| NATIONAL Assessment Cen | tre Services. well s | | | | 100 |
|--|---|--|---------------------------------|------------------------|---|
| Date In: 6/7/18-18:35 | Jeb description | Date &Time | Completed | Done l | oż. |
| Ref No: NA INC 18012367/24 | SAS e-filing | j | | | |
| Veh No: 6x 33087 | E-mail (within Shrs, Al | C 2hrs) | | | a. |
| D.O.A: 5/7/8-1500 | i-Motor Claim For | m M11001987 | -001 6) | 7/18 18: | 52 |
| 7 | i-Motor W/O (Withi | n: OD 2hrs, TP 4hrs) | | | |
| OD (TP) Reporting Only | i-Photo Uploaded | | | | |
| | Assessment/Survey I | Report | | | |
| TP Insurer: | Ass't Report by Fax | / Hand to Owner/Wks | 2 | West processors of the | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: | Fax | : |) |
| TP Particulars: Veh Nous |))) 6ic | INC()/Non-IN | C(). | 58 | |
| Owner / Driver: (| | Tel: | 3. |) | |
| Policy No: () | Period: (|) Cover Type: | (|) | |
| Confirmed by : (| Dat | | ne: |) | |
| Insured/Driver Liability: (% |) [Note-Est. Status (WO): | N: 0-20%; P: 21-79 | %. F: 80-100 |)%] | |
| Year of Registration: () | Warranty: YES ()/1 | 40() | | | |
| | 1,000 ()/\$2,000 () |) | ere and ere see | | |
| General Remarks: | 1 | The state of the s | | er e | V. |
| () Walk-In Customer : Customer's i | | tial & Strictly NO refer | of repairer. | | |
| () Total Loss Case : to e-mail Ins | urer URGENTLY. | | 3 | · | |
| Drive-In ()/ Towed-In (); Invo | nice: YES () / NO (|); Towing Co: (| | |) |
| Remarks:- (INC hoffine: 6788 6616 |): : | Date&Timb | Comple'sd | Done | by |
| 1) Apply for Transport Allowance () | / Courtesy Car () | | | | |
| 2) QC Check / Post Repair Inspection | () | | | | |
| 3) Upload Resurvey Photo [Repair Cost > | \$3000] () | | | | |
| Injury: | | | | | |
| | | | grip assault six | Marie Contract | 19 19 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 |
| Date/Time Actions | disa u | | 2182321000A5028233 | Charles State St. | |
| | | | | UNIONE CONTRACTOR | |
| | | | | | |
| | | | | | |
| | | | | 4 | |
| Maran and | lny | oice Preparation Che | cklist | Amt (S) | Anit (3) |
| NA1804277. | 1) AR | : Accident Reporting (530 |)); | | |
| laimant's Particulars :-) | | : Damege Assessment (\$10 : Towing Fee | 00); INC (\$80) \$40/\$ | | |
| priver/Owner: | 4) FT | : Follow-Through Survey | | 20 | |
| ontact No: | 5) FT For | : Follow-Through Survey (R | (wef 10 Jan 2005) | 30 | |
| amaged Portion: | 6) TR | : Re-inspection | 2 | 60 | |
| anagon i ordon. | | : Idao DA + SMRT Survey UC Additional Services:- | | | |
| C Checked by (Engr-In-Charge): | QI | | nge | \$5 | |
| Concentration (Bugi-tu-Charge). | N• | 6: Repair Co-ordination | | 10 | |
| uditors' Comments :- | • N | 7: Fost Repair Inspection 8: DV / Collect Excess Coord | The second second second second | 525 55 | |
| it. 1: | TP | (N11): TP (Non INC) again | st INC S | 30 | |
| | | 2: Idao Mobile | Fee Charged | | 动物 为2 |
| 2/3: | | ce dated | Fee Charged | Section. | |

1 120

Sec. 45.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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 | 06/07/2018 18:35 |
| Date Of Accident | 05/07/2018 16:00 |
| Exact Location Of Accident | THOMSON RD TWDS BALESTIER RD |
| Country/State of Loss | SINGAPORE |
| D | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | GX3308J |
| Insured/Policyholder | |
| Name Of Registered Owner | FENG SHAN WEI TRADING |
| Co Reg No | 53128148E |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |
| Vehicle Particulars | |
| Manufacturer | ТОУОТА |
| Model | LITEACE 2.2M |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 5053771971-06 |
| Cover Note Number | |
| | |

| Cover Note Number | |
|----------------------|-----------------------|
| Driver | |
| Name of Driver | GOH BOON HONG |
| NRIC No | S1561676H |
| Date Of Birth | 19/03/1962 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 30/11/2001 |
| Driving Experience | 16 YEARS AND 7 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-90033381 |
| Fax Number | |
| Contact Number | OFFICE-90033381 |
| EMail Address | NOEMAIL |

Address

4 CHENG SOON GARDEN

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

3 YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

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

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

SJN2226K

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHA5759L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance? Address

Postcode

GOH BOON HONG

NECK & BACK

GX3308J

YES

NO

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 truthful 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 Hability 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 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 (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.

FENG SHAN WEL

Policyholder's Signature Oate & Time:

Driver's Signature (if driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

SKETCH PLAN STIA 57591 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT along Thomson Road own Vehicle a Stop hollow to Slow down and came to I felf a impact that there are 3 rehicle rentice involved. DECLARATION I/W declare the foreshing particulars are true in every respect. RADING Policyholder's Signature Oriver's Signature Reporting Centre Personnel's Signature Date & Time: (If driver is not the policyholder) Name:

NRIC/FIN No.:

GIARMIC SketchtflunForm V3

Date & Time:

SINGAPORE ACCIDENT STATEMENT

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.

Accident details

H

| Date and time of accident | Date: 05/07/2018 | (DD/MM/YY) Time: OF, OOp (HH:MM |
|----------------------------|------------------|---------------------------------|
| Exact location of accident | Thomson Road | towards belastice Road |

Details of vehicle

| Vehicle registration number | GX: | 33085 | | | | - |
|--|------------------------|-------|------------------------|-------------|---------|---|
| Vehicle make and model | | | | | | |
| Type of vehicle | Saloon D | MPV a | -1.1 | □ Van | Others: | |
| Vehicle category | Private 🗆 | Comm | ercial Ø | Motorcy | | |
| Purpose of using at said time | | | 10801 | iniciarcy | CIC D | - |
| Are you claiming under your own insurance company? | Yes a Third part of | No,a- | If no, ple Reportin | ase select: | | |

Insurance information

| Insurance company | NTUC. | | |
|-------------------|-----------------|--------------------------|-----------|
| Policy number | 5053 77 (97 | 1 -66 | |
| Type of policy | Comprehensive a | Third party fire & theft | TP only D |

Insured / Policy holder

| Name | FENG | SHAN | WEI | THADING | Male p | Female 0 |
|------------------------------|------|-------|-----|-------------|----------|-------------|
| NRIC / Fin / Passport number | | | | 11.00111801 | Tridic D | T GITTUIC L |
| Contact | - | 72-71 | | | | |
| Address | - | | | | | |
| Address | | | | | | 14, |

Driver

Same as insured above □ (skip to D.O.B)

| Name | Caph Book Mon Male | o Female Ø |
|------------------------------|--------------------------|--------------|
| NRIC / Fin / Passport number | 81561626/14 | d Telliale b |
| Contact | 9003 3381 | |
| Address | 4 MENC CON Y | 7786) |
| Email address | 1 10 31 | 110 67 |
| Date of birth | 19/mm/ 1967 | |
| Occupation | Indoor Outdoor Outdoor | |
| Driving date pass | 30/1404/ 2001 | |

General information of the accident

| Was driver an employee of the insured's company? | Yes 🗆 If no, rela | No a | driver and insured: | CON DE |
|--|----------------------|-----------|---------------------|--|
| Accident captured by camera? | Yes a | Not | | |
| Weather condition | Clear | Raining o | Others: | |
| Road surface | Dryer | Wet a | | The state of the s |
| No of passenger | | | | (Inclusive of driver) |

Passenger 1

| Name | | | |
|--------|--------|----------|--|
| Gender | Male o | Female 🗆 | |

Passenger 2

| Name | | | |
|--------|--------|----------|--|
| Gender | Male 🗆 | Female D | |

Passenger 3

| Name | | PS-XX - XXIIIXXX | |
|--------|--------|------------------|---------|
| Gender | Male 🗆 | Female | E (S) |

Passenger 4

| Name | |
|--------|---------------|
| Gender | Male Female |

Passenger 5

| Name | | MANAGEMENT OF THE REAL PROPERTY. | - sancia - reconsider in the sancia sometimes in the constant |
|--------|--------|----------------------------------|---|
| Gender | Male 🗆 | Female □ | |

Passenger 6

| Name | | Ch. |
|--------|-------|--------|
| Gender | Maleo | Female |

Other Information

| Was anybody Injured? | Yes 🗆 | No a | |
|----------------------------|-------|------|--|
| Was other vehicle damaged? | Yes 🗆 | No□ | |

Details of police action

| Reported to police? | Yes 🗆 | No 🗆 | If yes, please state which police station. |
|---------------------|-------|------|--|
| Police station name | | | |

Third party vehicle 1

| | Name | |
|---|------------------------------|-------------|
| | Contact number | |
| 0 | NRIC / Fin / Passport number | |
| | Vehicle registration number | SJN 222 6 £ |
| | Vehicle make model | |

Third party vehicle 2

| Name | |
|------------------------------|-------------|
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | SHA \$7 591 |
| Vehicle make model | |

Third party vehicle 3

| Name | |
|------------------------------|--|
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 4

| Name | |
|------------------------------|--|
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 5

| Name | |
|------------------------------|--|
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 6

| Name | |
|------------------------------|--|
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

| Wi | in | ess | 1 |
|-------|-----|-----|-------|
| * 4 1 | 6.1 | ~~~ | - 45. |

| present and a second | | |
|----------------------|--|----|
| Name | | |
| INGINE | | 40 |
| | | |
| | | |

Witness 2

| The second secon | | | |
|--|------------|------|--|
| Name | | | |
| lyame | | | |
| Tranic | | | |
| | 000-112/15 | | |

Injured person 1

| Name | at Book Houn |
|---|---------------|
| Injuries sustained | Back and Neck |
| Which vehicle person in? | |
| Were seat belts worn? | Yes a No a |
| Was injured conveyed to hospital by ambulance? | Yes 🗆 No 🗅 |

Injured person 2

| Name | Militaria | | |
|---|----------------|------|--|
| Injuries sustained | aris agreement | | |
| Which vehicle person in? | | | |
| Were seat belts worn? | Yes a | No 🗆 | |
| Was injured conveyed to hospital by ambulance? | Yes 🗆 | No 🗆 | |

Injured person 3

| Name | La Verser Street | Name and the state of the state | |
|---|------------------|--|--|
| Injuries sustained | | | 115 1191111 |
| Which vehicle person in? | | | |
| Were seat belts worn? | Yes a | No 🗅 | |
| Was injured conveyed to hospital by ambulance? | Yes 🗆 | No 🗅 | The state of the s |

Injured person 4

| Name | | | |
|---|-------|------|----------|
| Injuries sustained | | | <u> </u> |
| Which vehicle person in? | | | |
| Were seat belts worn? | Yes | No o | |
| Was injured conveyed to hospital by ambulance? | Yes 🖸 | No a | |

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1561676H





GOH BOON HONG

文鳳

CHINESE Date of birth 19-03-1962 Country/Place of birth

SINGAPORE

F

515516769



5487188



22-06-2015

4 CHENG SOON GARDEN SINGAPORE 599784

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

92 Apr 2009 18 Feb 2011 30 Nov 2011

Class 28 Motorcycles =< 209 CC
Class 2A Motorcycles between 201 CC and 400 CC
Class 3 Motorcars =< 3000 kg with << 7 passengers, exclasive of the driver; and motor tractors/vehicles =< 2500 kg
Class 4 Heavy motor cars and motor tractors > 2500 kg
Motor vehicles > 7250 kg not constructed to carry any load

\$1561676H

S / No. 9000144221

NP 428A



Certificate of Insurance

| I) RULES, 1960 | |
|--|---|
| | |
| (SIA) | |
| Cover : Third | Party, Fire & Theft |
| : GX3308J | CONTRACTOR |
| : CR425008707 | |
| : FENG SHAN WEI | TRADING |
| : 10 Apr 2018 | |
| : 09 Apr 2019 | |
| | |
| | |
| s order or with his/her | permission. |
| ordance with the licensi | ng or other laws or regulations to drive |
| | of a Court of Law or by reason of any |
| the Motor Vehicle. | |
| | |
| | olicyholder's business or profession. |
| ction with the Policyho | lder's business. |
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| -testing. | |
| one disabled mechanic | cally propelled vehicle. |
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| | |
| | TIME OF LOSS |
| SE INCLINED VEHICLE AT | LIMIE OF LOSS |
| OF INSURED VEHICLE AT | |
| elates is issued in accor | rdance with the provisions of the Motor Road Transport Act, 1987 (Malaysia) |
| elates is issued in accor 189) and Part IV of the I | Road Transport Act, 1987 (Malaysia) |
| elates is issued in accor | Road Transport Act, 1987 (Malaysia) |
| elates is issued in accor 189) and Part IV of the I | Road Transport Act, 1987 (Malaysia) |
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| elates is issue 189) and Part DING PTE. LTD | IV of the 1 |

| eBao Tech | | | | | | | | | Gen | eralClaim |
|------------------------|----------|-------------------|--------------------------|----------------------|---------|------------------------------|----------------|-------------------|------------------|--------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | | | | | | Change Lan | guage ' | Change Passwo | ord • Log Ou |
| My Desktop | Polic | cy Query | | | | | | | | |
| Notice of Loss | Policy N | 10. | | | | Date of Acc | cident | 05/07 | /2018 16:00 | 3 |
| | Vehicle | No.(For Motor) | GX3308J | | | | | | | |
| | | | | | 1 | Search | | | | |
| | Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5053771971- 06 | FENG SHAN WEI TRADING | 53128148E | GCV | Third Party, Fire & Theft | GX33083 | GX33083 | 10/04/2018 | 09/04/2019 |
| | 0 | | | 53128148E | | | -GX3308J | Gx33083 | 10/04/2018 | 09/04/2 |



| ectaration reathalyser or Blood Test reathalyser or Blood reathalyser reathalyse | O mg OO-MN ▼ 90033381 | Insured Name Contact No.(Home) OS Vehicle Number Insured Liability * Proferered Repair Option Claim Close Date Claim No. Upload Date Browse Browse Browse Browse | PENG SHAN WEI TRACING GX33083 Not at Fault Preferred Workshop, Name unknown 001 06/07/3018 18:55 Category * Clear Please Select Please Select Please Select Please Select Please Select Please Select | | S31281466 S3N2226K S3N2226K Received 06/07/2018 00:00 Drgency * Description * sormal womal woma |
|--|--|---|---|--|--|
| reathalyser or Blood Teist reading? Claim 001 New Laim Type * Onact No. (Mobile) mai Address Laim Description referred Workshop Confact to. degree Finalisation afte Registered eport Taken By Print Ak Letter Attachment | DO-MN | Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Proferered Repair Option Claim Close Date Claim No. Upload Date Browse Browse Browse | Peng Shan Wei TRADING GX33083 Not at Fault Preferred Workshop, Name unknown 001 06/07/3018 18:55 Category * Clear Please Select Please Select Please Select Please Select Please Select | Contact No.(Office) TP Vehicle Number Name of Preferred We GSA report Date Received Confidential V NO V P V NO V P V NO V P | SJN2226K SJN2226K Received 06/07/2018 00 00 Dirgency * Description * sormal v sormal v sormal v sormal v |
| eathstyser or Blood Telij edding? Claim 001 New New New Type * Infact No. (Mobile) nail Address Infact No. (Mobile) referred Workshop Cortact quire Finalisation tel Registered port Taken by Frint Ak letter Attachment | DO-MN | Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Proferered Repair Option Claim Close Date Claim No. Upload Date Browse Browse | Peng SHAN WEI TRADING GX33083 Not at Fault Preferred Workshop, Name unknown 001 06/07/3018 18:55 Category * Clear Please Select Please Select Please Select | Contact No.(Office) TP Vehicle Number Name of Preferred We GSA report Date Received Confidential V NO V P V NO V P | SJN2226K SJN2226K Received 06/07/2018 00:00 Dirgency * Description * sommal Normal N |
| eathalyser or Blood Tesis adding? Claim 001 New Nim Type * nicact No. (Mobile) nail Address sim Description oferred Workshop Contact quire Finalisation te Registered port Taken By I Print Aix retter Attachment | DO-MN | Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Proferered Repair Option Claim Close Date Claim No. Upload Date Browse Browse | PENG SHAN WEI TRADING GX33083 Not at Fault Preferred Workshop, Name unknown 001 06/07/3018 18:55 Category * Clear Please Select Please Select | Contact No.(Office) TP Vehicle Number Name of Preferred We GSA report Date Received Confidential V NO V P | SJN2226K SJN2226K Received 06/07/2018 00:00 Drgency * Description * Normal Norma |
| cathalyser or Blood Test adding? Claim OD1 New Im Type * Macc No. (Mobile) all Address Im Description ferred Workshop Cortact quire Finalisation te Registered port Taken By Port Ak retier Mitachment Existent No. | DO-MN | Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Browse | PENG SHAN WEI TRADING GX33083 Not at Fault Preferred Workshop, Name unknown 001 06/07/3018 18:55 Category * Cited Please Select | Confact No.(Office) TP Vehicle Number Name of Preferred We G3A report Date Received Confidential | SJN2226K SJN2226K Received 06/07/2018 00:00 |
| athalyser or Blood Test string? Incation Pistory Incation Pistor | DO-MN | Insured Name Contact No.(Home) OS Vehicle Number B Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date | FENG SHAN WEI TRACING GX33083 Not at Fault Preferred Workshop, Name unknown 001 06/07/3018 18:55 Category * | Confact No.(Office) TP Vehicle Number Name of Preferred We G3A report Date Received Confidential | S3N2226K |
| athalyser or Blood Test string? Incation Pistory Incation Pistor | DO-MN | Insured Name Contact No.(Home) OS Vehicle Number 8 Insured Liability * Preferend Repair Option Claim Close Date Claim No. | PENG SHAN WEI TRACING GX33083 Not at Fault Preferred Workshop, Name unknown Save Submet 001 06/07/2018 18:55 | Contact No.(Office) TP Vehicle Number Name of Preferred We GSA report Date Received | S3N2226K S3N226K S3N2226K S3N2226K S3N2226K S3N2226K S3N2226K S3N226K S3N2226K |
| athalyser or Blood Test dog? Incation Pistory Initial Mex In Type * Kact No. (Mobile) at Address In Description ferred Workshop Coreact Intered | GX31081 / SIN2226K ON 5 Jul 201 GX31081 / SIN2226K ON 5 Jul 201 Yes D6/07/2018 18: \$2 Jackson MT/1001982 | Insured Name Contact No.(Home) OS Vehicle Number 8 Insured Liability * Preferend Repair Option Claim Close Date Claim No. | GX33083 Not at Fault Preferred Workshop, Name unknown Save Submit | Contact No.(Office) TP Vehicle Number Name of Preferred We | SJN2226K rkshog Received |
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| edinalyser or Blood Test eding? Claim 001 New In Type * Mac No. (Mobile) all Address Im Description ferred Workshop Cortact quire Finalisation te Registered port Taken by Park Ak tetter | GX31081 / SIN2226K ON 5 Jul 201 GX31081 / SIN2226K ON 5 Jul 201 Yes D6/07/2018 18: 52 Jackson | Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Profered Repair Option Claim Close Date | FENG SHAN WEI TRACING GX33083 Not at Fault Preferred Workshop, Name unknown Save Submit | Contact No.(Office) TP Vehicle Number Name of Preferred We | SJN2226K rkshog Received |
| eathalyser or Blood Test adding? Claim 001 New Nm Type * noact No. (Mobile) nail Address sim Description oferred Workshop Contact quire Finalisation te Registered port Taken By I Print Akt tester | OD-MX V | Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option | FENG SHAN WEI TRACING GX33083 Not at Fault Preferred Workshop, Name unknown | Contact No.(Office) TP Vehicle Number Name of Preferred We | SJN2226K rkshog Received |
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| eathalyser or Blood Test adding? Claim 001 New No Type * noact No. (Mobile) half Address Him Description offerred Workshop Coreact quire Finalisation | GD-MX Y | Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option | FENG SHAN WEI TRADING GX33083 Not at Fault | Contact No.(Office) TP Vehicle Number Name of Preferred We | SJN2226K rkshog Received |
| eathalyser or Blood Test adding? Claim 001 New Nm Type * nnact No. (Mobile) half Address Him Description inferred Workshop Contact | OD-MX \(\sqrt{90033381} \) | Insured Name Contact No. (Home) Of Vehicle Number 8 Insured Liability * | FENG SHAN WEI TRADING GX33083 Not at Fault | Contact No. (Office) TP Vehicle Number Name of Preferred Wo | SJN2226K |
| tathalyser or Blood Test ading? Incation History Liaim 001 New Im Type * Mact No. (Mobile) aid Address Im Description | CO-MX V | Insured Name Contact No.(Home) Of Vehicle Number | PENG SHAN WEI TRADING | Contact No.(Office) TP Vehicle Number | 53N2226K |
| tathalyser or Blood Test ading? Incation History Liaim 001 New Im Type * Mact No. (Mobile) aid Address Im Description | CO-MX V | Insured Name Contact No.(Home) Of Vehicle Number | PENG SHAN WEI TRADING | Contact No.(Office) TP Vehicle Number | 53N2226K |
| tathalyser or Blood Test ading? Incation History Liaim 001 New Im Type * next No. (Mobile) ail Address | CO-MX V | Insured Name Contact No.(Home) Of Vehicle Number | PENG SHAN WEI TRADING | Contact No.(Office) TP Vehicle Number | 53N2226K |
| tathalyser or Blood Test ading? Idication History Liaim 001 New im Type * neact No.(Mobile) | CO-MX | Insured Name Contact No.(Home) | PENG SHAN WEI TRADING | Contact No.(Office) | |
| tathalyser or Blood Test ading? Idication History Liaim 001 New | CO-MX | Insured Name | | | 5212014ME |
| hathalyser or Blood Test ading? Incation History | | | | Total Control | 9333846 |
| eathalyser or blood Test ading? diffication History | 0 mg | Any injury? | | | |
| eathalyser or Blood Telil rading? diffication History | 0 mg | Any injury? | | | |
| eathalyser or Blood Test eading? | 0 mg | Any injury? | | | |
| eathalyser or Blood Test | 0 mg | Any injury? | \$ 100m | | |
| | | | ® Yes ○ No | | |
| | | | | | |
| gistered car? | And the specific | WALLEST AND THE STREET | | company compa | |
| ses he own a Singapore | ○ Yes ® No | Driver Vehicle No. | | Driver Insurer Compa | ný |
| Vt No. | | | | | |
| dress 4 | | Address Type | Singapore address | Post Code | 599784 |
| dress 1 | 4 CHENG SOON GARDEN | Address 2 | CHENG SOON GARDEN | Address 3 | SINGAPORE 599784 |
| mact No (Mobile) | 90033381 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| gister Date of Driver License | | Driver Age | 56 | Driving Experience | 16 |
| named driver Name | GOH BOON HOWS | Driver NRIC | \$1561676H | Driver DOB | 19/03/1962 |
| ver Name | Unnamed Driver | Driver Type | Unnamed Driver | 25.00 | 1000000 |
| | Unnamed Do-to | Degree Works | Unnamed Person | | |
| of No. | | Related Policy Number | 5053771971-06 | | |
| it No. | | | | mac vote | 040047 |
| Idress 4 | | Address Type | Singapore address | Post Code | 640527 |
| Idress 1 | BLK 527 #11-289 | Address 2 | JURONG WEST STREET 52 | Address 3 | SINGAPORE 640527 |
| Policyholder Mailing A | ddress | | | | |
| dification history | | | | | |
| iT Registration No. | | | GST Status Verified | No | |
| FT Registered | No | | GST Registration Date | 10,600- | |
| | | | CST Paraletesting Coto | | |
| GST Registered Inform | | Odenski skrivenski spenski | | | |
| hird Party Excess | 0.00 | Outside Singapore TP Excess | | | |
| nnamed Driver Excess | | Outside Singapore OD Excess | | | |
| wn damage Excess | 0.00 | Additional Excess | | Windscreen Excess | 0.00 |
| ♥ Excess | | | | | |
| ♥ Benefits | | | | | |
| codent Location | THOMSON RD TWDS BALESTIER R | 9 | | | |
| eporting Centre | The state of the s | Orange Force | | JUST NO. | |
| | 100 V/74049 | | 20 at . | ICM No. | Silverin |
| the of Accident | 115/07/2018 | Time of Accident hhom | 16:00 | Country of Acodent | Singapore |
| port Date | 06/07/2018 18:50 | Accident Report Within 24 hrs | Vas | Accident Type | Chain Collision |
| Accident Details | | | | | |
| D Protection | No | NCD Entitlement(%) | 20 | Private Hire | No |
| × | ® No ○ Yes | TCA | ® No ○ Yes | eCode Reason | |
| nail Address | | Special Remark | | eCode | (m. Y) |
| ontact No. (Mobile) | 0 | Contact No (Office) | 0 | Contact No.(Home) | 0 |
| | COMMERCIAL VEHICLE INSURAL | Cover Type | Third Party, Fire & Theft | Loading | 0 |
| | FENG SHAN WEI TRADING | | | Policyholder NR3C | 53120140E |
| oduct Code | CONTRACTOR OF THE PARTY OF THE | | WH 23000 | | |
| oduct Code | | | GX33081 | GST Registration No. | |
| licyholder Name oduct Code | 5053771971+06 | Vehicle No. | | | |
| teldent MT/1001982 blicy No blicyholder Name roduct Code | 5053771971-06 | Vehicle No. | | | |

| | | Display in h | and the same of the same of | en and uploading | - | | |
|----------------|----------------------------|--|-----------------------------|------------------|---------|--------------------------------|----------------------|
| | Uploaded By/Date | Folder Date | File Name | | Ÿ | Source | Adion |
| Video List | NAC_PAYA_UBI_BOOGOS(NATIC | WAL, ASSESSMENT CENTRE SERVICES) on 06 Jul 2018 18:52 | Photos | | Normal | Photos 2018-7-6 | |
| | | NAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2018 18:52 | Photos | | Normal | Photos 2018-7-6 | |
| V | NAC_PAYA_UBI_800601[NATK | WAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2018 18:52 | Photos | | Normal | Photos 2018-7-6 | |
| N. | NAC_PAYA_UBI_B00601(NATIO | NAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2018 18:52 | Photos | | Normal | Photos 2018-7-6 | |
| 3 | NAC_PAYA_UBI_800601(NATIO | WAL ASSESSMENT CENTRE SERVICES) on D6 Jul 2018 18:52 | Photos | | Normal | Photos 2018-7-6 | |
| - | NAE_PAYA_UBI_800603(NATIO | NAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2016 18:52 | Photos | | Normal | Photos 2018-7-6 | |
| - | NAC_PAYA_UB1_800601(NATIO | INAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2018 18:52 | Photos | | Normal | Photos 2018-7-6 | |
| of The Control | NAC_PAYA_UBI_800601(NATIO | NAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2018 18:52 | Photos | | Normal | Photos 2016-7-6 | |
| | NAC_PAYA_UB1_800601(NATIO | NAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2018 18:52 | Photos | | Normal | Prioritos 2018-7-6 | |
| 0 | NAC_PAYA_UBI_800601(NATIO | INAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2018 18:52 | Photos | | Normal | Photos 2018-7-6 | |
| 9 | NAC_PAYA_UBI_800603(NATIO | NAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2018 18:52 | Photos | | Normal | Photos 2018-7-6 | |
| | NAC_PAYA_UBI_800601(NATIO | WAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2018 18:52 | Priotos | | Normal | Photos 2018-7-6 | |
| | NAC_PAVA_UBI_BOOGD1(NATIO | MAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2016 18:53 | Photos | | Normal | Photos 2018-7-6 | |
| - | NAC_PAYA_UBI_800601(NATIO | WAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2018 18:53 | Photos | | Normal | Photos 2018-7-6 | |
| 34 | NAC_PAYA_UBI_BOOKS1(NATIO | NAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2018 18:53 | Photos | | Normal | Photos 2018-7-6 | |
| U | NAC_PAYA_UBI_800601(NATIO | MAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2018 18:53 | Photos | | Normal | Photos 2018-7-6 | |
| 1 | NAC_PAYA_UBI_B00601(NATIO | NAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2018 18:53 | Photos | | Normal | Photos 2018-7-6 | |
| 4 | NAC_PAYA_UBI_B00601(NATIO | NAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2018 18:53 | Photos | | Normal | Photos 2018-7-6 | |
| 60 | NAC_PAYA_UBI_800601[NATIO | NAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2018 18:54 | SAS | | Nomal | SAS 2018-7-6 | |
| C (1) | NAC_PAYA_UBI_800601 NATIO | NAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2018 18:55 | NRIC/ Driving License | | Nomal | NRIC/ Driving License 2018-7-6 | |
| sechment | 1 | uploaded By/Date | Category | ? | Urgency | Description | Msg Sent? (CO) |