Date In: 27 6 18-15:54	Jeb description		Date &Time Completed	Done	py
Re[No: NA IN (180115 60/24	SAS e-filing				
Veh No: 6BCGY85 IC	E-mail (within	Shrs, AIC 2hrs)			,
D.O.A : 22 6) 18-12:50	i-Motor Clai		M1 1000 336-001	26/6/18	16:12
	i-Motor W/C	(Within: OD 2h	s, TP 4brs)		
OD / TP-/ Reporting Only	i-Photo Uplo	aded			
	Assessment/St	irvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / Q	W: (Tel: F	ax:	
TP Particulars: Veh No	:SKR4655	. INC()/Non-INC()	3	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (V	WO): N: 0-2	0%; P: 21-79%. F: 80-1	100%]	
Year of Registration: () Warranty: YES ()/NO()	10-1000-10-	
Excess: (\$) Loading	g:\$1,000()/\$2,000	()		****	,
General Remarks:-				3.00 S	
() Walk-In Customer : Custome	er's information strictly Co	nfidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail	Insurer URGENTLY.				
			CO	¥77	1
Remarks:- (INC hotline: 6788 6 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection) / Courtesy Car ()	Owing Co: (Date&Time Completed	Done	by
Remarks: - (INC hotline: 6788 6 1) Apply for Transport Allowance () / Courtesy Car ()		Done	by
Remarks: (INC hotline: 6788 6 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Co) / Courtesy Car ()		Done	by
Remarks: (INC hotline: 6788 6 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Co) / Courtesy Car ()		Done	by
Remarks: (INC hotline: 6788 6 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Co) / Courtesy Car ()		Done	by
Remarks: (INC hotline: 6788 6 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Co) / Courtesy Car ()		Done	by
Remarks: (INC hotline: 6788 6 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Co) / Courtesy Car ()		Done	by
Remarks: (INC hotline: 6788 6 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Co) / Courtesy Car ()		PERSONAL PROPERTY OF THE PROPE	
Remarks:- (INC hotline: 6788 6 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Configury: Date/Time Actions) / Courtesy Car ()		Anit (5)	Anti
Remarks: (INC hotline: 6788 6 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Configury: Date/Time Actions NA18 03998) / Courtesy Car (Invoice Pre	Date & Time Completed Date & Time Completed paration Checklist. Reporting (530):	Amt (5)	Ant
Remarks:- (INC hotline: 6788 6 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Configury: Date/Time Actions NA18 03998 Claimant's Particulars:-) / Courtesy Car (Invoice Pre 1) AR: Accidea 2) DA: Damage	Date & Time Completed Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$	Amt (5)	Ant
Remarks:- (INC hotline: 6788 6 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Configury: Date/Time Actions NA18 03998 Claimant's Particulars:-) / Courtesy Car (Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1	Date Time Completed paration Checklist: Reporting (530); Assessment (5100); INC (5100);	Ant (\$) 7st Bill 80) 0/\$45 \$120	Ant
Remarks:- (INC hotline: 6788 6 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Configury: Date/Time Actions NA18 03998 Claimant's Particulars:- Driver/Owner:) / Courtesy Car (Invoice Pre 1) AR: Accidea 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming	Date & Time Completed	Anit (S) 7st Bill 80) 0/545 \$120 \$30 5)	Anti
Remarks:- (INC hotline: 6788 6 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Contact No:) / Courtesy Car (Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I 6) TR: Re-inspe	Date & Time Completed paration Checklist Reporting (\$30); Assessment (\$100); INC (\$100); The Survey (\$100);	Ant (5) 7st Bill 80) 0/\$45 \$120 \$30	Anti
Remarks:- (INC hotline: 6788 6 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Contact No: 6788 6 Injury: Actions NAI8 03998 Claimant's Particulars:- Contact No:) / Courtesy Car (Invoice Pre 1) AR: Acciden 2) DA: Damege 3) TF: Towing 1 4) FT: Follow-1 5) FT: Follow-1 For claiming 6 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi	Date & Time Completed paration Checklist Reporting (\$30); Assessment (\$100); INC (\$100); INC (\$100); The survey (\$100); INC (\$100); INC (\$100); Reporting (\$100); Reporting (\$100); INC (\$100); Reporting (\$100); Repor	Amit (\$) 73 Bill 80) 0/\$45 \$120 \$30 5) \$75	Anti
Remarks:- (INC hotline: 6788 6 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury: Date/Time Actions NAIS 03998 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion:) / Courtesy Car (Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming: 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD:	Date & Time Completed paration Checklist: Reporting (\$30); Assessment (\$100); INC (\$100); INC (\$100); Through Survey hrough Survey (Resurvey) regingt INC Only (wef 10 Jan 200); ction + SMRT Survey onal Services.	Amit (\$) 73 Bill 80) 0/\$45 \$120 \$30 5) \$75	Anti
Remarks:- (INC hotline: 6788 6 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury: Date/Time Actions NAIS 03998 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion:) / Courtesy Car (Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-I 5) FT: Follow-I 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD: *N5: Courtes *N6: Repair O	Date & Time Completed paration Checklist: Reporting (\$30); Assessment (\$100); INC (\$100); Through Survey hrough Survey (Resurvey) regingt INC Only (wef 10 Jan 200); ction + SMRT Survey onal Services. Cer / Tpt Allowance co-ordination	Ant (S) Th Bill 80) 0/\$45 \$120 \$30 5) \$75 \$160	Anti
Remarks:- (INC hotline: 6788 6 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury: Date/Time Actions NAIS 03998 Claimant's Particulars:- Oriver/Owner: Contact No: Darnaged Portion: C Checked by (Engr-In-Charge):) / Courtesy Car (Invoice Pre 1) AR: Acciden 2) DA: Damege 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming 6 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtes *N6: Repair C *N7: Fost Rep	Date & Firms Completed paration Checklist Reporting (\$30); Assessment (\$100); INC (\$100); Frough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 200); ction + SMRT Survey onal Services.	Anit (\$) Th Bill 80) 0/\$45 \$120 \$30 \$5) \$75 \$160 \$55 \$510 \$25 \$55	Anti
Remarks: (INC hotline: 6788 6 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury: Date/Time Actions NA18 03998 Claumant's Particulars: Driver/Owner: Contact No: Darnaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:-) / Courtesy Car (Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courter *N6: Repair C *N7: Fost Rep *N8: DV / Co TP (N11): Ti	Dates Time Completed paration Checklist Reporting (\$30); Assessment (\$100); INC (\$100); Assessment (\$100); Ass	Anit (\$) 13t Bill 80) 0/\$45 \$120 \$30 \$5) \$75 \$160	Add B
Remarks:- (INC hotline: 6788 6 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Configury: Date/Time Actions) / Courtesy Car (Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-I 5) FT: Follow-I 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD: *N5: Courtes *N6: Repair C *N7: Fost Re *N8: DV / Co	Dates Time Completed paration Checklist Reporting (\$30); Assessment (\$100); INC (\$100); Assessment (\$100); Ass	Ant (S) fit Bill 80) 0/\$45 \$120 \$30 \$75 \$160 \$5 \$10 \$25 \$25 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30	Ant (

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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
25/06/2018 15:54
22/06/2018 12:50
ORCHARD LINK BESIDE MANDARIN ORCHARD
SINGAPORE
DETAILS OF OWN VEHICLE
GBC9485K
TAN YOU PENG FOOD INDUSTRIES P/L
199404003R
NOEMAIL
(LOCAL) +65-97369871
OFFICE-97369871
NISSAN
NV350 PANEL VAN 2.5 5MT 5DR EURO V
WORKING
NO
REPORTING ONLY
COMMERCIAL VEHICLE
NTUC INCOME INSURANCE CO-OPERATIVE LTD
COMPREHENSIVE
NO
5064970337-04
YEO CHAI LAI
S0068030C
28/10/1954
OUTDOOR
15/01/1976
42 YEARS AND 5 MONTHS
MALE
(LOCAL) +65-96955864

OFFICE-96955864

NOEMAIL

Address BLK 836 TAMPINES STREET 82

#11-63

Postcode 520836

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

*

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

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

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS EXITING FROM MANDARIN ORCHARD BASEMENT CARPARK ONTO ORCHARD LINK. WHEN I MAKING A RIGHT TURN, I ACCIDENTALLY HIT ONTO VEHICLE B REAR RIGHT PORTION.

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 SKR465S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE HIRE

Name of Driver

NRIC/Passport Number

Contact Number 94676787

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

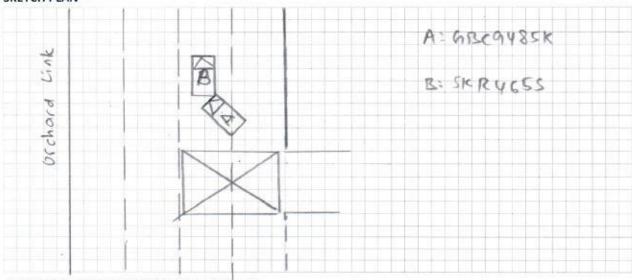
Policyholder's Signature Date & Time:

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

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

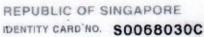
Refer to Statement.

DECLARATION

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

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.:







YEO CHAI LAI



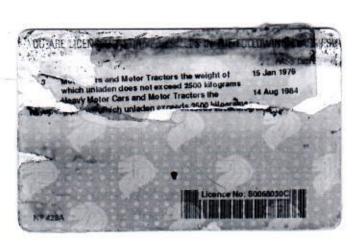
CHINESE Date of birth

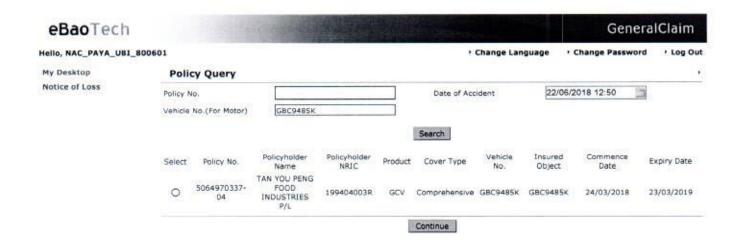
28-10-1954 Country of birth SINGAPORE











Policy No.	5064970337-04	Policyholder Name	TAN YOU F	PENG FOOD INDUSTRI	Policyholder NRIC	199404003R	
Address	94J JALAN SENANG SINGAPORE	418476					
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy issue Date	01/03/2018	Effective Date	24/03/201	8 00:00	Expiry Date	23/03/2019 2	23:59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		os Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	g/Inexperience Driver Excess
Agent	THOMSON CREDIT (S) PTE LTD	Agent Tel.	NIL		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	94) JALAN SENANG	Addre	ess 2	SINGAPORE 418476	5	Address 3	
Address 4		Addre	ess Type	Singapore address		Post Code	418476
Unit No.		Relat Numb	ed Policy per	5029610923-10			
	d Object: GBC9485K						
Insure							
	sements						

Accident MT/1000336								
Column Prij 2000220								
olicy No.	5064970337-04	Vehicle No.	GBC9485K	3	GST Registration No			
olicyholder Name	TAN YOU PENG FOOD INDUSTRIES P/L			1	Policyholder NRIC		1994040038	
oduct Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	1	Loading		0	
onsact No. (Mobile)	97369871	Contact No (Office)	0	3	Contact No (Home)	8	О	
mail Address		Special Remark			eCode		No V	
PK	® No ○ Yes.	TCA	® No ○ Yes	3	eCode Reason			
CD Protection	No	NCD Emillement(%)	20	8	Private Hire		No	
Accident Details								
eport Date	26/06/2018 16:10	Accident Report Within 24 hrs.	Yes	5	Accident Type		Collision - Hi	sad to Rear
ace of Acodem	22/06/2018	Time of Accident Nhomm	12:50	4	Country of Accident		Singapore	
eporting Centre	Landa College	Orange Force			ICM No.		1000	
codent Location	DROHARD LINK BESIDE MANDARIN ORCHARD				100,1399			
♥ Benefits	DATE THE DESIDE THE DATE OF CHARLE	62						
♥ Excess								
wn damage Excess	600.00	Additional Excess			Windscreen Excess		100.00	
nnamed Oriver Excess		Outside Singapore OD Excess						
nird Party Excess	0.00	Outside Singapore TP Excess						
♥ GST Registered Informa								
ET Registered	No		GST Registration Date		14			
ST Registration No.			GST Status Verified		No			
lodification History								
Policyholder Mailing Ad	dess							
odress 1	943 JALAN SENANG	Address 2	SINGAPORE 418476		Address 3			
	241 JACAN SENARG						14200000	
ddress 4		Address Type	Singapore address	13	Post Code		418476	
nit No.		Related Policy Number	5029610923-10					
© OI Driver Info								
river Name	Unnamed Oriver	Driver Type	Unnamed Driver					
nnamed driver Name	YED CHAI LAI	Driver NRIC	50068030C		Driver DOB		28/10/1954	
egister Date of Driver License		Driver Age	63		Driving Experience		42	
ontact No.(Moorie)	96955864	Contact No.(Office)	0	1	Contact No.(Home)		0	
ddress 1	BLK 836	Address 2	TAMPINES STREET 82	- 3	Address 3		TAMPINES P	ALMWALK
ddress 4	SINGAPORE 520836	Address Type	Singapore address		Post Code		520836	
Int No.	SINGAPORE 520836 11-63	Address Type			Post Code			
ont No. Joes he own a Singapore		Address Type Driver Vehicle No.		j	Post Code Driver Insurer Comp	seny		
nt No. roes he own a Singapore legistered car?	11-63			j		рапу		
int No. loss he own a Singapore legistered car? eclaration ireathalysier or fillood Test	11-63			j		pany		
Address 4 Joes he own a Singapore Registered car? Reclaration Breathelyser or Blood Test Reading?	13-63 ○ Yes ® No	Driver Vehicle No.	Singapore address	j		pany		
int No. loss he own a Singapore legistered car? eclaration ireathalysier or fillood Test	13-63 ○ Yes ® No	Driver Vehicle No.	Singapore address	j		sany		
nt No. oes he own a Singapore rgistered car? iclaration reathelyser or Blood Test reading?	13-63 ○ Yes ® No	Driver Vehicle No.	Singapore address	j		sany		
nt No. des he dwn a Singapore egistered car? sclaration reathalyser or Blood Text eading? odification History Claim 001 New	13-63	Driver Vehicle No. Any ingury?	Singapore address ○ Yes No		Driver Insurer Comp	000.70	520836	
nt No. des he dwn a Singapore egistered car? sclaration reathelyser or Blood Text eacing? Chaim 001 New	13-63 ○ Yes ® No	Driver Vehicle No. Any injury? Insured Name	Singapore address		Driver Insurer Comp	000.70	1994040038	
nt No. des he dwn a Singapore egistered car? sclaration reathelyser or Blood Text eacing? Claim 001 New Jaim Type *	13-63	Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	Singapore address ○ Yes ® No TAN YOU PENG FOOD INDUSTR		Driver Insurer Comp		\$20836 \$1994040039 \$7369871	
nt No. des he own a Singapore registered car? scienation reathelyser or Blood Test eading? Claim 001 New Jann Type * ontact No. (Mobile) meil Address	13-63	Driver Vehicle No. Any injury? Insured Name	Singapore address ○ Yes No		Driver Insurer Comp Indured NRIC Contact No. (Office) TP Vehicle Number	00.000	1994040038	
nt No. oes he own a Singapore registered car? eclaration reathelyser or Blood Test eacing additional History Claim 001 New Jaim Type * ontact No (Mobile) mail Address laim Description	13-63	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) DI Vehicle Number	Singapore address ○ Yes ® No TAN YOU PENG POOD INDUSTR. GRC9485K		Driver Insurer Comp	00.000	\$20836 \$1994040039 \$7369871	
net No. oes he own a Singapore registered car? rectaration reachelyser or Blood Test reacing? Claim 001 New Jaim Type * ontact No. (Mosile) mail Address Jaim Description referred Workshop Contact or See No.	13-63	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) DI Vehicle Number Insured Liability *	Singapore address ○ Yes ® No TAN YOU PENG FOOD INDUSTR GRC9485K Fully at Fault		Driver Insurer Comp Indured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V	Vorkshop	199404003H 199369871 5MR4655	
nt No. des he own a Singapore registred car? scientation reathelyser or Blood Test eading? Claim 001 New Jaim Type * ontact No. (Mobile) mail Address laim Description referred Workshop Contact or, equire Finalsation	13-63	Driver Vehicle No. Any injury? Insured Name Contact No. (Home) DI Vehicle Number Insured Liability * Preferent Repair Option	Singapore address ○ Yes ® No TAN YOU PENG POOD INDUSTR. GRC9485K		Driver Insurer Comp Indured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report	Verkahop	1994040039 97369871 SKR463S	2
nt No. des he own a Singapore registred car? scientation reathelyser or Blood Test eading? Claim 001 New Jaim Type * ontact No. (Mobile) mail Address laim Description referred Workshop Contact or, equire Finalsation	13-63	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) DI Vehicle Number Insured Liability *	Singapore address ○ Yes ® No TAN YOU PENG FOOD INDUSTR GRC9485K Fully at Fault		Driver Insurer Comp Indured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V	Verkahop	199404003H 199369871 5MR4655	2
nst No. oes he own a Singapore egistered car? eclaration reathalyser or Blood Test eading?	13-63	Driver Vehicle No. Any injury? Insured Name Contact No. (Home) DI Vehicle Number Insured Liability * Preferent Repair Option	Singapore address ○ Yes ® No TAN YOU PENG FOOD INDUSTR GRC9485K Fully at Fault		Driver Insurer Comp Indured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report	Verkahop	1994040039 97369871 SKR463S	2
nt No. des he dwn a Singapore egistered car? sclaration methalyser or Blood Test eading? costication History Claim 001 New Jaim Type * ontact No.(Mobile) meil Address laim Description referred Workshop Contact or equire Finalisation site Registered eport Taken By	11-63 ○ Yes	Driver Vehicle No. Any injury? Insured Name Contact No. (Home) DI Vehicle Number Insured Liability * Preferent Repair Option	Singapore address ○ Yes ® No TAN YOU PENG FOOD INDUSTR GRC9485K Fully at Fault		Driver Insurer Comp Indured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report	Verkahop	1994040039 97369871 SKR463S	2
nt No. des he dwn a Singapore egistered car? sclaration methalyser or Blood Test eading? costication History Claim 001 New Jaim Type * ontact No.(Mobile) meil Address laim Description referred Workshop Contact or equire Finalisation site Registered eport Taken By	11-63 ○ Yes	Driver Vehicle No. Any injury? Insured Name Contact No. (Home) DI Vehicle Number Insured Liability * Preferent Repair Option	Singapore address O Yes ® No TAN YOU PENG FOOD INDUSTR GBC9465K Fully at Fault Preferred Workshop, Name unknown		Driver Insurer Comp Indured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report	Verkahop	1994040039 97369871 SKR463S	2
net No. oes he own a Singapore registered car? rectaration reachelyser or Blood Test reacing? Claim 001 New Jaim Type * ontact No. (Mosile) mail Address Jaim Description referred Workshop Contact o. squire Finalisation aris Registered eport Taken By Print AK letter	11-63 ○ Yes	Driver Vehicle No. Any injury? Insured Name Contact No. (Home) DI Vehicle Number Insured Liability * Preferent Repair Option	Singapore address ○ Yes ® No TAN YOU PENG FOOD INDUSTR GRC9485K Fully at Fault		Driver Insurer Comp Indured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report	Verkahop	1994040039 97369871 SKR463S	2
net No. oes he own a Singapore registered car? reathelyser or Blood Test reading? Chalm 001 New Saim Type * ontact No. (Mosile) mail Address saim Description referred Workshop Contact o. square Finalisation are Registered eport Taken By Print AK letter	11-63 ○ Yes	Driver Vehicle No. Any injury? Insured Name Contact No. (Home) DI Vehicle Number Insured Liability * Preferent Repair Option	Singapore address O Yes ® No TAN YOU PENG FOOD INDUSTR GBC9465K Fully at Fault Preferred Workshop, Name unknown		Driver Insurer Comp Indured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report	Verkahop	1994040039 97369871 SKR463S	2
net No. Jose he own a Singapore registered car? Inclaration Institution History Claim 001 New Jaim Type * Jonatot No (Mobile) mail Address Jaim Description referred Workshop Contact Josephin Taken By Print AK letter Attachment	11-63 ○ Yes	Driver Vehicle No. Any injury? Insured Name Contact No. (Home) DI Vehicle Number Insured Liability * Preferent Repair Option	Singapore address O Yes ® No TAN YOU PENG FOOD INDUSTR GBC9465K Fully at Fault Preferred Workshop, Name unknown		Driver Insurer Comp Indured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report	Verkahop	1994040039 97369871 SKR463S	2
net No. obes he own a Singapore registered car? resthalister or Blood Test reading? odification History Claim 001 New Jaim Type * ontact No (Mobile) mail Address Jaim Description referred Workshop Contact or square Finalisation atte Registered eport Taken By Print AK letter Attachment	11-63 ○ Yes	Driver Vehicle No. Any injury? Insured Name Contact No. (Home) DI Vehicle Number Insured Liability * Preferent Repair Option	Singapore address O Yes ® No TAN YOU PENG FOOD INDUSTR GBC9465K Fully at Fault Preferred Workshop, Name unknown		Driver Insurer Comp Indured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report	Verkahop	1994040039 97369871 SKR463S	2
net No. obes he own a Singapore registered car? resthalyser or Blood Test reading? constitution History Claim GO1: New Jaim Type * contact No. (Mobile) mail Address Laim Description referred Workshop Contact opequine Finalisation atte Repistered report Taken By Print AK letter Attachment	11-63	Driver Vehicle No. Any injury? Insured Name Contact No. (Home) DI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	Singapore address O Yes ® No TAN YOU PENG FOOD INDUSTR GBC9485K Fully at Fault Preferred Workshop, Name unknown Save Submit		Driver Insurer Comp Indured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report	Verkahop	1994040039 97369871 SKR463S	2
net No. obes he own a Singapore registered car? resthalyser or Blood Test reading? constitution History Claim GO1: New Jaim Type * contact No. (Mobile) mail Address Laim Description referred Workshop Contact opequine Finalisation atte Repistered report Taken By Print AK letter Attachment	13-63 ○ Yes	Driver Vehicle No. Any injury? Insured Name Contact No. (Home) DI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	Singapore address O Yes ® No TAN YOU PENG POOD INDUSTR GBC9485K Fully at Fault Preferred Workshop, Name unknown DOI 26/06/2018 16:13		Indured NATIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report Date Received	Verkshop	1994040039 97369871 5HR4655 Received 26/06/2018	0000
not No. Joses he own a Singapore registered car? Incluration Institution History Claim 001 New Jaim Type * Joint Address Jaim Description referred Workshop Contact Joint Type Thailastion are Registered Eport Taken By Print AK letter Attachment	13-63	Driver Vehicle No. Any injury? Insured Name Contact No. (Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date	Singapore address Ves ® No TAN YOU PENG FOOD INDUSTR GBC9485K Fully at Fault Preferred Workshop, Name unknown 001 26/06/2018 16:13 Ceegsry *		Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report Date Received	Vorkshop	1994040038 97369871 SHR4655	2
not No. Joses he own a Singapore registered car? Incluration Institution History Claim 001 New Jaim Type * Joint Address Jaim Description referred Workshop Contact Joint Type Thailastion are Registered Eport Taken By Print AK letter Attachment	13-63	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	Singapore address O Yes ® No TAN YOU PENG FOOD INDUSTR GBC9485K Fully at Fault Preferred Workshop, Name unknown 001 26/06/2018 16:13 Ceegery * Cear Please Select		Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report Date Received Confidential	Vorkshop Urgency Normal	1994040039 97369871 SMR4055	0000
net No. obes he own a Singapore registered car? resthalyser or Blood Test reading? constitution History Claim GO1: New Jaim Type * contact No. (Mobile) mail Address Laim Description referred Workshop Contact opequine Finalisation atte Repistered report Taken By Print AK letter Attachment	13-63	Driver Vehicle No. Any injury? Insured Name Contact No. (Home) DI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Browse Browse	Singapore address O Yes ® No TAN YOU PENG FOOD INDUSTR GBC9485K Fully at Fault Preferred Workshop, Name unknown 001 26/06/2018 16:13 Ceegsry * Diear Please Select		Insurer Comp Insurer NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report Date Received Confidential	Vorkshop Urgency Normal Normal	1994040039 97369871 SMR4055	0000
not No. des he dwn a Singapore egistered car? actaration reathelyser or Blood Test reading? conflication History Claim GO1 New Jaim Type * contact No.(Mobile) mail Address laim Description referred Workshop Contact opequine Finalisation wite Registered eport Taken By Print AK letter Attachment	13-63	Driver Vehicle No. Any injury? Insured Name Contact No. (Home) DI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date Browse Browse	Singapore address O Yes ® No TAN YOU PENG FOOD INDUSTR GBC9485K Fully at Fault Preferred Workshop, Name unknown 001 26/06/2018 16:13 Ceegory * Clear Please Select Clear Please Select Clear Please Select		Indured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report Date Received	Verkahop Urgency Normal Normal	1994040039 97369871 SMR4055	0000
not No. des he dwn a Singapore egistered car? actaration reathelyser or Blood Test reading? conflication History Claim GO1 New Jaim Type * contact No.(Mobile) mail Address laim Description referred Workshop Contact opequine Finalisation wite Registered eport Taken By Print AK letter Attachment	13-63	Driver Vehicle No. Any injury? Insured Name Contact No. (Home) DI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Browse Browse	Singapore address O Yes ® No TAN YOU PENG FOOD INDUSTR GBC9485K Fully at Fault Preferred Workshop, Name unknown 001 26/06/2018 16:13 Category * Diear Please Select Clear Please Select Clear Please Select Clear Please Select		Indured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report Date Received	Vorkshop Urgency Normal Normal	1994040039 97369871 SMR4055	0000
not No. ross he own a Singapore registered car? restrialyser or Blood Test reading? codification History Claim 001 New laim Type * contact No.(Mobile) mail Address Laim Description referred Workshop Contact o. squire Finalsation spire Registered eport Taken By Print AK letter	13-63	Driver Vehicle No. Any injury? Insured Name Contact No. (Home) DI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date Browse Browse	Singapore address O Yes ® No TAN YOU PENG FOOD INDUSTR GBC9485X Fully at Fault Preferred Workshop, Name unknown 1001 26/06/2018 16:13 Cetegory * Cess* Please Select Cess* Please Select Cess* Please Select Cess* Please Select		Indured NATIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report Date Received Confidential III V INC V INC V INC V	Verkahop Urgency Normal Normal	1994040039 97369871 SMR4055	0000

Attachment		uproaded By/Date	Category	Ŷ	Urgency	Description	Sent? Actio (CO)
- 4	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 26 Ju n 2018 16:13	NRIC/ Driving Ucense		Normal	NRIC/ Driving License 2015-5-26	Edit
40	NAC_PAYA_UBI_800601[NAT	IONAL ASSESSMENT CENTRE SERVICES) on 26 July 2016 16:13	SAS		Normal	SAS 2018-6-26	Edit
36	NAC_PAYA_UBI_B00601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 26 July 2018 16:12	Photos		Normal	Photos 2018-6-26	Edit
100	NAC_PAYA_UBI_800601[NAT	CONAL ASSESSMENT CENTRE SERVICES) on 26 July 2018 16:12	Photos		Normal	Photos 2018-6-26	Edit
	NAC_PAYA_UBI_800601[NAT	CONAL ASSESSMENT CENTRE SERVICES) on 26 July 2018 16:12	Photos		Normal	Photos 2018-6-26	£dir
*	NAC_PAYA_UBI_B00601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 26 3u n 2018 16:12	Photos:		Normal	Photos 2018-6-26	Edit
#	NAC_PAYA_UBI_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 26 July n 2018 16:12	Photos		Normal	Photos 2018-5-25	Edit
	NAC_PAYA_UB1_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 26 July 0 2018 16:12	Photos		Normal	Photos 2018-6-26	Edis
	NAC_PAYA_UBI_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 26 July 2018 16:12	Photos		Normal	Photos 2018-6-26	Edit
♥ Video List							
	Uploaded By/Date	Folder Date	Rie Name		9	Source	Action