018-6-26	
=	NAC_PAYA_UB)_B00601(NAT	ONAL ASSESSMENT CENTRE SIRVICES) on 26 July 2018 19:21	Photos	Normal	Photos 2018-6-26	
	NAC_PAYA_UBI_800601[NAT	ONAL ASSESSMENT CENTRE SERVICES) on 28 July 2018 19:21	Photos	Normal	Photos 2018-5-26	
ideo List	Uproaded By/Date	Folder Dane	File Name	?	Source	Action