Date In a la contra				(
Date In: 7 7 18 - 16:16	Jeb description	Date & Time Completed	Do	ie py
Ref No: MA INC1892389/24	SAS e-filing			
Veh No: 567 61906	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 617/18-23:30	i-Motor Claim Form	MT/100205 6-001	7/7/18	16:57
OD TB A Barrery Col	i-Motor W/O (Within: OD 2h			
OD (TP) Reporting Only	i-Photo Uploaded			
TRI	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: JE	47565V INC()/Non-INC()		
Owner / Driver: (Tel:)	160
Policy No: ()	Period: (Cover Type: ()	-
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$1				
General Remarks	[25] [25] [25] [25] [25] [25] [25] [25]	3 10 10 10 10 10 10 10 10 10 10 10 10 10	78. T.	-
			Service Comment	* .
() Walk-In Customer: Customer's in		nctly NO rater of repairer.		
() Total Loss Case : to e-mail Insu				
Drive-In ()/ Towed-In (); Invo	ice: YES() / NO(); T	owing Co: ()
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Don	e by
	/ Courtesy Car ()			
2) OC Check / Post Renair Inspection	()	1 200	4	
	()	+		
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()			
	\$3000] ()			
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Upload Resurvey Photo [Repair Cost > Injury: Pate/Time Actions VA 804307 Illimant's Particulars:	Invoice Pre 1) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T	Reporting (\$30); Assessment (\$100); INC (\$6 es \$46 brough Survey brough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005)	16 Bill 10) 1/\$45 \$120 \$30	100000000000000000000000000000000000000
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Onte/Time Actions NA 80430-7 mimant's Particulars:- iver/Owner: maged Portion:	Inveice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Fellow-T 5) FT: Fellow-T For claiming a 6) TR: Re-inspec 7) N1: Idao DA: 8) NTUC Addition	Reporting (\$30); Assessment (\$100); INC (\$6 ee \$40 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 cition + SMRT Survey anal Services:-	76 Bill 80) 2/545 5120 530) \$75 \$160	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

	ACCIDENT STATEMENT
Date Of Report	07/07/2018 16:16
Date Of Accident	06/07/2018 23:30
Exact Location Of Accident	WOODLANDS CENTRE RD TWDS WOODLANDS CUSTOM
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGT6190G
Insured/Policyholder	
Name Of Registered Owner	CHING KUN LAM
NRIC No	S0218671C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97517515
Alternative Phone No	OFFICE-97517515
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS 1.5E A
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
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5042593185-08
Cover Note Number	
Driver	
Name of Driver	CHING FU CHANG
NRIC No	S8409374B
Date Of Birth	19/03/1984
Occupation	INDOOR
Date Of Driving Pass	08/08/2003
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97517515
Fax Number	
Contact Number	OFFICE-97517515
	CONTROL OF THE PROPERTY OF THE

NOEMAIL

BLK 211A PUNGGOL WALK Address

#14-621

Postcode 821211

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

CHILDREN

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

Other Information

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

Was any injured conveyed to hospital by ambulance?

YES Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

NO

2

NO

NO

NAME:

GENDER: MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES YES

Was there any video captured by Car Camera? Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKH3565U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver

PRIVATE CAR

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 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)

Lunderstand, 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:

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

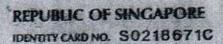
Name:

NRIC/FIN No .:

INFRUNT BUS STUP 10: 46091 SKETCH PLAN WOODLANDS CENTRE RIT TOW AROS WOODLANDS CUSTOM 46001 VENICUE A - SAT 61904 WELLICLE B- SKH 3565 4 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT my verticus was stationary stopped to Give was to A venicus HANTED TO COME INTO MY LANG. I WAS AT THE EXTREME RICHT LANE. WHILE STOPPING SUDDENLY A VENICUE BESIDE TOLD ME THE UPHICUE CUTTING INTO MY LANG HAD HIT UNTO +-12 LEFT FRONT OF MY VEHICLE. AS THE ROAD WAS VERY JAMMED, I ALIGHTED FROM MY VEMICLE AND SAN THE DAMAGE ON THE LEFT FRANT PURTION OF MY VEHICLE. THE WHOLE DECIPANT FOORAGE WAS CAPTURED BY MY INCAR CAMERA. 597 61904 URHICLR SKH 3565 W UEL-11 CLIE DECLARATION I/We declare the foregoing particulars are true in every respect w Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature Date & Time: (If driver is not the policyhalder) Name: Date & Time: NRIC/FIN No .:

SGT 6190 G Model / Make To your was 06 / 07 / 2018 23 30 HRS waxtionds centre Rd towards woodlands custom ent Private use. Ching Kun Lam H/P: 4751 7515 Home: Office: \$0218671C BIX 709 Clement west Street 2 #12-281 \$(0512) OD THIRD PARTY REPORTING ONLY NTUC Comprehensive Third Party Third Party / Fire / Theft
Woudlands Centre Rd towards woodlands custom ent Private use. Ching Kun Lam H/P: 9751 7515 Home: Office: S0218671C BIX 709 Clementi west Street 2 #12-281 \$(0512) OD THIRD PARTY REPORTING ONLY
ent Private Use. Ching Kun Lam H/P: 47517515 Home: Office: 30218671C BIX 709 Clement west Street 2 #12-281 \$(0512) OD THIRD PARTY REPORTING ONLY NTUC
ent Private Use. Ching Kun Lam H/P: 47517515 Home: Office: 30218671C BIX 709 Clement west Street 2 #12-281 \$(0512) OD THIRD PARTY REPORTING ONLY NTUC
Ching Kun Lam H/P: 47517515 Home: Office: S0218671C BIX 709 (Tement) West Street 2 #12-281 \$(0512) OD THIRD PARTY REPORTING ONLY NTUC
H/P: 1975 7515 Home: Office: S0218671C BIX 709 (Tement) West Street 2 #12-281 \$(0512) OD THIRD PARTY REPORTING ONLY NTUC
S0218671C BIX 709 (Tement) West Street 2 #12-281 S(0512) OD THIRD PARTY REPORTING ONLY NTUC
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OD THIRD PARTY REPORTING ONLY
NTUC
5042593185-08
As Above If (No.) Ching Fu Chang
384093748 Any Passengers: \ Wale.
19 May Ch 1984
Outdoor / Indoor
8 AND 3003
Male / Female
H/P: 0751 7515 Home: Office:
No, If yes, Reg No.
Employee, If 60, state Son Clear Raining Other
No, If Yes, Who?
If Yes, Where?
SKH 3565 U Any Passengers :
Contact No. :
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CHING KUN LAM

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D2-11-1952 M County of Sirth SUNGAPORE



1172030





NRC No. S0218671C

Stood Group Cale of cause O+ 07-08-1993

Arthur

APT BLK 709 CLEMENTI WEST STREET 2 #12-281 SINGAPORE 0512

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8409374B



Name

CHING FU CHANG

钟 卓

CHINESE Date of birth 19-03-1984 Country of birth

SINGAPORE

584093748





DRIVER





Cover : drivo CLASSIC

MR053HY4204217516

: CHING KUN LAM

: 18 Apr 2018

: 17 Apr 2019



Certificate of Insurance

SGT6190G

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5042593185-08

1. Index mark and Registration Number of Vehicle

Chassis Number 2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

S. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or r the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's busine

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Comp Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be incluheadings.

EXCESS (SECTION 1)

EXCESS (SECTION 2) **VINDSCREEN EXCESS**

DOITIONAL EXCESS

INNAMED DRIVER EXCESS

EPAIR AT OWNER'S PREFERRED WORKSHOP

SURE WITH COE CD PROTECTION

ANSPORT ALLOWANCE

CESS WAIVER

MARY DRIVER MED DRIVER (1)

MED DRIVER (2)

RE PURCHASE COMPANY

MINSURED

: \$\$600

: N/A

: \$\$100

: N/A

: PLEASE REFER OVERLEAF

: NO

: NO

: YES (FREE)

: NO

: NO

: CHING KUN LAM CHING FU CHANG

N/A

N/A

MARKET VALUE OF INSURED VEHICLE VALUE AT TIME OF LOSS

e hereby Certify that the Policy to which this Certificate relates is issued in accordance with the hicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport

ancy.

SIN POH ON ENTERPRISE (00000572101)

e of Issue orint

10 Apr 2018 15:51 hrs 10 Apr 2018 15:52 hrs

FOR NTUC INCOME INSURANCE CO

eBao Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_80	00601						Change Lan	guage	Change Passwo	ord • Log Ou
My Desktop	Poli	cy Query								
Notice of Loss	otice of Loss Policy No.					Date of Acc	cident	06/07	/2018 23:30	
	Vehicle	No.(For Motor)	SGT6190G							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5042593185- 08	CHING KUN LAM	S0218671C	GPC	drivo CLASSIC	SGT6190G	SGT6190G	18/04/2018	17/04/2019
						Continue				

Policy No.	5042593185-08	Policyholder Name	CHING KUN	LAM	Policyholder NRIC	S0218671C	
Address	BLK 709 #12-281 CLEMENTI	WEST STREET 2	SINGAPORE	120709			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	10/04/2018	Effective Date	18/04/2018	00:00	Expiry Date	17/04/2019 2	23:59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Agent	SIN POH ON ENTERPRISE	Agent Tel.	67741866		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 709 #12-281	Addre	ess 2	CLEMENTI WEST	STREET 2	Address 3	SINGAPORE 120709
		Addre	ess Type	Singapore address		Post Code	120709
Address 4			ed Policy	5042593185-08			
		Relat Numb		2045232102-00			
Unit No.	ed Object: SGT6190G			3042393163-06			
Unit No.	2016-20-1 2 (1991-1971-1971-1972-1972-1972-1972-1972-			3042393103-08			

Accident MT/1002056						1 52
		SULP CO. TO				
Policy No.	5042593185-08	Vehicle No.	SGT6190G	GST Registration No.		
Policyholder Name	CHING KUN LAM			Policyholder NRJC	S0218671C	
Product Code	PRIVATE CAR INSURANCE	Cover Type	dniva CLASSIC	Loading	0	
Contact No.(Mobile)	97517515	Contact No.(Office)	0	Contact No.(Home)	0	
Email Address		Special Remark		eCode	Ni V	
KFK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	A character of the char	
NCD Protection			50			
	Yes	NCO Entitlement(%)	50	Private Hire	No	
□ Accident Details						
Report Date	07/07/2018 16:55	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane	
Date of Accident	06/07/2018	Time of Accident hh; mm	23:30	Country of Accident	Singapore	
Reporting Centre		Drange Force		ICM No.		
Accident Location	WOODLANDS CENTRE RD TWDS WO	ODLANDS CUSTOM				
♥ Benefits						
₩ Excess						
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00	
				Windscreen Excess	100.00	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00			
Third Party Excess	0.00	Outside Singapore TP Excess	0,00			
GST Registered Inform	nation					
GST Registered	No		GST Registration Date			
GST Registration No.			GST Status Verified	Yes		
Modification History						
▼ Policyholder Mailing Ar	ddress					
Address 1	BLK 709 #12-281	Address 2	CLEMENTS WEST STREET 2	Addresa 3	SINGAPORE 120709	
Address 4		Address Type	Singapore address	Post Code	120709	
Unit No.		Related Policy Number	5042593185-08			
₩ OI Driver Info		SUPPLIES CONTRACTORS	201433333			
Driver Name	CHING FU CHANG	Driver Type	Named Driver			-
Unnamed shiver Name		Driver NRIC	584093748	Driver DOB	19/03/1984	
Register Date of Driver License	08/08/2003	Driver Age	34			
				Driving Experience	14	
Contact No. (Mobile)	97517515	Contact No.(Office)	0	Contact No.(Home)	0	
Address 1	BLK 211A	Address 2	PUNGGOL WALK	Address 3	PUNGGOL RIPPLES	
W. W. C.	To the part of the company of the co	A Real Property Company Company Company				
Address 4	SINGAPORE 821211	Address Type	Singapore address	Post Code	821211	
	SINGAPORE 821211 14-621	Address Type	Singapore address	Post Code	821211	
Adoress 4 Unit No. Does he own a Singapore Registered car?		Address Type Driver Vehicle No.	Singapore address	Poet Code Driver Insurer Company	821211	
Unit No. Does he own a Singapore Registered car?	14-521		Singapore address		821211	
Unit No. Does he own a Singapore	14-521		Singapore address ○ Yes No		821211	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	14-521 ○ Yes. ® No	Driver Vehicle No.	8000 B.		821211	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	14-521 ○ Yes. ® No	Driver Vehicle No.	8000 B.		821211	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History	14-521 ○ Yes. ® No	Driver Vehicle No.	8000 B.		821211	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	14-521 ○ Yes. ® No	Driver Vehicle No.	8000 B.		821211	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History	14-521 ○ Yes. ® No	Driver Vehicle No.	8000 B.		821211	
Unit No. Does he own a Singapore Registered car? Deciaration Breathalyser or Blood Test Reading? Modification History Claim 003 New	14-521 ○ Yes. ® No	Driver Vehicle No.	○ Yes ® No			
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser of Blood Test Reading? Modification History Claim 003 New Claim Type *	14-521	Driver Vehicle No. Any injury? Insured Name	○ Yes ® No	Driver Insurer Company Insured NRIC	S0218571C	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 903 New Craim Type * Contact No. (Mobile)	14-521 ○ Yes ® No O mg	Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	CHING KUN LAM	Driver Insurer Company Insured NR3C Contact No.(Office)	\$0218671C 87741866	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 903 New Craim Type * Contact No. (Mobile) Email Address	14-521 ○ Yes. No O mg GC-MX 97410995	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number	○ Yes ® No	Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number	\$0218671C 8724386 SKH3565U	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 003 New Claim Type * Contact No. (Mobile) Email Address Claim Description	14-521	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number	○ Yes ® No CHING KUN LAM 67741866 SGT6190G	Driver Insurer Company Insured NR3C Contact No.(Office)	\$0218671C 8724386 SKH3565U	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 903 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact	14-521 ○ Yes. No O mg GC-MX 97410995	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number	CHING KUN LAM	Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number	\$0218671C 8724386 SKH3565U	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 903 New Claim Type * Contact No. (Mobile) Email Address Claim Description Perferred Workshop Contact No.	14-521 ○ Yes. No O mg GC-MX 97410995	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number	○ Yes ® No CHING KUN LAM 67741866 SGT6190G	Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number	\$0218671C 8724386 SKH3565U	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 903 New Claim 15pe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	14-521 ○ Yes. No O mg OG-MX 97410995 SGT6190G / SKH956SU ON 6 Jul 20	Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liebility *	CHING KUN LAM 67741866 SGT6190G Not at Fault	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	\$0210671C 67741866 SKH1565U	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 503 New Claim 501 New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Data Registeres	14-521	Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liebility * Preference Repair Option	CHING KUN LAM 67741866 SGT6190G Not at Fault	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	\$0218671C \$7741866 SKH1565U	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim GO3 New: Claim GO3 New: Claim GO4 New: Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By.	14-521	Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liebility * Preference Repair Option	CHING KUN LAM 67741866 SGT6190G Not at Fault	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	\$0218671C \$7741866 SKH1565U	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 503 New Claim 501 New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Data Registeres	14-521	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liebility * Preferenced Repair Option Claim Close Date	CHING KUN LAM 67741866 SGT6190G Not at Fault Preferred Workshop, Name unknown	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	\$0218671C \$7741866 SKH1565U	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim GO3 New: Claim GO3 New: Claim GO4 New: Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By.	14-521	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liebility * Preferenced Repair Option Claim Close Date	CHING KUN LAM 67741866 SGT6190G Not at Fault	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	\$0218671C \$7741866 SKH1565U	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken by	14-521	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liebility * Preferenced Repair Option Claim Close Date	CHING KUN LAM 67741866 SGT6190G Not at Fault Preferred Workshop, Name unknown	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	\$0218671C \$7741866 SKH1565U	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim Go3 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken by Print Ax letter	14-521	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liebility * Preferenced Repair Option Claim Close Date	CHING KUN LAM 67741866 SGT6190G Not at Fault Preferred Workshop, Name unknown	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	\$0218671C \$7741866 SKH1565U	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 903 New Claim 15pe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Data Registered Report Taken By Print AX letter	14-521	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liebility * Preferenced Repair Option Claim Close Date	CHING KUN LAM 67741866 SGT6190G Not at Fault Preferred Workshop, Name unknown	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	\$0218671C \$7741866 SKH1565U	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 003 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalsation Date Registered Report Taken by Print Ax letter	14-521	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liebility * Preferenced Repair Option Claim Close Date	CHING KUN LAM 67741866 SGT6190G Not at Fault Preferred Workshop, Name unknown	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	\$0218671C \$7741866 SKH1565U	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalsation Date Registered Report Taken by Print Ax letter	14-521 ○ Yes ® No O mg OG-MX 97410995 SGT6190G / SKH0565u ON 6 Jul 20 Yes 07/07/2018 16:57 Jackson	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number S Insured Liability * Preference Repair Option Claim Close Date	CHING KUN LAM 67741866 SG76190G Not of Fault Preferred Workshop, Name unknown	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	\$0218671C \$7741866 SKH1565U	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 003 New Claim 19pe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print Ax letter Attachment	14-521 ○ Yes ® No O mg OG-MX 97410995 SG76190G / SKH0565u ON 6 Jul 20 Yes 07/07/2018 16:57 Jackson MT/1002056	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number S Insured Liability * Preference Repair Option Claim Close Date Claim No.	CHING KUN LAM 67741866 SG76190G Not of Fault Preferred Workshop, Name unknown Save Submit 001 07/07/2018 16:58	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	\$0218671C 87741866 SKH3565U Received 07/07/2018 00 00	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim Go3 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print Ax letter Attachment	14-521	Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date	CHING KUN LAM 67741866 SGT6190G Not at Fault Preferred Workshop, Name unknown 001 07/07/2018 16:58 Category •	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urge	\$0218671C 87741866 SKH156SU Received 07/07/2018 00:00	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim Go3 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print Ax letter Attachment	14-521	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number S Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date Browse.	CHING KUN LAM 67741866 SGT6190G Not at Fault Preferred Workshop, Name unknown 001 07/07/2018 16:58 Category • Please Select	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop V GIA report Date Received Confidential Urge V Normal	S0218671C 87741866 SKH156SU Received 07/07/2018 00:00	
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Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 003 New Claim 19pe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print Ax letter Attachment	14-521	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number S Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date Browse. Browse.	CHING KUN LAM 67741866 SGT6190G Not at Fault Preferred Workshop, Name unknown 001 07/07/2018 16:58 Category * Clear Please Select Clear Please Select Clear Please Select	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GSA report Date Received Confidential Urge No. Normal	S0218671C 87741866 SKH156SU Received 07/07/2018 00:00	
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,	NAC_PAYA_URI_BD0601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 36:58	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-7	Edi
Attachment	(1)	Uploaded By/Date	Category	Ŷ	Urgency	Description	Mag Sent? Actio (CO)