NATIONAL Assessment Centre	Acrices	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	1NA 1180895	43.		
Hale In 11/7/18 16:15	Jeb descriptio	ii .	Date & Time Comp	letect:		
Helle MAIIMC18012640/h4	SAS c-filing					
Wellife XE 2032J	E-mail penti	a Mars, ATC 21(15)				
DITA 11/7/19 10:30.	i-Motor Cla	im Form	MT/10 026 28	201 12	1/7/18	29:32
	1-Motor W/	O (Within O) 2hrs				
ODs. IP ' Pepale Only	i-Photo Upl	oaded	į.			
	Assessment/S	auvey Report				
TP Insurer.	Ass't Report	by Fax/Hand (Owner/Wksp			
Preferred Wksp / INC Assign Wksp / GW. (Tel:	Fax:		
TP Particulars: Veh No: Traf	fie light	INC ()/Non-INC()		
Owner / Driver: (, , ,		Tel)	
Policy No. (): Period	d: ()	Cover Type: ()	
Confirmed by : (Date:	Time:		J	
Insured/Driver Liability (%) [No	te-Est Status (WO): N: 0-20	%; P. 21-79%. F	: 30-1009	%[
	rranty: YES ()			
Excess: (\$) Loading: \$1,000	()/\$2,000)()				
General Remarks:-		HELLIANS.			And L	
() Walk-In Customer: Customer's informa	ation strictly Co	onfidential & Str	ictly NO refer of rep	alter.		
() Total Loss Case : to e-mail Insurer I	AND THE RESERVE					
Drive-In () / Towed-In (); Invoice: Y	ES () /	NO();Te	owing Co. (17
Remarks:- (INC hotline: 6788 6616)			Date&Time Comple	21.24	Done	by
Apply for Transport Allowance () / Cou	rtesy Car ()				
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$300	0] ()				
Injury:						
Date/Time Actions			and the second second			
Actions The Actions	Stelle Classics	STATISTICS OF STATES				
			•			
			1			
	1					
					-	archine di en
IMF	11804384	Invoice Prep	aration Checklist		Amt (5)	Amt (3)
Claimant's Particulars :-	110-1307	1) AR : Assident	A size of the contract of the		30.00	
Driver/Owner		3) TF: Towing Fe		INC (580) 540/545		
		4) FT : Follow-Th	rough Survey rough Survey (Fesurvey)	\$120		
Contact No:		For eleiming as	ainst INC Only (wef 10 J	an 2005)		
Damaged Portion:		6) TR : Re-napeo 7) N1 : Idao DA +		\$160		
*	110	8) NTUC Addition				
2C Checked by (Engr-In-Charge):		and the second second second second second	Car / Tpt Allowance	13		
Unditare! Commants		*No Reprint Co *No Fost Repri		\$10 \$25		
TOTAL S A DIMINERIS		*15S: DV / Coll	ect Excess Coordination	50		
ut. 1		7 P (M11) TF 9) 1112 Idao Mob	(New INC) against INC de	37.0		
at 2/3		Invalendated	Fee (1)		ME GIA	enarati
		Treating slaved	2000	1112	PUBLISHERS	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

Date Of Accident 11/07/2018 10:30 Exact Location Of Accident JUNC OF TAN TOCK SENG LINK & JLN TAN TOCK SENG SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number XE2032J Insured/Policyholder Name Of Registered Owner SEAVIEW TRANSPORT MANAGEMENT PTE LTD Co Reg No 199701190N Demail Address NOEMAIL Mobile Phone No OFFICE-62850668 Vehicle Particulars Manufacturer MITSUBISHI FV517JD2RDEB Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken REPORTING ONLY Commander Order Party FIRE AND/OR THEFT NO Policy Number 5088456101-01 Cover Note Number Diriver Ol IcAl CHOON NRIC No S1579502F Date Of Birth 1804/1963 Occupation Old Number Gender MALE Mobile Number Contact Number Contact Number Contact Number Contact Number Contact Number	aror cours.	
Date Of Accident 11/07/2018 10:30 Exact Location Of Accident JUNC OF TAN TOCK SENG LINK & JLN TAN TOCK SENG SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number XE2032J Insured/Policyholder Name of Registered Owner SEAVIEW TRANSPORT MANAGEMENT PTE LTD Co Reg No 199701190N NOEMAIL Mobile Phone No OFFICE-62850668 Vehicle Particulars Manufacturer MITSUBISHI FV517JD2RDEB Exact Purpose for which vehicle was being used at itme of accident for your vehicle? If No, Please state action to be taken REPORTING ONLY COMMERCIAL VEHICLE Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage THIRD PARTY FIRE AND/OR THEFT NO Policy Number 5088456101-01 Cover No S1579502F Date Of Birth 1804/1963 Occupation Outputs MALE Mobile Number Contact Number Contact Number Contact Number Contact Number Contact Number Contact Number	The Court of the C	ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number XE2032J Insured/Policyholder Name Of Registered Owner Co Reg No Insured/Policyholder Nome Of Registered Owner SEAVIEW TRANSPORT MANAGEMENT PTE LTD ORDER NO Alternative Phone No Alternative Phone No Alternative Phone No OFFICE-62850668 Workling Manufacturer MITSUBISHI FV517JD2RDEB Exact Purpose for which vehicle was being used at lime of accident If No, Please state action to be taken Vehicle Category Vehicle Category Vehicle Category Vehicle Cowpany Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Fleet Policy NO Policy Number Cover Note Number Driver Name of Driver OLIAI CHOON NRIC No S1579502F Date Of Birth 18/04/1963 Occupation Date Of Driving Pass Driving Experience 33 YEARS AND 10 MONTHS Gender MALE Mobile Number Contact Number Contact Number Contact Number Contact Number Contact Number Contact Number	Date Of Report	11/07/2018 16:15
Country/State of Loss DETAILS OF OWN VEHICLE Vehicle Registration Number XE2032J Insured/Policyholder Name Of Registered Owner Co Reg No 199701190N NoEmail Address NOEMAIL Mobile Phone No Alternative Phone No Vehicle Particulars Manufacturer Model FV517JD2RDEB Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category COMMERCIAL VEHICLE Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Policy NO Policy Number Driver Name of Driver NAME of Driving Pass 11/09/1984 Driving Experience 33 YEARS AND 10 MONTHS Gender MALE (LOCAL) +65-96470055 Fax Number Contact Number	Date Of Accident	11/07/2018 10:30
Vehicle Registration Number XE2032J Insured/Policyholder Name Of Registered Owner SEAVIEW TRANSPORT MANAGEMENT PTE LTD Co Reg No 199701190N DEmail Address NOEMAIL Mobile Phone No Alternative Phone No OFFICE-62850668 Vehicle Particulars Manufacturer MITSUBISHI Model FV517JD2RDEB Exact Purpose for which vehicle was being used at time of accident Itime of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken REPORTING ONLY CoMMERCIAL VEHICLE Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Policy Number Cover Note Number - Driver Name of Driver Name of Driver Name of Driver OI LAI CHOON S1579502F Date Of Birth 18/04/1963 Occupation OUTDOOR Date Of Driving Pass 11/09/1984 Driving Experience 33 YEARS AND 10 MONTHS Gender MALE (LOCAL) +65-96470055	Exact Location Of Accident	JUNC OF TAN TOCK SENG LINK & JLN TAN TOCK SENG
Vehicle Registration Number XE2032J Insured/Policyholder Name Of Registered Owner SEAVIEW TRANSPORT MANAGEMENT PTE LTD Co Reg No 199701190N Mobile Phone No Alternative Phone No OFFICE-62850668 Vehicle Particulars Manufacturer MITSUBISHI Model FY517JD2RDEB Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken REPORTING ONLY Commercial Vehicle Category Commercial Vehicle Insurance Company Name of Insurance Company No No No No No No No No No N	Country/State of Loss	SINGAPORE
Insured/Policyholder Name Of Registered Owner Co Reg No 199701190N NOEMAIL Mobile Phone No Alternative Phone No OFFICE-62850668 Vehicle Particulars Manufacturer Mitsubishi Model Fv517JD2RDEB Ware of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category Commercial Vehicle Insurance Company Name of Insurance Company Name of Insurance Company Type Of Coverage ThiRD PARTY FIRE AND/OR THEFT Fleet Policy NO Policy Number Cover Note Number Driver Name of Driver OLI LAI CHOON S1579502F Date Of Birth 18/04/1963 Occupation OUTDOOR Date Of Driving Pass 11/09/1984 Driving Experience 33 YEARS AND 10 MONTHS Mable Mable Number Contact Number Fax Number Contact Number	D	ETAILS OF OWN VEHICLE
Name Of Registered Owner Co Reg No 199701190N NOEMAIL Mobile Phone No Mobile Phone No Alternative Phone No OFFICE-62850668 Vehicle Particulars Manufacturer MitsuBISHI Fv517JD2RDEB Exact Purpose for which vehicle was being used at lare of accident Are you claiming under your own insurance policy for repair to your vehicle? 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 THIRD PARTY FIRE AND/OR THEFT Fleet Policy NO Policy Number Cover Note Number Driver Name of Driver Name of Driver Name of Driver Name of Driver OI LAI CHOON NSIC No S1579502F Date Of Birth 18/04/1963 Occupation OUTDOOR Date Of Driving Pass 11/09/1984 Driving Experience 33 YEARS AND 10 MONTHS MALE (LOCAL) +65-96470055	Vehicle Registration Number	XE2032J
Co Reg No 199701190N Email Address NOEMAIL Mobile Phone No Alternative Phone No OFFICE-62850668 Vehicle Particulars Manufacturer MITSUBISHI Model FV517JD2RDEB Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? 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 FIRE AND/OR THEFT Fleet Policy NO Policy Number 5088456101-01 Cover Note Number - Driver Name of Driver OI LAI CHOON NRIC NO \$1579502F Date Of Birth 18/04/1963 Occupation OUTDOOR Date Of Driving Pass 11/09/1984 Driving Experience 33 YEARS AND 10 MONTHS Gender MALE Mobile Number Contact Number Contact Number Contact Number	Insured/Policyholder	
Email Address NOEMAIL Mobile Phone No Alternative Phone No Vehicle Particulars Manufacturer Mitsubishi Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category No REPORTING ONLY COMMERCIAL VEHICLE Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Policy Number Cover Note Number Driver Name of Driver Name of Driver Name of Driver No S1579502F Date Of Birth 18/04/1963 Occupation Dut Of Driving Pass 11/09/1984 Driving Experience Gender MALE Mobile Number Contact Number Contact Number	Name Of Registered Owner	SEAVIEW TRANSPORT MANAGEMENT PTE LTD
Mobile Phone No Alternative Phone No OFFICE-62850668 Vehicle Particulars Manufacturer MITSUBISHI Model FV517JD2RDEB Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category NO REPORTING ONLY COMMERCIAL VEHICLE Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Pleet Policy NO Policy Number Cover Note Number Driver Name of Driver NAME OF Birth 18/04/1963 OCCUpation Date Of Driving Pass 11/09/1984 Driving Experience Gender MALE Mobile Number Contact Number Contact Number Contact Number Contact Number	Co Reg No	199701190N
Alternative Phone No Vehicle Particulars Manufacturer Mitsubishi Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken REPORTING ONLY COMMERCIAL VEHICLE Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Fleet Policy NO Policy Number Cover Note Number Driver Name of Driver NARIC NO Date Of Birth 18/04/1963 Occupation Driving Experience Gender MALE Mobile Number Contact Number (LOCAL) +65-96470055	Email Address	NOEMAIL
Wehicle Particulars Manufacturer Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken REPORTING ONLY COMMERCIAL VEHICLE Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Policy NO Policy Number So88456101-01 Cover Note Number - Driver Name of Driver NAME OF Birth NAME OF	Mobile Phone No	
Manufacturer MITSUBISHI FV517JD2RDEB Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? 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 THIRD PARTY FIRE AND/OR THEFT NO Policy Number S088456101-01 Cover Note Number Driver Name of Driver OI LAI CHOON NRIC No S1579502F Date Of Birth 18/04/1963 Occupation OUTDOOR Date Of Driving Pass 11/09/1984 Driving Experience 33 YEARS AND 10 MONTHS Gender MALE Mobile Number Contact Number	Alternative Phone No	OFFICE-62850668
Model FV517JD2RDEB Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken REPORTING ONLY Vehicle Category COMMERCIAL VEHICLE Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Fleet Policy NO Policy Number S088456101-01 Cover Note Number Driver Name of Driver NAME OF Diriver NAME OF Diriver NAME OF DIRIVER Date Of Birth 18/04/1963 Occupation Date Of Driving Pass 11/09/1984 Driving Experience Gender MALE Mobile Number Contact Number Contact Number Contact Number	Vehicle Particulars	
Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken REPORTING ONLY Vehicle Category Insurance Company Nome of Coverage ThiRD PARTY FIRE AND/OR THEFT Nome of Driver Nome of Driver Name of Driver Name of Driver NRIC No S1579502F Date Of Birth 18/04/1963 Occupation Outdoor Date Of Driving Pass 11/09/1984 Driving Experience 33 YEARS AND 10 MONTHS Gender MALE Mobile Number Contact Number	Manufacturer	MITSUBISHI
time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category NO Webicle Category NO Webicle Category NO NO WEBPORTING ONLY COMMERCIAL VEHICLE Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage THIRD PARTY FIRE AND/OR THEFT NO Policy Number So88456101-01 Cover Note Number - Driver Name of Driver NAME Of Driver NRIC No Date Of Birth NO Date Of Driving Pass NO UTDOOR Date Of Driving Pass Driving Experience MALE Mobile Number (LOCAL) +65-96470055 Fax Number Contact Number	Model	FV517JD2RDEB
for repair to your vehicle? If No, Please state action to be taken 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 Cover Note Number Driver Name of Driver Name of Driver NAME OF Birth 18/04/1963 Occupation OutDOOR Date Of Driving Pass 11/09/1984 Driving Experience Gender Mobile Number COMMERCIAL VEHICLE REPORTING ONLY REPORTING ONLY AUGUSTANIA REPORTING ONLY COMMERCIAL VEHICLE INSURANCE CO-OPERATIVE LTD THIRD PARTY FIRE AND/OR THEFT OUT DARTY FIRE AND/OR THEFT HAVE AND/OR THEFT OUT DARTY AUGUSTANIA REPORTING ONLY COMMERCIAL VEHICLE INSURANCE CO-OPERATIVE LTD THIRD PARTY FIRE AND/OR THEFT OUT DARTY FIRE AND/OR THEFT OUT DARTY AUGUSTANIA REPORTING ONLY COMMERCIAL VEHICLE INSURANCE CO-OPERATIVE LTD THIRD PARTY FIRE AND/OR THEFT OUT DARTY INSURANCE CO-OPERATIVE LTD THIRD PARTY FIRE AND/OR THEFT OUT DARTY INSURANCE CO-OPERATIVE LTD THIRD PARTY FIRE AND/OR THEFT OUT DARTY INSURANCE CO-OPERATIVE LTD THIRD PARTY FIRE AND/OR THEFT OUT DARTY INSURANCE CO-OPERATIVE LTD THIRD PARTY FIRE AND/OR THEFT OUT DARTY INSURANCE CO-OPERATIVE LTD THIRD PARTY FIRE AND/OR THEFT OUT DARTY INSURANCE CO-OPERATIVE LTD THIRD PARTY FIRE AND/OR THEFT OUT DARTY INSURANCE CO-OPERATIVE LTD THIRD PARTY FIRE AND/OR THEFT OUT DARTY INSURANCE CO-OPERATIVE LTD THIRD PARTY FIRE AND/OR THEFT OUT DARTY	Exact Purpose for which vehicle was being used at time of accident	WORKING
Vehicle Category 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 Cover Note Number	Are you claiming under your own insurance policy for repair to your vehicle?	NO
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 5088456101-01 Cover Note Number - Driver Name of Driver NRIC No S1579502F Date Of Birth 18/04/1963 Occupation Outdoor Date Of Driving Pass 11/09/1984 Driving Experience 33 YEARS AND 10 MONTHS Gender MALE Mobile Number Contact Number Contact Number	If No, Please state action to be taken	REPORTING ONLY
Name of Insurance Company Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Fleet Policy NO Policy Number 5088456101-01 Cover Note Number - Driver Name of Driver NAME OF BIRTH NAME OF DRIVER NAME OF BIRTH NAME OF BIRTH NAME OF DRIVER NAME OF	Vehicle Category	COMMERCIAL VEHICLE
Type Of Coverage Fleet Policy NO Policy Number 5088456101-01 Cover Note Number - Driver Name of Driver NAME OF BIRTH NAME OF BIRTH NO Date Of Birth NO Date Of Driving Pass Driving Experience Mobile Number THIRD PARTY FIRE AND/OR THEFT NO NO NO NO NO NO Date Of Driver NO	Insurance Company	
NO	Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Policy Number 5088456101-01 Cover Note Number - Driver Name of Driver OI LAI CHOON NRIC No \$1579502F Date Of Birth 18/04/1963 Occupation OUTDOOR Date Of Driving Pass 11/09/1984 Driving Experience 33 YEARS AND 10 MONTHS Gender MALE Mobile Number (LOCAL) +65-96470055 Fax Number Contact Number	Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Cover Note Number - Driver OI LAI CHOON NRIC No \$1579502F Date Of Birth 18/04/1963 Occupation OUTDOOR Date Of Driving Pass 11/09/1984 Driving Experience 33 YEARS AND 10 MONTHS Gender MALE Mobile Number (LOCAL) +65-96470055 Fax Number Contact Number	Fleet Policy	NO
Driver OI LAI CHOON NRIC No \$1579502F Date Of Birth 18/04/1963 Occupation OUTDOOR Date Of Driving Pass 11/09/1984 Driving Experience 33 YEARS AND 10 MONTHS Gender MALE Mobile Number (LOCAL) +65-96470055 Fax Number Contact Number	Policy Number	5088456101-01
Name of Driver OI LAI CHOON NRIC No \$1579502F Date Of Birth 18/04/1963 Occupation OUTDOOR Date Of Driving Pass 11/09/1984 Driving Experience 33 YEARS AND 10 MONTHS Gender MALE Mobile Number (LOCAL) +65-96470055 Fax Number Contact Number	Cover Note Number	(4) Company of the co
NRIC No \$1579502F Date Of Birth 18/04/1963 Occupation OUTDOOR Date Of Driving Pass 11/09/1984 Driving Experience 33 YEARS AND 10 MONTHS Gender MALE Mobile Number (LOCAL) +65-96470055 Fax Number Contact Number	Driver	
Date Of Birth 18/04/1963 Occupation OUTDOOR Date Of Driving Pass 11/09/1984 Driving Experience 33 YEARS AND 10 MONTHS Gender MALE Mobile Number (LOCAL) +65-96470055 Fax Number Contact Number	Name of Driver	OI LAI CHOON
Occupation OUTDOOR Date Of Driving Pass 11/09/1984 Driving Experience 33 YEARS AND 10 MONTHS Gender MALE Mobile Number (LOCAL) +65-96470055 Fax Number Contact Number	NRIC No	S1579502F
Date Of Driving Pass 11/09/1984 Driving Experience 33 YEARS AND 10 MONTHS Gender MALE Mobile Number (LOCAL) +65-96470055 Fax Number Contact Number	Date Of Birth	18/04/1963
Driving Experience 33 YEARS AND 10 MONTHS Gender MALE Mobile Number (LOCAL) +65-96470055 Fax Number Contact Number	Occupation	OUTDOOR
Gender MALE Mobile Number (LOCAL) +65-96470055 Fax Number Contact Number	Date Of Driving Pass	11/09/1984
Mobile Number (LOCAL) +65-96470055 Fax Number Contact Number	Driving Experience	33 YEARS AND 10 MONTHS
Fax Number Contact Number	Gender	MALE
Contact Number	Mobile Number	(LOCAL) +65-96470055
	Fax Number	
EMail Address NOEMAIL	Contact Number	
	EMail Address	NOEMAIL

BLK 268C PUNGGOL FIELD #03-163 Address

823268 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

NO

1

NO

NO

General Information of the Accident

COLLIDED INTO PROPERTY Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

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

I WAS TURNING LEFT FROM THE TAN TOCK SENG LINK INTO JLN TAN TOCK SENG, DUE TO THE NARROW ROAD, MY LORRY LEFT SIDE TOUCH ONTO THE TRAFFIC LIGHT ON MY LEFT SIDE, NO DAMAGE TO THE TRAFFIC LIGHT.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour TRAFFIC LIGHT

Details Of Properties

GOVERNMENT Vehicle Category

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 <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 Ceptre Personnel's Signature

NRIC/FIN No.:

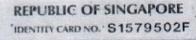
70	n Tock Seng Link		
Arassic light	n Toelf Seng Link traffic ligh		
7208200,3	traffic ligh.	4	
	J K		
8	AMA		
			A= XE 2032 J.
odT.	Tan Tock Sens		71
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT		
ten de activitée de la contrata del contrata de la contrata de la contrata del contrata de la contrata del la contrata de la contrata del la contrata de la	A TERROR OF FORTH THE ATTACK OF THE TOOL TO THE		
01	N - 5 - 1	-1.1	1
1,16 arze	Refer to	Statem	ent
		1	
	1		
	/		
	/		
	/-		
	/		
	/		
	72		/
ECLARATION			
	culars are true in every respect.		/ /
E			/ //
面			h ne
The state of the s	76		Many
licyholder's Signature	Driver's Signature	Renr	orting Centre Personnel's Signature
AND THE PARTY OF T			- Control of the Cont

Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





ST

OI LAI CHOON

幸來春

CHINESE

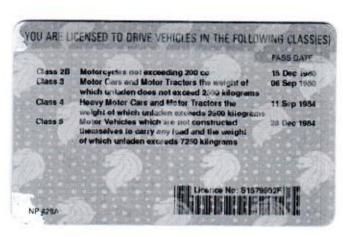
18-04-1963 M

Country of Birth

SINGAPORE









Certificate of Insurance

ROAD TRANSPORT ACT, 1987 (MALA	SKS AND COMPENSATIO AYSIA)	
MOTOR VEHICLES (THIRD PARTY RIS	1000	YSIA)
Certificate Number: 5088456101-0	01	Cover : Third Party, Fire & Theft
L. Index mark and Registration Nur	mber of Vehicle	: XE2032J
Chassis Number		: FV517JA00164
2. Name of Policyholder		: SEAVIEW TRANSPORT MANAGEMENT PTE LTD
3. Effective Date of Insurance		: 21 Mar 2018
I. Expiry Date of Insurance	and the decision	: 20 Mar 2019
5. Persons or Classes of Persons en	ititled to drive#	
(a) The Policyholder.	wing on the Policyholde	r's order or with his/her permission.
Provided that the person dr	iving is permitted in acc een so permitted and is	ordance with the licensing or other laws or regulations to driv not disqualified by order of a Court of Law or by reason of any
5. Limitations as to Use#	3/50	
200		in connection with the Policyholder's business or profession.
	engers or goods in conn	ection with the Policyholder's business.
This Policy does not cover		
(a) Use for hire or reward.		
(b) Use for racing, pace∮making	g, reliability trial or spee	d-testing.
# Limitations rendered inope	rative by Section 8 of th	e Motor Vehicle (Third Party Risks and Compensation) sport Act, 1987 (Malaysia), are not to be included under these
# Limitations rendered inope	rative by Section 8 of th	
# Limitations rendered inoper Act (Chapter 189) and Section headings.	rative by Section 8 of th	e Motor Vehicle (Third Party Risks and Compensation)
# Limitations rendered inoper Act (Chapter 189) and Section headings. EXCESS (SECTION 1)	rative by Section 8 of th on 95 of the Road Trans	e Motor Vehicle (Third Party Risks and Compensation)
# Limitations rendered inoper Act (Chapter 189) and Section headings. EXCESS (SECTION 1) EXCESS (SECTION 2) INSURE WITH COE	rative by Section 8 of th on 95 of the Road Trans : N/A : N/A : YES	e Motor Vehicle (Third Party Risks and Compensation) sport Act, 1987 (Malaysia), are not to be included under these
# Limitations rendered inoper Act (Chapter 189) and Section headings. EXCESS (SECTION 1) EXCESS (SECTION 2) INSURE WITH COE HIRE PURCHASE COMPANY	: N/A : N/A : YES **COMMERCIAL A	e Motor Vehicle (Third Party Risks and Compensation) sport Act, 1987 (Malaysia), are not to be included under these
# Limitations rendered inoper Act (Chapter 189) and Section headings. EXCESS (SECTION 1) EXCESS (SECTION 2) INSURE WITH COE HIRE PURCHASE COMPANY	: N/A : N/A : YES **COMMERCIAL A	e Motor Vehicle (Third Party Risks and Compensation) sport Act, 1987 (Malaysia), are not to be included under these
# Limitations rendered inoper Act (Chapter 189) and Section headings. EXCESS (SECTION 1) EXCESS (SECTION 2) INSURE WITH COE HIRE PURCHASE COMPANY SUM INSURED I/We hereby Certify that the Policy Vehicles (Third Party Risks and Com	: N/A : N/A : N/A : YES : COMMERCIAL A : MARKET VALUE to which this Certificate pensation) Act (Chapter	e Motor Vehicle (Third Party Risks and Compensation) sport Act, 1987 (Malaysia), are not to be included under these AUTOMOBILE CREDIT PTE LTD OF INSURED VEHICLE AT TIME OF LOSS relates is issued in accordance with the provisions of the Motor 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
# Limitations rendered inoper Act (Chapter 189) and Section headings. EXCESS (SECTION 1) EXCESS (SECTION 2) INSURE WITH COE HIRE PURCHASE COMPANY SUM INSURED I/We hereby Certify that the Policy Vehicles (Third Party Risks and Com	: N/A : N/A : N/A : YES : COMMERCIAL A : MARKET VALUE	e Motor Vehicle (Third Party Risks and Compensation) sport Act, 1987 (Malaysia), are not to be included under these AUTOMOBILE CREDIT PTE LTD OF INSURED VEHICLE AT TIME OF LOSS relates is issued in accordance with the provisions of the Motor 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Claim Handling

Accident MT/1002628								
Policy No.	5088456101-01	Vehicle No.	XE20321		COT Basistania No.	4		
			XE20321		GST Registration No.		199701	
Olicyholder Name	SEAVIEW TRANSPORT MANAGEMENT PTE LTD				Policyholder NRIC		199701	190N
Product Code	COMMERCIAL VEHICLE INSURA!	Cover Type	Third Party, I	Fire & Theft	Loading		0	
Contact No.(Mobile)	62850668	Contact No.(Office)			Contact No.(Home)			
mail Address		Special Remark			eCode		No *	
KFK	• No Yes	TCA	· No Yes	\$	eCode Reason			
NCD Protection	No	NCD Entitlement(%)	20		Private Hire		No	
Report Date	12/07/2018 09:33	Accident Report Within 24 hrs	Yes		Accident Type		· Carriera	into Property
Date of Accident					V. TORTICH CO. P. S.			into Proper
	11/07/2018	Time of Accident hhomm	10:30		Country of Accident		Singapo	ce
leparting Centre		Orange Force			ICM No.			
Accident Location	JUNC OF TAN TOCK SENG LINK & JUN TAN TO	CK SENG						
▽ Excess							+	
Own damage Excess	0.00	Additional Excess			Windscreen Excess		0.00	
Innamed Driver Excess	577.EC	Outside Singapore OD Excess			Windscreen Excess		0.00	
	22-220							
hird Party Excess	0.00	Outside Singapore TP Excess						
✓ GST Registered Inform								
ST Registered	Yes			Registration Date	01/01/2015	i		
GST Registration No.	199701190N		GST:	Status Verified	No			
Modification History								
Policyholder Mailing Ad								
ddress 1	3 DEFU LANE 6	Address 2	DEFU INDUS	TRIAL PARK A	Address 3		SINGAP	ORE 539366
ddress 4		Address Type	Singapore ad	dress	Post Code		539366	
Jnit No.		Related Policy Number	5081275724	-02				
♥ OI Driver Info								
Priver Name	Unnamed Driver	Driver Type	Unnamed Dri	ver				
Innamed driver Name	OI LAI CHOON	Driver NRIC			Datum DOB			
egister Date of Driver License			S1579502F		Driver DOB		18/04/1	963
		Driver Age	55		Driving Experience		33	
Contact No.(Mobile)	96470055	Contact No.(Office)			Contact No.(Home)			
iddress 1	BLK 268C #03-163	Address 2	PUNGGOL FIE	ELD	Address 3		PUNGGO	L SAPPHIRE
ddress 4	SINGAPORE 823268	Address Type	Singapore ad	dress	Post Code		823268	
Init No.	03-163							
AND								
logistered car?	Yes * No	Driver Vehicle No.			Driver Insurer Compa	my:		
loes he own a Singapore tegistered car?	Yes + No	Oriver Vehicle No.			Driver Insurer Compa	iny:		
eclaration	Yes a No	Driver Vehicle No.			Driver Insurer Compa	any		
Registered car? eclaration Seathelyser or Blood Test	Yes + No	Oriver Vehicle No. Any Injury?	Nes 🖗 No		Driver Insurer Compa	iny:		
Does he own a Singapore Registered car? Reclaration Breathalyser or Blood Test Reading?	2001/03	540000000000000000000000000000000000000	Yes a No		Driver Insurer Compa	iny		
Registered car? Reclaration Breathalyser or Blood Test	2001/03	540000000000000000000000000000000000000	Yes * No		Driver Insurer Compa	iny		
eclaration oreathalyser or Blood Test leading?	2001/03	540000000000000000000000000000000000000	○ Yes · No		Driver Insurer Compa	iny		
eclaration reathalyser or Blood Test reading? odification History	2001/03	540000000000000000000000000000000000000	○ Yes ® No		Driver Insurer Compa	iny		
eclaration reathalyser or Blood Test eaching? odification History Claim 001 New	0 mg	540000000000000000000000000000000000000	Yes • No		Driver Insurer Compa	iny		
eclaration reathalyser or Blood Test reading? odification History Claim 001 New	2001/03	540000000000000000000000000000000000000		INSPORT MANAGES	Driver Insurer Compa	iny:	1997011	90N
eclaration reathalyser or Blood Test eading? odification History Claim 001 New	0 mg	Any injury?				iny:	1997011	-
eclaration reathalyser or Blood Test eeding? colification History Claim 001 New laim Type * ontact No.(Mobile)	0 mg	Any injury?			Insured NRIC			8
eclaration reathalyser or Blood Test eeding? ctalm 001 New laim Type * ontact No. (Mobile) mail Address	0 mg	Any injury? Insured Name Contact No.(Home)	SEAVIEW TRA		Insured NRIC Contact No. (Office) TP Vehicle Number		6285708	8
eclaration reathelyser or Blood Test eclaration reathelyser or Blood Test eclaring? Claim 001 New Iaim Type * ontact No. (Mobile) mail Address Iaim Description referred Workshop Contact	0 mg OD-MX VE20323 / TRAFFIC LIGHT ON 11 Jul 2018	Any injury? Insured Name Contact No.(Home) Ol Vehicle Number	SEAVIEW TRA	INSPORT MANAGES	Insured NRIC Contact No.(Office)		6285708 TRAFFIC	8
eclaration reathalyser or Blood Test eaching? codification History Claim 001 New laim Type * ontact No. (Mobile) mail Address laim Description referred Workshop Contact o.	0 mg OD-MX V XE20323 / TRAFFIC LIGHT ON 11 Jul 2018 0	Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability *	SEAVIEW TRA XE20323 Partially at R	INSPORT MANAGET	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Wo		6285708 TRAFFIC	8
eclaration investibilities or Blood Test leading? Claim 001 New Iaim Type * Iontact No. (Mobile) Imail Address Iaim Description referred Workshop Contact Io. Inquire Finalisation	0 mg OD-MX VE20323 / TRAFFIC LIGHT ON 11 Jul 2018	Any injury? Insured Name Contact No.(Home) Ol Vehicle Number	SEAVIEW TRA XE20323 Partially at R	INSPORT MANAGES	Insured NRIC Contact No. (Office) TP Vehicle Number		6285708 TRAFFIC	S LIGHT
eclaration investibilities or Blood Test leading? Claim 001 New Iaim Type * Iontact No. (Mobile) Imail Address Iaim Description referred Workshop Contact Io. Inquire Finalisation	0 mg OD-MX V XE20323 / TRAFFIC LIGHT ON 11 Jul 2018 0	Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability *	SEAVIEW TRA XE20323 Partially at R	INSPORT MANAGET	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Wo	arkshop	6285708 TRAFFIC 0 Received	8 LIGHT
eclaration breathalyser or Blood Test leading? Claim 001 New Claim Type * Contact No. (Mobile) Imail Address Claim Description Interest Workshop Contact Io. equire Finalisation late Registered	0 mg OD-MX V XE20323 / TRAFFIC LIGHT ON 11 Jul 2018 O Yes V	Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	SEAVIEW TRA XE20323 Partially at R	INSPORT MANAGET	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Wo	arkshop	6285708 TRAFFIC 0 Received	8 LIGHT
eclaration reathelyser or Blood Test ceding? claim 001 New laim Type * ontact No. (Mobile) mail Address laim Description referred Workshop Contact o, equire Finalisation ate Registered eport Taken By	0 mg OD-MX V XE20323 / TRAFFIC LIGHT ON 11 Jul 2018 O Yes V 12/07/2018 09:36	Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	SEAVIEW TRA XE20323 Partially at R	INSPORT MANAGET	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Wo	arkshop	6285708 TRAFFIC 0 Received	8 LIGHT
eclaration reathelyser or Blood Test ceding? claim 001 New laim Type * ontact No. (Mobile) mail Address laim Description referred Workshop Contact o, equire Finalisation ate Registered eport Taken By	0 mg OD-MX V XE20323 / TRAFFIC LIGHT ON 11 Jul 2018 O Yes V 12/07/2018 09:36	Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	SEAVIEW TRA XE20323 Partially at Formatter F	INSPORT MANAGES	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Wo	arkshop	6285708 TRAFFIC 0 Received	8 LIGHT
eclaration reathelyser or Blood Test ceding? claim 001 New laim Type * ontact No. (Mobile) mail Address laim Description referred Workshop Contact o, equire Finalisation ate Registered eport Taken By	0 mg OD-MX V XE20323 / TRAFFIC LIGHT ON 11 Jul 2018 O Yes V 12/07/2018 09:36	Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	SEAVIEW TRA XE20323 Partially at R	INSPORT MANAGES	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Wo	arkshop	6285708 TRAFFIC 0 Received	8 LIGHT
egistered car? eclaration reathelyser or Blood Test eeding? claim 001 New laim Type * ontact No. (Mobile) mail Address laim Description referred Workshop Contact of the Registered eport Taken By	0 mg OD-MX V XE20323 / TRAFFIC LIGHT ON 11 Jul 2018 O Yes V 12/07/2018 09:36	Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	SEAVIEW TRA XE20323 Partially at Formatter F	INSPORT MANAGES	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Wo	arkshop	6285708 TRAFFIC 0 Received	8 LIGHT
eclaration reathelyser or Blood Test coding? claim 001 New laim Type * ontact No. (Mobile) mail Address laim Description referred Workshop Contact of the Registered eport Taken By Print AK letter Attachment	0 mg OD-MX V XE20323 / TRAFFIC LIGHT ON 11 Jul 2018 O Yes V 12/07/2018 09:36	Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	SEAVIEW TRA XE20323 Partially at Formatter F	INSPORT MANAGES	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Wo	arkshop	6285708 TRAFFIC 0 Received	8 LIGHT
eclaration reachalyser or Blood Test leading? claim 001 New laim Type * ontact No. (Mobile) mail Address laim Description referred Workshop Contact o, equire Finalisation ate Registered eport Taken By Print AK letter Attachment	0 mg OD-MX XE20323 / TRAFFIC LIGHT ON 11 Jul 2018 O Yes 12/07/2018 09:36 LIEW SHAN HUI	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	SEAVIEW TRA XE20323 Partially at Formatter F	nusport managet	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Wo	arkshop	6285708 TRAFFIC 0 Received	8 LIGHT
coldent No.	0 mg OD-MX XE20323 / TRAFFIC LIGHT ON 11 Jul 2018 O Yes 12/07/2018 09:36 LIEW SHAN HUI	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	SEAVIEW TRA XE20323 Partially at Formatter F	nnsport managet	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Wo	arkshop	6285708 TRAFFIC 0 Received	8 LIGHT
eclaration reathalyser or Blood Test coding? codification History Claim 001 New laim Type * contact No. (Mobile) mail Address laim Description referred Workshop Contact obe Registered sport Taken By Print AK letter Attachment	0 mg OD-MX XE20323 / TRAFFIC LIGHT ON 11 Jul 2018 O Yes 12/07/2018 09:36 LIEW SHAN HUI	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	SEAVIEW TRA XE20323 Partially at Formatter F	nusport managet	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Wo	arkshop	6285708 TRAFFIC 0 Received	8 LIGHT
eclaration reathelyser or Blood Test cooling? claim 001 New laim Type * ontact No. (Mobile) mail Address laim Description referred Workshop Contact 0. equire Finalisation able Registered eport Taken By Print AK letter Attachment	0 mg OD-MX XE20323 / TRAFFIC LIGHT ON 11 Jul 2018 O Yes 12/07/2018 09:36 LIEW SHAN HUI	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	SEAVIEW TRA XE20323 Partially at Formatter F	nnsport managet	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Wo	orkshop	6285708 TRAFFIC 0 Received 12/07/20	8 LIGHT d d 018 00:00
eclaration reathelyser or Blood Test coding? codification History Claim 001 New laim Type * ontact No. (Mobile) mail Address laim Description referred Workshop Contact o, equire Finalisation ate Registered eport Taken By Print AK letter Attachment codent No. est Doc. Received	0 mg OD-MX ▼ XE20323 / TRAFFIC LIGHT ON 11 Jul 2018 0 Yes ▼ 12/07/2018 09:36 LIEW SHAN HUI MT/1002628 ● Yes ○ No Path •	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	SEAVIEW TRA XE20323 Partially at Fit Preferred Wo Save Subm	it 001 12/07/2018 09:37 Category •	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Wo GIA report Date Received Confidential	Urgency	6285708 TRAFFIC 0 Received 12/07/20	8 LIGHT
eclaration reathalyser or Blood Test leading? Claim 001 New Claim 1001 New Claim 1001 New In the second of th	0 mg OD-MX ▼ XE20323 / TRAFFIC LIGHT ON 11 Jul 2018 0 Yes ▼ 12/07/2018 09:36 LIEW SHAN HUI MT/1002628 ● Yes ○ No Path •	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	SEAVIEW TRA XE20323 Partially at Fi Preferred Wo Save Subm	it V Oo1 12/07/2018 09:37 Category *	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Wo GIA report Date Received Confidential	Urgency Normal	6285708 TRAFFIC 0 Received 12/07/20	8 LIGHT d d 018 00:00
eclaration preathalyser or Blood Test leading? codification History Claim 001 New Claim Type * contact No. (Mobile) mail Address Claim Description referred Workshop Contact lo. equire Finalisation late Registered eport Taken By Print AK letter	0 mg OD-MX ▼ XE20323 / TRAFFIC LIGHT ON 11 Jul 2018 0 Yes ▼ 12/07/2018 09:36 LIEW SHAN HUI MT/1002628 ● Yes ○ No Path •	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	SEAVIEW TRA XE20323 Partially at Fi Preferred Wo Save Subm	it V Oo1 12/07/2018 09:37 Category *	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Wo GIA report Date Received Confidential	Urgency	6285708 TRAFFIC 0 Received 12/07/20	8 LIGHT d d 018 00:00

Uploaded By/Date

Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Message Read]

Clear	Please Select		NO		Normal	
Clear	Please Select	•	NO		Normal	•
Clear	Please Select		NO	7	Normal	,

Attachment i	List				
Attachment	Uploaded By/Date	Category	9	Urgency	Description
10.0 Test 10.0 Test	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:37	NR3C/ Driving License		Normal	NRIC/ Driving License 2018-7-1
10	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:37	SAS		Normal	SAS 2018-7-12
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:37	Photos		Normal	Photos 2018-7-12
2	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:37	Photos		Normal	Photos 2018-7-12
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:37	Photos		Normal	Photos 2018-7-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:36	Photos		Normal	Photos 2018-7-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:36	Photos		Normal	Photos 2018-7-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:36	Photos		Normal	Photos 2018-7-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:36	Photos		Normal	Photos 2018-7-12
3	NAC_PAYA_UBT_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:36	Photos		Normal	Photos 2018-7-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:36	Photos		Normal	Photos 2018-7-12

Display in New Window Scan and uploading

File Name

Folder Date

Source