Date In: 6/7/8-14:12		VA118 U87 190		
0 1 10 19 10	Jeb description	Date &Time Completed	Done	ož.
Ref No: NA / IAIC18012374/24	SAS e-filing			
Veli No: 5670486	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 5/2/18-16:45	i-Motor Claim Form	M/1001984-001	6/3/18 19	:29
	i-Motor W/O (Within: OD 2hr			
OD : TP) Peporting Only	i-Photo Uploaded		Internal Control	
TDI	Assessment/Survey Report			s reggivens
TP Insurer:	Ass't Report by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	aox:	Secretary and the second
TP Particulars: Veh No: 5	15596T . INC()/Non-INC()	- 4	
Owner / Driver: (Tel:)	
Policy No: () F	Period: (Cover Type: () .	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
	,000()/\$2,000()			-
General Remarks:	20 7 5 7 7 7		Same Same	- 1
() Walk-In Customer : Customer's int	The state of the s	The state of the s		
		nctiy NO 131er of repailer.		-
() Total Loss Case : to e-mail Insu				
Drive-In () / Towed-In (); Invoid	ce: YES() / NO(); T	owing Co: ()
Remarks:- (INC hotline: 6788 6616):		Date&Time Completed	Done	y
The state of the s	Courtesy Car ()	**		
2) QC Check / Post Repair Inspection	()	1		
	` '			
3) Upload Resurvey Photo [Repair Cost > 5	\$30001 ()			
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Injury: Date/Time Actions。 NAI80リンプの Injury:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T	Paration Checklist; Reporting (530); Assessment (\$100); INC (\$8 to \$6 to	6 Bill 0) (545 5120 5120 5120 5120 5120 5120 5120 512	- + 1
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NAISOUDTO Injury: NAISOUDTO Inimant's Particulars:- river/Owner: ontact No: amaged Portion:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-imper 7) N1: Idao DA: 8) NTUC Addition	naration Checklist: Reporting (\$30); Assessment (\$100); INC (\$8: 66 \$40 brough Survey brough Survey (Resurvey) geinst INC Only (wef 10 Jan 2005) stion SMRT Survey	6 Bill (7) (7) (7) (7) (7) (7) (7) (7) (7) (7)	- + 1
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.

By the lodgement of this report to the insurers, yo aforesaid.	u hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	06/07/2018 14:12
Date Of Accident	05/07/2018 16:45
Exact Location Of Accident	TAMPINES ST 81 BESIDE HDB BLK 823A
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG7048L
Insured/Policyholder	
Name Of Registered Owner	LIM KIM CHONG
NRIC No	S1157710E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96303791
Alternative Phone No	OFFICE-96303791
Vehicle Particulars	
To the state of th	2200237

Manufacturer TOYOTA

WISH 1.8 AUTO Model

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE 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 PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5072435025-02

Cover Note Number

Driver

TOH CHIN PENG Name of Driver NRIC No S1357440E Date Of Birth 27/08/1959 Occupation INDOOR Date Of Driving Pass 30/07/1977

40 YEARS AND 11 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-92387261 Mobile Number

Fax Number

OFFICE-92387261 Contact Number

EMail Address NOEMAIL

BLK 731 TAMPINES STREET 71 Address

#02-127

520731 Postcode

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions CLEAR DRY Road Surface

Other Information

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

Was any injured conveyed to hospital by

NO

ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

NO

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180706/2065.

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SJJ5596T Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category CHOW KIA JOO Name of Driver S1209012I NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name

TOH CHIN PENG

Approximate Age

Injuries Sustain

Injulies Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

NECK, SHOULDER & BACK

SJG7048L

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful 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:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

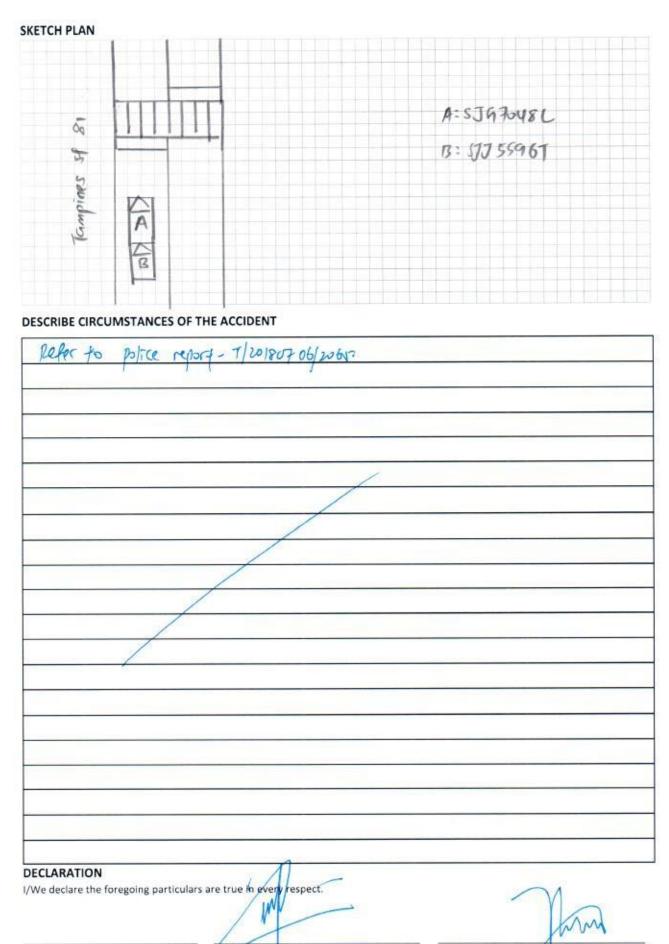
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



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.:





T/20180706/2065

1 of 3

Report No. T/20180706/2065

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

101 No: 65470000

The same and the same and	-		
REPORT	OF A	TRAFFIC	ACCIDENT

	ne Report M 118 13:52	lade:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
	Address: OH CHIN PENG Address: APT BLK 731 TAMPINES STREET 71 #02-127 H TAMPINES SINGAPORE 520731					
	/ ID No.: D / S13574	40E	Contact No.: Home/Office:	Mobile: 92387261		
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age: 58	Date of Birth: 27/08/1959	Type of Informant: Driver			
Race:			Language:	Institution / School Name:		
Occupat OPERA	ion: TION MANA	AGER	Driving Licence Information Class: 2B,2A,2,3	n: Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/07/2018 16:45	Type of Location Straight Road
TAMPINES S	F BLOCK 823A, BEF		OSSING TOWARDS TA	MPINES WEST
Weather: Clear	OLITTIC	Road Surface: Dry	F	Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Pedestrian Cross	8.Y	raffic Volume: light
Type of Collis Between Mov	ion: ing Vehicles - Head 1	o Rear	8	Anyone conveyed by ambulance:

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
SJG7048L	Car				Slightly Damaged	0		
SJJ5596T	Car					0		

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3

Report No. T/20180706/2065

CONTINUATION OF REPORT

Driver						
Name	TOH CHIN PENG		ID No.		S1357440E	
Related Vehicle	SJG7048L (Car)		Contact No.		92387261	
Hospital/Clinic	NIL		88	Class of Driving Licence & Expiry Date		Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	03	Degree of	Injury	NIL	
Driver		BEED				
Name	CHOW KIA JOO			ID No	8	S1209012I
Related Vehicle	SJJ5596T (Car)			Contact No.		
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

ON THE ABOVE MENTIONED TIME, DATE AND LOCATION.

I WAS AT THE ABOVE MENTIONED LOCATION. I WAS STATIONARY BECAUSE THE VEHICLE IN FRONT OF ME WAS STATIONARY AS WELL AT THE ZEBRA CROSSING. THERE WERE PEDESTRIANS AT THE TIME. THE VEHICLE MENTIONED ABOVE CAME FROM BEHIND AND COLLIDED TO ME WHILE I WAS STATIONARY. AFTER THE COLLISION, I EXITED MY VEHICLE, TOOK PHOTOS OF THE INCIDENT. NO ONE WAS INJURED. WE MOVED OUR VEHICLES FURTHER AHEAD TO NOT CAUSE AN OBSTRUCTION. WE EXCHANGED PARTICULARS AND LEFT THE SCENE. I WENT TO THE DOCTOR EARLIER TODAY DUE TO SOME BACK, NECK AND SHOULDER ACHES. I RECEIVED 3 DAYS MC.





3 of 3

Report No. T/20180706/2065

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have

the certificate with you now, please fax a copy to 65474885 stating the report number as reference. nformant: Signature Of Officer Recording The Report: Signature Of TP / KHALED AMR HASSAN MOHSSEN

Date/Time: Signature Of Interpreter: Not applicable 06/07/2018 13:52

Officer In Charge Of Case: Classification Of Case:

TP/GIA/ Staff Sgt WONG SIEU LUI Contact No.: 65476151

Authentication Stamp NP168



Signature:

HEALTHWAY TAMPINES CLINIC

ALTHWAY

BLK 710 #01-134 TAMPINES STREET 71 SINGAPORE 520710 TEL: 6260 9081 FAX: 6260 ★ ★ LTH WAY MEDICAL

MEDICAL CERTIFICATE

Date: 6/7/2018

Ref No. 012443811

This is to certify that <u>TOH CHIN PENG (NRIC S1357440E)</u> is UNFIT FOR DUTY for <u>3</u> day(s) from <u>6/7/2018</u> to <u>8/7/2018</u> inclusive.

DR PHILIP KOH KHENG KEAH

Doctor

Not Valid for Absence from Court Attendance

HEALTHWAY TAMPINES CLINIC Blk 710 Tampines Street 71 #01-134 Singapore 520710 Tel: 6260 9081 Fax: 6260 9083 DR PHILIP KOH KHENG KEAD
MBBS(SINGAPORE) 05350C
MMED(FAMILY MEDICINE)
MCFPS
HEALTHWAY TAMPINES CLINIC
BLK 710 Tampines st 71
#01-134 Singapore 520710
Tel: 62609081 Fax: 62609083

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S1357440E



TOH CHIN PENG

杜振

CHINESE

Date of birth 27-08-1959

Country/Place of birth SINGAPORE





5651011



20-09-2016

APT BLK 731 TAMPINES STREET 71 #02-127 SINGAPORE 520731

PASS DATE 17 Apr 1978 17 Apr 1978 17 Apr 1978 30 Jul 1977 Motorcycles not exceeding 200 cc. Motorcycles between 201 cc and 400 cc. NP 428A

eBao Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601	1,7000				1.0	Change Lan	guage	Change Passwo	rd • Log Out
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	lo.				Date of Acc	ident	05/07	/2018 16:45	
	Vehicle	No.(For Motor)	SJG7048L							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5072435025- 02	LIM KIM CHONG	S1157710E	GPC	drivo CLASSIC	SJG7048L	SJG7048L	14/07/2017	13/07/2018
		80007	30003880		1	Continue				

olicy No.	5072435025-02	Policyholder Name	ЦМ КІМ СН	ONG	Policyholder NRIC	S1157710E	
Address	47 DEDAP ROAD TUAN SING PA		E 809451				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	16/06/2017	Effective Date	14/07/2017	00:00	Expiry Date	13/07/2018 2	3:59
Excess Type		All Claim Excess					
Third Party Excess	0.0	Own damage Excess	600.0		Windscreen Excess	100.0	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600:0	Outside Singapore TP Excess	0.0			Young	/Inexperience Driver Excess
Agent	WEE CHENG SENG EDMUND	Agent Tel.	62814282		GST Flag	Υ	
Co- insurance Flag	No						
i ing							
Open Policy Info							
Open Policy							
Open Policy Info Certificate Info	holder Mailing Address						
Open Policy Info Certificate Info Policy	holder Mailing Address 47 DEDAP ROAD	Addr	ess 2	TUAN SING PARK		Address 3	SINGAPORE 809451
Open Policy Info Certificate Info	ANALYSIS AND ANALYSIS ANALYSIS AND ANALYSIS ANALYSIS AND		ess 2 ess Type	TUAN SING PARK Singapore address		Address 3 Post Code	SINGAPORE 809451 809451
Open Policy Info Certificate Info Policy Address 1 Address 4	ANALYSIS AND ANALYSIS ANALYSIS AND ANALYSIS ANALYSIS AND	Addr	ess Type ed Policy	2.TO MADE THE PROPERTY OF THE PARTY OF THE P			
Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	ANALYSIS AND ANALYSIS ANALYSIS AND ANALYSIS ANALYSIS AND	Addr Relat	ess Type ed Policy	Singapore address			
Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	47 DEDAP ROAD ed Object: SJG7048L	Addr Relat	ess Type ed Policy	Singapore address			

cident MT/1001984								
Ney No.	5072435025-02	Vehicle No.	53G7048L	G	ST Registration No.			
licyholder Name	LIM KIM CHONG			Pi	okcyholder NRIC	S	1157710E	
educt Code	PRIVATE CAR INSURANCE	Cover Type	driva CLASSIC	L	oading)	
mtact No (Mobile)	96303791	Contact No.(Office)	0	c	ontact No.(Home)		5	
	30,03771	Special Remark		e	Code	Г	N: W	
nell Address	8 ** 0 ***	TCA	® No ○Yes		Code Reason			
FK	® No.○Yes		50		rivate Hire	N N	10	
CD Protection	No	NCD Entitlement(%)	30		400	8	70	
Accident Details								
aport Date	06/07/2018 19:26	Academt Report Within 24 hrs	Yes	*	coident Type		Collision - Head to Rear	
ate of Accident	09/07/2018	Time of Accident hhimm.	16:45	c	buntry of Academ	9	ingapore	
eporting Centre		Orange Force:		D	CM No.			
coident Location	TAMPINES ST 81 BESIDE HD8 BLK 823	V.						
♥ Benefits								
♥ Excess			929	7	Vindscreen Excess		100.00	
wn damage Excess	600.00	Additional Excess	0	7	eindacreen Excess		199,00	
nnamed Driver Excess	0.00	Outside Singapore Ob Excess	600.00					
hird Party Excess	0.00	Outside Singapore TP Excess	0.00					
GST Registered Informa	ition							
ST Registered	No		GST Registration Date					
ST Registration No.			GST Status verified		Yes			
redification History								
Policyholder Mailing Ad	dress							
iddress I	47 DEDAP ROAD	Address 2	TUAN SING PARK		Address 3	8	SINGAPORE 809451	
ddress 4		Address Type	Singapore adoress	,	Post Code		809451	
		Related Policy Number	5072435025-03					
Jnit No.		Reded Forcy married	207272222 02					
♥ OI Driver Info	010101	War at 7 at	Named Driver					
Driver Name	Toh Chin Peng	Driver Type Driver NRIC	S1357440E		Oriver DOB		27/08/1959	
innamed driver Name								
Register Date of Driver License	30/07/1977	Driver Age	58		Driving Experience		40	
Contact No.(Mobile)	92387261	Contact No. (Office)	0	3	Contact No.(Home)		0	
Address 1	BUX 731	Address 2	TAMPINES STREET 71	- 3	Address 3		TAMPINES COURTVIEW	V
Address 4	SINGAPORE 520731	Address Type	Singapore address	4	Post Code		520731	
Address 4	SINGAPORE 520731	Address Type	Singapore address	14	Post Code		520731	
Unit No.	02-127		Singapore address				520731	
		Address Type Driver Vehicle No.	Singapore address		Post Code Driver Insurer Comp		520731	
Unit No. Does he own a Singapore Registered car?	02-127		Singapore address				520731	
Unit No. Does he own a Singapora Registered car? Declaration	02-127 ○ Yes ⑥ No	Driver Vehicle No.					520731	
Unit No. Does he own a Singapore	02-127		Singapore address				520731	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	02-127 ○ Yes ⑥ No	Driver Vehicle No.					520731	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	02-127 ○ Yes ⑥ No	Driver Vehicle No.					520751	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	02-127 ○ Yes ⑥ No	Driver Vehicle No.					520751	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	02-127 ○ Yes ⑥ No	Driver Vehicle No.					520751	
Unit No. Does he own a Singapore Registered car? Recatation Breathalyser or Blood Test Reading?	02-127 ○ Yes ⑥ No	Driver Vehicle No.					520751	
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Unit No. Does he own a Singapore Registered car? Declaration Breathelyser or Blood Test Reading? Production History Claim 001 New	02-127 ○ Yes ⑥ No	Driver Vehicle No.		9	Driver Insurer Comp	iany	\$20731 \$1157710E	
Unit No. Does he own a Singapore Registered car? Declaration Breathelyser or Blood Test Reading? Claim 001 New	02-127	Driver Vehicle No. Any Ingury?	∀es ○ No	9	Driver Insurer Comp	iany		
One No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No. (Mobile)	02-127	Driver Vehicle No. Any injury? Insured Name	® Yes ○ No	9	Driver Insurer Comp	any		
Unit No. Does he own a Singapore Degistered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No. (Mobile) Email Address	02-127 ☐ Yes ⑥ No 0 mg GO-MX ☑ 96303791	Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	® Yes ○ No LIM KIM CHONG 64831339	9	Driver Insurer Comp Insured NRIIC Contact No. (Office)	any	S1157710E	
Init No. Does he own a Singapora Legistered car? Heclaration Breathalyser or Bland Test Reading? Claim 001 New Claim Type * Contact No. (Mobile) Email Address Daim Description Preferred Workshop Contact	02-127 Yes ® No mg CO-MX 96303791 Im_lem_chorig@hotmail.com	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number	® Yes ○ No LIM KIM CHONG 64831339 SJG2049L	9	Driver Insurer Comp Insured NRIC Contact No. (Office) TO Vehicle Number	any	S1157710E	
One No. Does he own a Singapore Registered car? Declaration Preathlyiser or Bland Test Reading? Claim 001 New Claim Type * Contact No. (Mobile) Email Address Daim Description Preferred Workshop Cortact. No.	02-127 Yes No o mg CO-MX 96303791 Im_lorm_chorig@hotmat.com \$1007048L / \$1050997 ON \$ 3ul 2016	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) GI Vehicle Number Insured Liability *	© Yes ○ No LIM KIM CHONG 64831339 \$3057049L Not at Fault		Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W	workshop	\$1157710E \$335596T	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No. (Mobile) Email Address Carm Description Preferred Workshop Contact No. Reguire Finalisation	02-127 Yes ® No o mg CO-MX 96303791 Ilm_lorm_chorig@hotmail.com 5267046L / \$335596T ON 5 Jul 2018 Yes	Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	® Yes ○ No LIM KIM CHONG 64831339 SJG2049L	wn 🔻	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W	veny Workshop	\$1157710E \$1)\$596T	
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Init No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim 001 New Cantact No. (Mobile) Email Address Daim Description Preferred Workshop Contact No. Reguire Finalisation Date Registered Report Taken By In Print AC Letter Accident No.	02-127 Yes No o mg CO-MX V 96303791	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	© Ves ○ No LIM XIM CHONG 64831339 S367048L Not at Fault Preferres Workshop, Name unkno	wn 🗸	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W	verky Vorkshop	\$1157710E \$1)\$596T	
Init No. Does he own a Singapore legistered car? Initial content of the state of t	02-127 Yes No o mg CO-MX V 96303791 Im_lorm_chorig@hotmail.com S707048L / S335596T ON 5 3ul 2018 Yes V D6/07/2018 19:29 Jackson MT/1001984	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Listility * Preferend Repair Option Claim Close Data Claim No.	Save Submit	mm V	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W	veny Workshop	S1157710E S1)5596T Received O6/07/2018 00:00	escription •
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One No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Production History Claim 001 Nem Daim Type * Contact No. (Mobile) Email Address Daim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Di Print AK Letter Attachment	02-127 Yes No o mg CO-MX Solution S	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Lability * Preferend Repair Option Claim Close Date Claim No. Upload Date Brows Brows Brows Brows	LIM KIM CHONG 64831339 SJ67049L Not at Fault Preferres Workshop, Name unkno 001 06/07/2018 19:3 Category e Clear Please Select e Clear Please Select		Confidential Confidential	Urgency Normal Normal Normal	S1157710E S335596T Received 06/07/2018 00:00	3

ttachment	Uploaded By/Date	Category	P Urgency	Description	Sent? (CO)
5.00	NAC_PAYA_U60_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on D6 Jul 2018 19:30	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-6	
19	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2018:19:30	SAS	Normal	SAS 2018-7-6	
80	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2018 19:30	Photos	Normal	Photos 2018-7-6	
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2018 19:30	Photos	Normal	Photos 2018-7-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2018 19:30	Photos	Normal	Photos 2018-7-6	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2018 19:30	Photos	Normal	Photos 2018-7-6	
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3	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2016 19-30	Photos	Normal	Photos 2018-7-6	
3	NAC_PAYA_LIBI_BD06D1(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul 2018 19-30	Photos	Normal	Protos 2018-7-6	
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1	NAC_PAYA_UBI_800601{ NATIONAL ASSESSMENT CENTRE SERVICES} on 06 Jul	Photos	Normal	Photos 2018-7-6	
500	2018 19:29 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul	Photos	Normal		
	2018 19:29 NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul	Photos	Normal	Photos 2018-7-6	
- 6	2018 19:29 NAC_PAYA_UBI_BOOGO1(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul	Photos	Normal	Photos 2018-7-6	
1	2016 19/29 NAC_PAYA_UBI_800801(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul	Photos			
<u> </u>	2018 19:29 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul	Photos	Normal	Photos 2018-7-6	
27	2018 19:29 NAC_PAYA_USI_300601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul		Normal	Photos 2018-7-6	
	2018 19:29 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul	Photos	Normal	Photos 2018-7-6	
	2018 19:29 NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul	Photos	Normal	Photos 2018-7-5	
4	2018 19:29 NAC_PAYA_USS_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul	Photos	Normal	Photos 2018-7-6	
	2018 19:29 NAC_PAYA_UBI_BOXBOOL NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jul	Photos	Normal	Photos 2018-7-6	
eo List	2018 19:29	Photos	Normal	Photos 2018-7-6	
	Uproaded by/Data Folder Date	File Name	9	Source	Action