NATIONAL Assessment Ce	ntre Services. well 1 Ja	0.022 WART 18000320	
Date In: 13 18 -1>:56	Jeb description	Date & Time Complete	Done by
Ref No: NA MC 18012802 /14	SAS e-filing		
Veh No: SW 65996	E-mail (within Shrs, AIC	2hrs)	
D.O.A: 0/7/18-07:35	i-Motor Claim For	m M11002924-001	13/18 18:20
	i-Motor W/O (Within		
OD (TP /) Reporting Only	i-Photo Uploaded		
TD	Assessment/Survey R	eport	
TP Insurer:	Ass't Report by Fax /	Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	:(Tel:	Fax:
TP Particulars: Veh No:	hBhayall	INC()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: () .
Confirmed by : (Date	: Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WO):	N: 0-20%; P: 21-79%. P: 8	0-100%]
Year of Registration: () Warranty: YES ()/N		
	\$1,000()/\$2,000()		
General Remarks			
() Walk-In Customer's		al & Strictly NO Faler of Tepath	31.
() Total Loss Case : to e-mail Ir			
	voice: YES () / NO (); Towing Co: (
Remarks:- (INC hotline: 6788 661	6)	Date&Time Completed	Done by
1) Apply for Transport Allowance (- A Paris A A A A A A A A A A A A A A A A A A A
2) QC Check / Post Repair Inspection	// domino/ dai(/		-
3) Upload Resurvey Photo [Repair Cost	> \$30001 ()		+
3) Optobal Resulvey Fhoto [Repair Cost	2 \$3000]	7	
Injury:			
Date/Time Actions		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	594 (E.)
0.150,000			WWW. N. C. S.
	- Designation		Ant (S) Ami
N4 180 44 34	Invoi	ce Preparation Checklist	fit Bill Add E
laimant's Particulars		Accident Reporting (\$30);	
		Damage Assessment (\$100); INC	(\$80) \$40/\$45
river/Owner:	4) FT : 1	Follow-Through Survey	\$120
ontact No:	5) FT : I	Follow-Through Survey (Resurvey) siming against INC Only (wef 10 Jan 2	\$30
and a province		Re-inspection	\$75
nmaged Portion:	7) N1 :	Idao DA + SMRT Survey	\$160
	8) NTU	C Additional Services:-	
Checked by (Engr-In-Charge):	*N5:	Courtesy Car / Tpt Allowance	\$5
	•N6:	Repair Co-ordination	\$10 \$25
uditors' Comments :-		Fost Repair Inspection DV / Collect Excess Coordination	323
	TP()	VII): TP (Non INC) against INC	\$20
2/2	9) N12:	Idac Mobile dated Fee Charg	30
2/3;	Invoice		MARKET SALES
,	20 Marin 2010 CA		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver,
- 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.
- 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.

ACCI	DENI	I STA	T = 1/0	ин м	т
ACC	DEN	OIA			ш

Date Of Report 13/07/2018 12:56
Date Of Accident 12/07/2018 07:35

Exact Location Of Accident YISHUN AVE 1 BEFORE JUNC LENTOR AVE

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLX6599G

Insured/Policyholder

Name Of Registered Owner RELIABLE RIDES PTE LTD

Co Reg No 201611527N Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-89999999

Vehicle Particulars

Manufacturer HONDA

Model SHUTTLE HYBRID 1.5 AUTO

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL USE

Are you claiming under your own insurance policy

for repair to your vehicle?

1250

NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5099574932

Cover Note Number

Driver

Name of Driver NG YEE LOONG (WU YILONG)

 NRIC No
 \$8317402A

 Date Of Birth
 10/06/1983

 Occupation
 OUTDOOR

 Date Of Driving Pass
 01/07/2008

Driving Experience 10 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86882777

Fax Number

Contact Number OFFICE-86882777

EMail Address NOEMAIL

BLK 805 YISHUN RING ROAD Address

#09-4287 760805

Postcode

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

OTHER - HIRER

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?

YES

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 4 YISHUN AVE 1. SUDDENLY VEHICLE B TRAVELLING FROM LANE 3 CUT ONTO MY LANE AND HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBG7421L

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

TAN SIANG HONG

NRIC/Passport Number

S0063873J

Contact Number

94556578

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

NG YEE LOONG (WU YILONG)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK

SLX6599G

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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:
 - (i) 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:

RID

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Policyholder's Signature Date & Time:

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

NRIC/FIN No.:



Khoo Teck Puat Hospital 90 Yishun Central Singapore 768828 Tel: (65) 6555 8000

Fax: (65) 6602 3700 Website: www.ktph.com.sg

MEDICAL CERTIFICATE

ORIGINAL

KHANE181392359

NAME : NG YEE LOONG (WU YILONG)

NRIC: S8317402A

Type of Medical Leave granted: OUTPATIENT SICK LEAVE

The above named attended Examination/Treatment from 12 Jul 2018 13:57 to 12 Jul 2018 15:55

The above named is unfit for duty for a period of 2 day(s), from 12 Jul 2018 to 13 Jul 2018 inclusive.

The Certificate is **not valid** for absence from court attendance.

Remarks:

12 Jul 2018 Dr Elangovan, Preetha (17469F) A&E Date Doctor's Signature Issuing Doctor Location

Tear Along Here Khoo Teck Puat

Hospital National Healthcare Group Khoo Teck Puat Hospital 90 Yishun Central Singapore 768828

Tel: (65) 6555 8000 Fax: (65) 6602 3700

Website: www.ktph.com.sg

MEDICAL CERTIFICATE

DUPLICATE

KHANE181392359

NAME: NG YEE LOONG (WU YILONG)

NRIC: S8317402A

Type of Medical Leave granted : OUTPATIENT SICK LEAVE

The above named attended Examination/Treatment from 12 Jul 2018 13:57 to 12 Jul 2018 15:55

The above named is unfit for duty for a period of 2 day(s), from 12 Jul 2018 to 13 Jul 2018 inclusive.

The Certificate is **not valid** for absence from court attendance.

Remarks:

12 Jul 2018

Dr Elangovan, Preetha (17469F)

A&E

Date

Issuing Doctor

Location

Doctor's Signature

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8317402A





NG YEE LOONG (WU YILONG)

吴亿龙

CHINESE Date of birth 10-06-1983 SINGAPORE



5180590



10-06-2013

APT BLK 805 YISHUN RING ROAD #09-4287 SINGAPORE 760805

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

eBao Tech								Ses	Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage	Change Passwo	rd Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N Vehicle	No.(For Motor)	SLX6599G		3	Date of Acc	cident	12/0	7/2018 07:35	
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5099574932	RELIABLE RIDES PTE LTD	201611527N	GPC	dnvo CLASSIC	SLX6599G	SLX65990	3 04/04/2018	03/04/2019
					1	Continue				

Policy No.	5099574932	Policyholder Name	RELIABLE R	IDES PTE LTD	Policyholder NRIC	201611527N	
Address	8 KAKI BUKIT AVENUE 4 #05-5	O PREMIER @	KAKI BUKIT	SINGAPORE 415875			
roduct Vame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	03/04/2018	Effective Date	04/04/2018	00:00	Expiry Date	03/04/2019 2	3:59
xcess		All Claim Excess					
Third Party Excess	1500	Own damage Excess	1000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000			Young)/Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Υ	
Policy Info	No						
Certificate Info	holder Mailing Address						
nfo Policyl	holder Mailing Address 8 KAKI BUKIT AVENUE 4	Add	ress 2	#05-50 PREMIER @		Address 3	SINGAPORE 415875
Info	1400.00.000.00.00.00.00.00.00		ress 2 ress Type	#05-50 PREMIER (Address 3 Post Code	SINGAPORE 415875 415875
nfo Policyt Address 1 Address 4	1400.00.000.00.00.00.00.00.00	Add	ress Type ted Policy				
info Policyl Address 1 Address 4 Unit No.	8 KAKI BUKIT AVENUE 4	Add: Rela	ress Type ted Policy	Singapore address			
Info Policy Address 1 Address 4 Unit No.	8 KAKI BUKIT AVENUE 4 05-50 d Object: SLX6599G	Add: Rela	ress Type ted Policy	Singapore address			
Info Policyl Address 1 Address 4 Unit No. Insure	8 KAKI BUKIT AVENUE 4 05-50 d Object: SLX6599G sements	Addi Rela Num	ress Type ted Policy	Singapore address 5092811441-01		Post Code	

Accident HT/1002924	5099574932	Vehicle No.	SLX6599G	GST Registration No.		
Policy No.	RELIABLE RIDES PTE LTD	Advanta Mil.	actual and	Policyholder NRIC	2016115	27%
Policyholder Name					0	4274
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading		
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	THE W	
Email Address		Special Remark		eCode	100	
KFK	® No ○ Yes	TCA	® No ○Yes	eCode Reason		
NCD Protection	No.	NCD Entitlement(%)	0	Private Hire	Yes	
SP Accident Details						
Report Date	13/07/2018 18:18	Accident Report Within 24 hrs	Yes	Acadent Type	Collision	- Change / Cross lane
Date of Accident	12/07/2018	Time of Accident hh:mm	07:35	Country of Accident	Singapore	
Reporting Centre		Drange Force		ICM No.		
Acadent Location	YISHUN AVE I BEFORE JUNC LENTOR AVE	1000.0410.000				
₩ Benefits						
♥ Excess						
Own damage Excess	1.000.00	Additional Excess	0	Windscreen Excess	100.00	
Unnamed Driver Excess	10000.00	Outside Singapore OD Excess	3,000.00			
	+ 500.00	Outside Singapore TP Excess	3,000.00			
Third Party Excess	1,500.00	Outside Singapore 17 Excess	2,000.00			
GST Registered Informa			GST Registration Date			
GST Registered	No		GST Status Venfied	No		
GST Registration No.			GD Scattle Vernies			
Modification History						
♥ Policyholder Hailing Ad	dress					
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKTI	Address 3	EINGAPO	DRE 415875
	o was own in wence a	Aparess Type	Singapore address	Post Code	415875	
Address 4				Post Code	423073	
Unit No.	05-50	Related Policy Number	5092811441-01			
□ OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	**************************************	10/06/19	101
Unnamed driver Name	NG YEE LOONG (WU YILONG)	Driver NRIC	58317402A	Driver DOB		103
Register Date of Driver License	0L/07/2008	Driver Age	35	Driving Experience	10	
Contact No.(Mobile)	86682777	Contact No.(Office)	0	Contect No.(Home)	0	
Address 1	8LK 805	Address 2	VISHUN RING ROAD	Address 3	KHATIS	GARDENS
Address 4	SINGAPORE 760805	Address Type	Singapore address	Post Code	760805	
Unit No.	09-4287					
Unit No. Does he own a Singapore Registered car?	09-4287 ○ Yes ® No	Driver Vehicle No.		Driver Insurer Comp	any	
Does he own a Singapore Registered car?		Driver Vehicle No.		Driver Insurer Comp	any	
Does he own a Singapore		Driver Vehicle No. Any injury?	® Yes ○ No	Driver Insurer Comp	any	
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	○ Yes No		● Yes ○ No	Driver Insurer Comp	arry	
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	○ Yes No		● Yes. ○ No	Driver Insurer Comp	any	
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History	○ Yes No		● Yes. ○ No	Driver Insurer Comp	any	
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	○ Yes No		∰ Yes ○ No	Driver Insurer Comp	any	
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New	○ Yes ® No 0 mg	Any injury?	377069673000			
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New	○ Yes No	Any Injury? Insured Name	Yes ○ No RELIABLE RIDES PTE LTD	Insured NR3C	2016115	
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Control No.(Mobile)	○ Yes ® No 0 mg	Arry injury? Insured Name Contact No.(Home)	RELIABLE RIDES PTE LTD	Insured NR3C Contact No.(Office)	2016115	10
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New	O mg	Any Injury? Insured Name	377069673000	Insured NR3C Contact No.(Office) TP Vehicle Number	2016115 0635182 GBG742	10
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Contact No. [Mobile] Email Address Claim Description	○ Yes ® No 0 mg	Arry injury? Insured Name Contact No.(Home)	RELIABLE RIDES PTE LTD	Insured NR3C Contact No.(Office)	2016115 0635182 GBG742	10
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact	O mg	Arry injury? Insured Name Contact No.(Home)	RELIABLE RIDES PTE LTD	Insured NR3C Contact No.(Office) TP Vehicle Number	2016115 0635182 GBG742	10
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Contact No. [Mobile] Email Address Claim Description Preferred Workshop Contact No.	O mg OB-MX SLX6599G / GBG7423L ON 32 3JJ 2018	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liebility.*	RELIABLE RIDES PTE LTD SLX65996G Not at Fourt	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W	2016115 0635182 GBG742	11.
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Contact No. [Mobile] Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	O mg OB-MX SLX6599G / GBG7423L ON 32 Jul 2018 Yes V	Any injury? Insured Name Contact No.(Home) Of Venicle Number Insured Liability * Preferend Repair Option	RELIABLE RIDES PTE LTD SLX6599G Not at Feutt	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred W GSA report	2016115 0633182 GBG742 Abrikshop	11L
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Contact No. [Mobile] Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	OB-MX	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liebility.*	RELIABLE RIDES PTE LTD SLX65996G Not at Fourt	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W	2016115 0633182 GBG742 Abrikshop	11.
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Contact No. [Mobile] Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Takan By	O mg OB-MX SLX6599G / GBG7423L ON 32 Jul 2018 Yes V	Any injury? Insured Name Contact No.(Home) Of Venicle Number Insured Liability * Preferend Repair Option	RELIABLE RIDES PTE LTD SLX65996G Not at Fourt	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred W GSA report	2016115 0633182 GBG742 Abrikshop	11L
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Contact No. [Mobile] Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	OB-MX	Any injury? Insured Name Contact No.(Home) Of Venicle Number Insured Liability * Preferend Repair Option	RELIABLE RIDES PTE LTD SLX6599G Not at Fault Preferred Workshop, Name unknown	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred W GSA report	2016115 0633182 GBG742 Abrikshop	11L
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Contact No. [Mobile] Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Takan By	OB-MX	Any injury? Insured Name Contact No.(Home) Of Venicle Number Insured Liability * Preferend Repair Option	RELIABLE RIDES PTE LTD SLX65996G Not at Fourt	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred W GSA report	2016115 0633182 GBG742 Abrikshop	11L
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Contact No. [Mobile] Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	OB-MX	Any injury? Insured Name Contact No.(Home) Of Venicle Number Insured Liability * Preferend Repair Option	RELIABLE RIDES PTE LTD SLX6599G Not at Fault Preferred Workshop, Name unknown	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred W GSA report	2016115 0633182 GBG742 Abrikshop	11L
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Chaim 19pe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalsation Date Registered Report Takan By G Print AK lietter Attachment	OB-MX	Any injury? Insured Name Contact No.(Home) Of Venicle Number Insured Liability * Preferend Repair Option	RELIABLE RIDES PTE LTD SLX6599G Not at Fault Preferred Workshop, Name unknown	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred W GSA report	2016115 0633182 GBG742 Abrikshop	11L
Does he own a Singapore Repistered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Contact No. (Mobile) Email Address Claim Description Prefered Workshop Contact No. Require Finalisation Date Registered Report Takan By G Print Ak lietter Attachment	O mg O mg SLX6599G / GBG7421L ON 12 3ul 2018 Yes L3/07/2018 18:20 Jackson	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability.* Preferend Repair Option Claim Close Date	RELIABLE RIDES PTE LTD SLX6599G Not at Fault Preferred Workshop, Name unknown Save Suame	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred W GSA report	2016115 0633182 GBG742 Abrikshop	11L
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Chaim 19pe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Takan By Description Attachment	O mg O mg SLx6599G / G8G7421L ON 12 3ul 2018 Yes L3/07/2018 18:20 Jackson M17/10025924	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability.* Preferend Repair Option Claim Close Date Claim No.	RELIABLE RIDES PTE LTD SLX5599G Not at Foult Preferred Workshop, Name unknown Save Suame	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred W GSA report	2016115 0633182 GBG742 Abrikshop	11L
Does he own a Singapore Repistered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Chaim 19pe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalsation Date Registered Report Takan By Gd Print AK latter Attachment	O mg O mg SLX6599G / G8G7421L ON 12 3ul 2018 Yes L3/07/2018 18:20 Jackson M7/1,002934 ● Yes ○ No	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability.* Preferend Repair Option Claim Close Date	RELIABLE RIDES PTE LTD SLX5599G Not at Foult Preferred Workshop, Name unknown Save Suame 001 13/07/2018 18:21	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Data Raceivad	2016115 6633182 GBG742 Porkshop Receive: 13/07/20	11. 12. 13. 14. 15. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16
Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Takan By Modification History Attachment	O mg O mg SLx6599G / G8G7421L ON 12 3ul 2018 Yes L3/07/2018 18:20 Jackson M17/10025924	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability.* Preferend Repair Option Claim Close Date Claim No.	RELIABLE RIDES PTE LTD SLX6599G Proferred Workshop, Name unknown Save Submit 001 13/07/2018 18-21 Category •	Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Date Received Confidential	2016115 0633182 GBG742 Porkshop Receive: 13/07/20	11L
Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Takan By Modification History Attachment	O mg O mg SLX6599G / G8G7421L ON 12 3ul 2018 Yes L3/07/2018 18:20 Jackson M7/1,002934 ● Yes ○ No	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability.* Preferend Repair Option Claim Close Date Claim No.	RELIABLE RIDES PTE LTD SLX6599G Not at Foutt Preferred Workshop, Name unknown Save Suame 001 13/07/2018 18:21 Category *	Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Date Received Confidential	2016115 6633182 GBG742 Porkshop Receive: 13/07/20	11. 12. 13. 14. 15. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16
Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Takan By Print AK lietter Attachment	O mg O mg SLX6599G / G8G7421L ON 12 3ul 2018 Yes L3/07/2018 18:20 Jackson M7/1,002934 ● Yes ○ No	Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability.* Preferend Repair Option Claim Close Date Claim No. Upload Date	RELIABLE RIDES PTE LTD SLX5599G Not at Foult Preferred Workshop, Name unknown 13/07/2018 18:21 Category * Cear Please Select	Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Date Received Confidential	2016115 0633182 GBG742 Porkshop Receive: 13/07/20	11. 12. 13. 14. 15. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16
Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Takan By Modification History Attachment	O mg O mg SLX6599G / G8G7421L ON 12 3ul 2018 Yes L3/07/2018 18:20 Jackson M7/1,002934 ● Yes ○ No	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date	RELIABLE RIDES PTE LTD SLX5599G Not at Foult Preferred Workshop, Name unknown 13/07/2018 18:21 Category * Clear Please Select Please Select	Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Date Received Confidential	2016115 8633182 GBG742 Vorkshop Receive: 13/07/20 Urgency • Normal Normal	11. 12. 13. 14. 15. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Chaim 19pe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Takan By Description Attachment	O mg O mg SLX6599G / G8G7421L ON 12 3ul 2018 Yes L3/07/2018 18:20 Jackson M7/1,002934 ● Yes ○ No	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim No. Upload Date Browse Browse	RELIABLE RIDES PTE LTD SLX5599G Not at Fault Preferred Workshop, Name unknown O01 13/07/2018 18:25 Category * Clear Please Select Clear Please Select	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Data Raceived Confidential	2016115 6633182 GBG742 Porkshop Receive: 13/07/25 Urgency * hormal V hormal V	11. 12. 13. 14. 15. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Chaim 19pe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Takan By Description Attachment	O mg O mg SLX6599G / G8G7421L ON 12 3ul 2018 Yes L3/07/2018 18:20 Jackson M7/1,002934 ● Yes ○ No	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim No. Upload Date Browse Browse Browse	RELIABLE RIDES PTE LTD SLX6599G Not at Fault Preferred Workshop, Name unknown 13/07/2018 18:21 Category * Char Please Select Char Please Select Please Select Please Select Please Select Please Select	Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Data Received Confidential NO. V INC. V	2016115 6633182 GBG742 Forkshop Receive: 13/07/20 Normal Normal Normal Normal	11. 12. 13. 14. 15. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16
Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Takan By Modification History Attachment	O mg O mg SLX6599G / G8G7421L ON 12 3ul 2018 Yes L3/07/2018 18:20 Jackson M7/1,002934 ● Yes ○ No	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim No. Upload Date Browse Browse	RELIABLE RIDES PTE LTD SLX6599G Not at Fault Preferred Workshop, Name unknown 13/07/2018 18:21 Category * Char Please Select Char Please Select Please Select	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred W GIA report Data Received Confidential NO. V INC. V INC. V	2016115 6633182 GBG742 Porkshop Receive: 13/07/25 Urgency * hormal V hormal V	11. 12. 13. 14. 15. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16

Attachment		Uploaded By/Date	Category	Urgency	Description	Sent? Action (CD)
5-1 MEE	NAC_PAYA_UBI_B00601(NATII	DNAL ASSESSMENT CENTRE SERVICES) on 13 July 2018 18:21	NRIC/ Driving Licerse	Normal	NRIC/ Driving License 2018-7-13	Edit
**	NAC_PAYA_UBI_8006D1(NATII	ONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2018 18:21	SAS	Normal	SAS 2018-7-13	Edit
M	NAC_PAYA_USI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2018 18:21	Photos	Normal	Photos 2018-7-13	Edit
-	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2018 18:21	Photos	Normal	Photos 2018-7-13	Edit
	NAC_PAYA_UBI_800501(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2018 18:21	Photos	Normal	Photos 2018-7-13	Edit
	NAC_PAYA_UBI_800601(NAT3	ONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2018 18:21	Photos	Normal	Photos 2018-7-13	Edit
	NAC_PAYA_UBI_B00501(NATS	DNAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2018 18:21	Photos	Normal	Photos 2018-7-13	Edit
3	NAC_PAYA_UBI_600601(NAT)	DNAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2018 18:21	Photos	Normal	Photos 2018-7-13	Edit
	NAC_PAYA_UBI_600601[NAT3	ONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2018 18:21	Priotos	Normal	Photos 2016-7-13	Edit
2	NAC_PAYA_UBI_B00601(NAT)	DNAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2018 18:21	Photos	Normal	Photos 2018-7-13	Edit
	NAC_PAYA_UBI_800601[NATH	ONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2018 18:21	Photos	Normal	Photos 2018-7-13	Edit
	NAC_PAYA_UBL_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2018 18:21	Photos	Normal	Photos 2018-7-13	Edit
E	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2018 18:20	Photos	Normal	Photos 2018-7-13	Edit
- 6	NAC_PAYA_USS_BDOGDS(NATI	DNAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2018 18:20	Photos	Normal	Photos 2018-7-13	Edit
3	NAC_PAYA_UB1_800601(NAT)	DNAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2018 18:20	Photos	Normal	Photos 2018-7-13	Edit
1	NAC_PAYA_UB1_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2018 18-20	Photos	Normal	Photos 2018-7-13	Edit
	NAC_PAYA_UB1_800601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2018 18:20	Photos	Normal	Photos 2018-7-13	Edit
	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2018 18:20	Photos	Normal	Photos 2018-7-13	Edit
₩ Video List	Uploaded Ry/Date	Folder Date	File Name	9	Source	Action