Date In: 3/3/18-15:03	Jeb description	1	Date & Time Completed	Dei	ne by
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TP Insurer:	l		Owner/Wksp	<u> </u>	
Preferred Wksp / INC Assign Wksp / QW: (Asstreport	y rax r Hand t		Fax:	
TP Particulars: Veh No: 568	Sin 0	INC (7/(1/20)	rax.	15-11-2
Owner / Driver: (50/0 0	. INC	Tel:		
	riod: ()	Cover Type: (
Confirmed by : (ilou. (Date:	Time:		
	Note-Est Status (V		%; P: 21-79%. P: 30-	100%1	
	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,00			/		No. of Street,
General Remarks		STATE OF STREET	ANTES MESSES	1978.1	
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() Total Loss Case : to e-mail Insure		niioentiai & Str	icuy NO Isler di repaller.		
Drive-In ()/ Towed-In (); Invoice		10 / \ \ T	owing Co: (1
Remarks: (INC hotline: 6788 6616)		100	Date&Time Completed	Dor	t by
1) Apply for Transport Allowance ()/C	ourtesy Car ()			100000000000000000000000000000000000000
2) QC Check / Post Repair Inspection	())			
3) Upload Resurvey Photo [Repair Cost > \$3	000] ()			***************************************
Injury:					
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NA 80 4 305	•	1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe	Reporting (\$30); Assessment (\$100); INC (\$	fit Bill 80) 0/\$45	
NA 80 4 30 5 laimant's Particulars:- river/Owner:	4	1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th	Reporting (\$30); Lasessment (\$100); INC (\$ cough Survey rough Survey (Resurvey)	fit Bill 80) 0/\$45 \$120 \$30	
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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.
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT
Date Of Report	07/07/2018 15:03
Date Of Accident	06/07/2018 21:00
Exact Location Of Accident	BLK 807 TAMPINES AVE 4 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC1063Y
Insured/Policyholder	
Name Of Registered Owner	AL XPRESS
Co Reg No	53155402C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96231778
Alternative Phone No	OFFICE-96231778
Vehicle Particulars	
Manufacturer	KIA
Model	K2900 2.9L M/T 2WD 2DR TURBO
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5050371148-07
Cover Note Number	
Driver	
Name of Driver	SALLEH BIN SUDOH
NRIC No	S1237031H
Date Of Birth	19/09/1957
Occupation	INDOOR
Date Of Driving Pass	28/01/2002
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96231778
Fax Number	
Contact Number	OFFICE-96231778

NOEMAIL

BLK 105 JALAN RAJAH Address #02-77

320105

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

Postcode

Insurance Company of Driver's Own Vehicle

NO

NO

1

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

Weather Conditions CLEAR DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

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)

Details of Police Action

NO 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

ON STATED DATE AND TIME, WHEN I REVERSED MY VEHICLE FROM BLK 807 TAMPINES AVE 4 OPEN SPACE CARPARK. MY VEHICLE ACCIDENTALLY SLIGHTLY GRAZED ONTO VEHICLE B FRONT LEFT PORTION WHICH IS STATIONARY.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

SGF55510 Vehicle Registration Number

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)

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.
- 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 .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.	

DECLARATION

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

Policyholder's Signature Date & Time:

531554021

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GMEMIC Steachmonepers, 3/3

2



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1237031H





SALLEH BIN SUDOH

BOYANESE Date of birth 19-09-1957

Country/Place of birth SINGAPORE

5879445



PASS DATE

Class 3

Motor Cars=< 3000kg with =<7 passengers, exclusive 28 Jan 2002 of the driver; and other motor vehicles =< 2500kg 14 Feb 2004 load or passengers and the unladen weight > 2500kg 16 Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg Motor vehicles not constructed to carry and motor vehicles not constructed to carry and load and the unladen weight > 7250kg 24 Aug 2004 load and the unladen weight > 7250kg

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

NP 428A



07-02-2018

APT BLK 105 JALAN RAJAH #02-77 SINGAPORE 320105

eBao Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601					,	Change Lan	guage ,	Change Passwo	rd • Log Out
My Desktop	Poli	cy Query								
	Policy N Vehicle	lo. No.(For Motor)	GBC1063Y	GBC1063Y Date of Accident		06/07/	06/07/2018 21:10			
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Search Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5050371148- 07	AL XPRESS	53155402C	GCV	Third Party	GBC1063Y	G8C1063Y	19/05/2018	18/05/2019
						Continue				

B-10	222220000000000000000000000000000000000	Policyholder	WASHING STATE		Policyholder	3524503403	
Policy No.	5050371148-07	Name	AL XPRESS		NRIC	53155402C	
Address	10 ANSON ROAD #05-16 INTERI	NATIONAL PLA	AZA SINGAPO	ORE 079903			
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy issue Date	18/05/2018	Effective Date	19/05/2018	00:00	Expiry Date	18/05/2019 23	1:59
Excess Type		All Claim Excess					
Third Party Excess	0.0	Own damage Excess	0.0		Windscreen Excess	0.0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	WTT INSURANCE AGENCIES PTI	Agent Tel.	62965445		GST Flag	Υ	
Co- insurance Flag Open Policy	No						
Info Certificate Info							
	holder Mailing Address						
Address 1	10 ANSON ROAD	Addre	ss 2	#05-16 INTERNATI	ONAL PLAZA	Address 3	SINGAPORE 079903
Address 4		Addre	ss Type	Singapore address		Post Code	079903
Unit No.	02-234	Relate Numb	ed Policy er	5050371148-07			
D Insure	d Object: GBC1063Y						
	sements						

Continue Cancel

Accident MT/1002059	5050371146-07		Vehicle No.	GBC1063Y		GST Registration No				
Policy No.			Werniche Ind.	GBC10637		Policyholder NR3C		53155402C		
Policyholder Neme	AL XPRESS		COSCICULO	100 to 2000						
Product Code		CLAL VEHICLE INSURAL Cover Type Third Party						0		
Contact No.(Mobile)	96231778		Contact No (Office) 0			Contact No.(Home)		0		
Imail Address			Special Remark			eCode		he V		
PK	No Yes		TCA	No ○ Yes		eCode Reason				
ICO Protection	No.		NCD Entitlement(%)		Private Hire		No			
▼ Accident Details										
Report Date	07/07/2018 17:40		Accident Report Within 24 hrs.	Yes		Accident Type		Collided into Parked	Vehicle	
Date of Accident	06/07/2018		Time of Accident hhomm	21:00		Country of Academ	21 9	Singapore		
	0010115016			21.00				singapore		
eparting Centre			Crange Force			ICM No.				
codent Location	BLK 607 TAMPINES AV	E 4 OPEN SPACE C	ARPARK							
→ Benefits										
♥ Excess										
lwn damage Excess		0.00	Additional Excess			Windscreen Excess		0.00		
Innamed Driver Excess			Outside Singapore OD Excess							
hird Party Excess		0.00	Outside Singapore TP Excess							
GST Registered Informa	ation									
ST Registered	No			GST Registration Dat						
ST Registration No.				GST Status Venified		No				
locification History				10 10 17 million (1000)		2050				
7)										
Policyholder Mailing Ad	idress									
ddress I	10 ANSON ROAD		Address 2	#05-16 INTERNATIONAL PL	AZA	Address 3		SINGAPORE 079903		
ddress 4			Address Type	Singapore address	250	Post Code		079903		
	02.224		Related Policy Number	Analysis Cont.		- empodemen				
Init No.	02-234		Kelated Policy Number	5050371148-07						
OI Driver Info										
oriver Name	unnamed Driver		Driver Type	Unnamed Driver		210 110 22		100000000		
Innamed driver Name	SALLEH BIN SUDOH		Driver NRIC	S1237031H		Driver DOB		19/09/1957		
egister Date of Driver License			Driver Age	60		Driving Experience		16		
ontact No. (Mobile)	96231778		Contact No.(Office)	0		Contact No.(Home)		0		
	BLK 105									
Address I	BLK 103		Address 2	IALAN RAJAH		Address 3		RAJAH COURT		
	SINGAPORE 320105		Address Z Address Type	IALAN RAJAH Singapore address		Address 3 Post Code		RAJAH COURT 320105		
Address 4										
Address I Address 4 Unit No. Does he own a Singapore Registered car?	SINGAPORE 320105						pany			
Address 4 Just No. Does he own a Singapore Registered car?	SINGAPORE 320105 02-77		Address Type			Post Code	pany			
Address 4 Just No. Does he own a Singapore Repistered car? Reclaration Invastrativase or Blood Test	SINGAPORE 320L05 02-77 ○ Yes ® No		Address Type Driver Vehicle No.	Singapore address		Post Code	pany			
Address 4 Lint No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	SINGAPORE 320105 02-77		Address Type			Post Code	pany			
Address 4 Lint No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	SINGAPORE 320L05 02-77 ○ Yes ® No		Address Type Driver Vehicle No.	Singapore address		Post Code	pany			
Address 4 Just No. Joes he own a Singapore Legistered car? eclaration Invastralyser or Blood Test leading?	SINGAPORE 320L05 02-77 ○ Yes ® No		Address Type Driver Vehicle No.	Singapore address		Post Code	pany			
ddress 4 hit No. loes he own a Singapore legistered car? eclaration readthalyser or Blood Teld leading? Claim 601 Next	SINGAPORE 320105 02-77 ○ Yes ® No 0 mg		Address Type Driver Vehicle No. Any injury?	Singapore address		Post Code Driver Insurer Com	pany	320105		
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Address 4 Unit No. Does no own a Singapore Registered car? Peclaration Breathalyser or Blood Test Reading? Sodification History Claim 601 New Claim Type * Contact No. (Mobile) Email Address Liaim Description Require Finalisation Date Registered	SINGAPORE 320105 02-77 ○ Yes No 0 mg OD-MX 83032782 Ves 07/07/2010 17:42	ON 6 34 2018	Address Type Driver Vehicle No. Any injury? Insured Name Consist No (Home) Of Vehicle Number Insured Liability *	Singapore address O Yes ® No AL XPRESS GBC1063Y		Post Code Driver Insurer Com Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred 1	1	320105 S3155402C SGP\$5510		
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Address 4 Unit No. Does no own a Singapore Registered car? Peclaration Breathalyser or Blood Test Reading? Sodification History Claim 601 New Claim Type * Contact No. (Mobile) Irmal Address Liaim Description Vefered Workshop Contact vo. Require Final sation Date Registered Report Taken By	SINGAPORE 320105 02-77 ○ Yes No 0 mg OD-MX 83032782 Ves 07/07/2010 17:42	ON 6 34 2018	Address Type Driver Vehicle No. Any injury? Insured Name Consist No (Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	Singapore address O Yes ® No AL XPRESS GBC1063Y Fully at Faut Preferred Workshop, Name		Post Code Driver Insurer Com Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred 1 GIA report	1	320105 53155402C 5GF55510		
Address 4 Ont No. Does he own a Singapore registered car? eclaration breathalyser or Blood Test teading? Claim 001 New Claim 001 New Claim 4-Address Lisim Description referred Workshop Contact to. require Final sation late Registered leport Taken By El Print AK letter	SINGAPORE 320105 02-77 ○ Yes No 0 mg OD-MX 83032782 Ves 07/07/2010 17:42	ON 6 34 2018	Address Type Driver Vehicle No. Any injury? Insured Name Consist No (Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	Singapore address O Yes ® No AL XPRESS GBC1063Y Fully at Faut Preferred Workshop, Name		Post Code Driver Insurer Com Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred 1 GIA report	1	320105 53155402C 5GF55510		
Address 4 Chit No. Does he own a Singapore Registered car? Peclaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Perferred Workshop Contact No. Require Final Sabon Date Registered Report Taken By CP Print AK letter Attachment	SINGAPORE 320105 02-77 Yes ® No Omg OD-MX 83032792 GBC1063Y / SGF55510 Yes 97/07/2018 17:42 Jackson	ON 6 34 2018	Address Type Driver Vehicle No. Any injury? Insured Name Consist No (Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	Singapore address O Yes ® No AL XPRESS GBC1063Y Fully at Faut Preferred Workshop, Name		Post Code Driver Insurer Com Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred 1 GIA report	1	320105 53155402C 5GF55510		
Address 4 John No. Joes he own a Singapore registered car? eclaration breathalyser or Blood Test reading? Claim 001 New Claim Type * Contact No. (Mobile) Small Address Claim Description referred Workshop Contact to. Joes Registered Report Taken By Print AK letter Attachment	SINGAPORE 320105 02-77 Yes ® No Omg OD-MX 83032782 GBC1063Y / SGF55510 Yes G7/07/2018 17:42 Jackson MT/1002059	ON 6 34 2018	Address Type Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim No.	Singapore address Ves ® No AL XPRESS GBC1063Y Fully at Faut Preferred Workshop, Name Sevel Submit	unknown 🔻	Post Code Driver Insurer Com Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred 1 GIA report	1	320105 53155402C 5GF55510		
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Address 4 Chit No. Does he own a Singapore Registered car? Peclaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Perferred Workshop Contact No. Require Final Sation Date Registered Report Taken By CP Print AK letter Attachment	SINGAPORE 320105 02-77 Yes ® No Omg OD-MX 83032782 GBC1063Y / SGF55510 yes G7/07/2018 17:42 Jackson MT/1002059 ® Yes ○ No	ON 6 34 2018	Address Type 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	Singapore address O Yes ® No AL XPRESS GBC1063Y Fully at Faut Preferred Workshop, Name Save Submit Cate Cate Cate	unknown v	Post Code Driver Insurer Com Insured NRJC Contact No.(Office) TP Vehicle Number: Name of Preferred 1 GIA report Date Received Confidential	Werkshop	\$3155403C \$GF\$5510 Received 07/07/2018 00 00	escription *	
Address 4 John No. Joes he own a Singapore registered car? eclaration breathalyser or Blood Test reading? Claim 001 New Claim Type * Contact No. (Mobile) Small Address Claim Description referred Workshop Contact to. Joes Registered Report Taken By Print AK letter Attachment	SINGAPORE 320105 02-77 Yes ® No Omg OD-MX 83032782 GBC1063Y / SGF55510 yes G7/07/2018 17:42 Jackson MT/1002059 ® Yes ○ No	ON 6 M 2018	Address Type Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim No.	Singapore address O Yes ® No AL XPRESS GBC1063Y Fully at Faut Preferred Workshop, Name Oo1 07/07/2016 Cate Dear Press Select	unknown v	Post Code Driver Insurer Com Insured NRJC Contact No.(Office) TP Vehicle Number Name of Preferred 1 GIA report Date Received Confidential	Werkshop Urgency Normal	\$3155402C \$3155510 Received 07/07/2018 00 00		
Address 4 John No. Joes he own a Singapore registered car? eclaration breathalyser or Blood Test reading? Claim 001 New Claim Type * Contact No. (Mobile) Small Address Claim Description referred Workshop Contact to. Joes Registered Report Taken By Print AK letter Attachment	SINGAPORE 320105 02-77 Yes ® No Omg OD-MX 83032782 GBC1063Y / SGF55510 yes G7/07/2018 17:42 Jackson MT/1002059 ® Yes ○ No	ON 6 M 2018	Address Type 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	Singapore address O Yes ® No AL XPRESS GBC1063Y Fully at Faut Preferred Workshop, Name Save Submit Cate Cate Cate	unknown v	Post Code Driver Insurer Com Insured NRJC Contact No.(Office) TP Vehicle Number Name of Preferred 1 GIA report Date Received Confidential	Werkshop	\$3155403C \$GF\$5510 Received 07/07/2018 00 00		
Address 4 John No. Joes he own a Singapore registered car? eclaration breathalyser or Blood Test reading? Claim 001 New Claim Type * Contact No. (Mobile) Small Address Claim Description referred Workshop Contact to. Joes Registered Report Taken By Print AK letter Attachment	SINGAPORE 320105 02-77 Yes ® No Omg OD-MX 83032782 GBC1063Y / SGF55510 yes G7/07/2018 17:42 Jackson MT/1002059 ® Yes ○ No	ON 6 M 2018	Address Type 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 Browse	Singapore address O Yes ® No AL XPRESS GBC1063Y Fully at Faut Preferred Workshop, Name 107,07/2016 Cate Clear Prease Select Clear Prease Select	unknown v	Post Code Driver Insurer Com Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred 1 GIA report Date Received Confidencial	Werkshop Urgency Normal	\$3155403C \$GF\$5510 Received 07/07/2018 00 00		
didress 4 Anti No. Does he own a Singapore registered car? eclaration reathalyser or Broad Test eading? Claim 001 New Claim Type * contact No. (Mobile) rimal Address Claim Description referred Workshop Contact (o. geographic Contact (o. Print Act letter Attachment	SINGAPORE 320105 02-77 Yes ® No Omg OD-MX 83032782 GBC1063Y / SGF55510 yes G7/07/2018 17:42 Jackson MT/1002059 ® Yes ○ No	ON 6 M 2018	Address Type Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Glaim No. Upload Date Browse Browse	Singapore address O Yes ® No AL XPRESS GBC1063Y Fully at Faut Preferred Workshop, Name Seve Submit Cate Chear Presse Select Chear Presse Select Chear Presse Select	unknown v	Post Code Driver Insurer Com Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred 1 GIA report Date Received Confidencial TO V.	Urgency Normal Normal	\$3155403C \$GF\$5510 Received 07/07/2018 00 00		
Address 4 John No. Joes he own a Singapore registered car? eclaration breathalyser or Blood Test reading? Claim 001 New Claim Type * Contact No. (Mobile) Small Address Claim Description referred Workshop Contact to. Joes Registered Report Taken By Print AK letter Attachment	SINGAPORE 320105 02-77 Yes ® No Omg OD-MX 83032782 GBC1063Y / SGF55510 yes G7/07/2018 17:42 Jackson MT/1002059 ® Yes ○ No	ON 6 M 2018	Address Type Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Glaim No. Upload Date Browse Browse Browse	Singapore address O Yes ® No AL XPRESS GBC1063Y Fully at Fault Preferred Workshop, Name Oo1 07/07/2014 Cate Cheer Please Select	unknown v	Post Code Driver Insurer Com Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred 1 GIA report Date Received Confidential	Urgency Normal Normal	\$3155403C \$GF\$5\$10 Received 07/07/2018 00 00		
Address 4 Chit No. Does he own a Singapore Registered car? Peclaration Breathalyser or Blood Test Reading? Claim 601 New Claim Type * Contact No. (Mobile) Email Address Claim Description Perferred Workshop Contact No. Date Registered Report Taken By Print AK letter Attachment	SINGAPORE 320105 02-77 Yes ® No Omg OD-MX 83032782 GBC1063Y / SGF55510 yes G7/07/2018 17:42 Jackson MT/1002059 ® Yes ○ No	ON 6 M 2018	Address Type Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Glaim No. Upload Date Browse Browse	Singapore address O Yes ® No AL XPRESS GBC1063Y Fully at Fault Preferred Workshop, Name O01 07/07/2011 Cate Clear Please Select	unknown v	Post Code Driver Insurer Com Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred 1 GIA report Date Received Confidential	Urgency Normal Normal	\$3155403C \$GF\$5510 Received 07/07/2018 00 00		

Attachment		Uploaded By/Date	Category	9	Urgency	Description	Sent? (CO)	7 Action
-21 A.	NAC_PAYA_UBI_B00601{ NA	TIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 17:43	MRIC/ Onving License		Normal	NRIC/ Driving Liberia 2018-7-7		Edit
19	NAC_PAYA_UBI_800601[NA	TIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 17:43	SAS		Normal	SAS 2018-7-7		Edit
	NAC_PAYA_UBI_800601[NA	TIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 17:42	Photos		Normal	Photos 2018-7-7		Edit
T	NAC_PAYA_UBI_800601{ NA	TIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 17:43	Photos		Normal	Photos 2018-7-7		Edit
1	NAC_PAYA_UBI_BOOSOT{ NA	TIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2015 17:43	Photos		Normal	Photos 2018-7-7		Edis
	NAC_PAYA_UBI_800601[NA	TIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 17:42	Photos		Normal	Photos 2018-7-7		Edit
1	NAC_PAYA_UBI_800601[NA	TIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 17:42	Photos		Normal	Photos 2018-7-7		Edit
J.	NAC_PAYA_UHI_800601[NA	TIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 17:42	Photos		Normal	Phetos 2018-7-7		Edit
1	NAC_PAYA_UBI_BOOSO\$ NA	TIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 17:42	Photos		Normal	Photos 2018-7-7		Edit
1	NAC_PAYA_UBI_800601[NA	TIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 17:42	Photos		Normal	Photos 2018-7-7		Edit
112	NAC_PAYA_UBI_B00601[NA	TIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 3018 17:42	Photos		Normal	Photos 2018-7-7		Edit
♥ Video List								
	Uploaded By/Date	Polder Date	File Name		?	Source	Action	