NATIONAL Assessment Cer	WHILE DEL LICES. WHILL JANOS! W	NAMEDISO	
Date In: 12/2/18-18:35	Jeb description	Date &Time Completed	Done by
Ref No: NA INC 180 12000 24	SAS e-filing		
Veli No: SU 788L	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 17/7/18-03:45	i-Motor Claim Form	MT/1003449-001	17/7/18 18:50
	i-Motor W/O (Within: OD 2h		
OD TP Preporting Only	i-Photo Uploaded		
TD Innuan	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:
TP Particulars: Veh No: 5	46748R . INC ()/Non-INC()	-
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-1	00%]
Year of Registration: ()	Warranty: YES ()/NO (1	
Excess: (\$) Loading: \$		/	
		and the second s	SECTION AND ADDRESS OF THE PERSON AND ADDRES
			Som Maria
() Walk-In Customer: Customer's i	nformation strictly Confidential & S	trictly NO refer of repairer.	
() Total Loss Case : to e-mail Ins	urer URGENTLY.		19
Drive-In ()/ Towed-In (); Invo	pice: YES() / NO();7	Cowing Co: (.)
	ricariorescente ucritativa entable busilianes. Yn weine bear va bullativatur, involutiva per aller indistribution con		
Remarks;- (INC hotline: 6788 6616		Date&Time Completed	Done by
	COMMENTS CONTROLLED THE PRINCE OF THE PRINCE	Date&Time Completed	Done by
1) Apply for Transport Allowance ()	/ Courtesy Car ()	Date&Time Completed	Done by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection	/ Courtesy Car ()	Date&Time Completed	Done by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection	/ Courtesy Car ()	Date&Time Completed	Done by
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()	Date&Time Completed	Done by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car ()		Done by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car ()		
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car ()		
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ()		
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ()		
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ()		
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ()		
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ()		
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	/ Courtesy Car ()		Ant (5) Ant
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	/ Courtesy Car ()	paration Checklist.	Ant (5) Ant
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	/ Courtesy Car ()	paration Checklist. Reporting (\$30);	Ant (5) Ant (1) Add E
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Alsoure Alsoure Alsoure Alsoure Alsoure Actions	/ Courtesy Car ()	paration Checklist: Reporting (\$30); Assessment (\$100); INC (\$8)	Ani (5) Ami (Từ Bịll Add E
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Alsoure Alsoure Alsoure Alsoure Alsoure Actions	/ Courtesy Car ()	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$88); See \$40, Assessment (\$100); INC (\$80); See \$40, Assessment (\$100);	Ant (5) Ant (6) Ant (7) Ant (7) Ant (8) Add E
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Also unit Particulars :- iver/Owner:	Courtesy Car ()	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8); Re \$40 Assessment (\$100); INC (\$8); Re \$40 Reaugh Survey (\$80); Resurvey (\$80); Resurv	Ant (5) Ant (
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Also unit Particulars: iver/Owner: intact No:	/ Courtesy Car () () \$3000] () Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing If 4) FT: Follow-T 5) FT: Follow-T For claiming a	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8) See \$40, Arough Survey Arough Survey (Resurvey) gainst JNC Only (wef 10 Jan 2005)	Ant (5) Ant (
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Also unit Particulars: iver/Owner: intact No:	Courtesy Car ()	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8) Reporting (\$100); IN	Ant (5) Ant (fit Bill Add B 0) (545) (120) (530)
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Also unit Particulars: iver/Owner: intact No:	Courtesy Car ()	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8) Reporting (\$100); IN	Ant (5) Ant (fit Bill Add B 0) (545) (120) (530)
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Allowance () aumant's Particulars :- iver/Owner: Intact No: maged Portion:	Courtesy Car ()	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8) Reporting (\$100); INC (\$100); INC (\$8) Reporting (\$100); INC (\$100); INC (\$100); INC (\$100);	Ant (5) Ant (71 Bill Add B 0) 545 1120 530 575
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time: Actions alimant's Particulars: iver/Owner: ntact No: maged Portion:	Courtesy Car () () \$3000] () \$3000] ()	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$80); Frough Survey (Resurvey) Estingt INC Only (wef 10 Jan 2005); Control Survey (\$100); Control	Ant (5) Ant (71 Bill Add B 0) 545 120 530 575 160
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time: Actions Also will alimant's Particulars: iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	Courtesy Car ()	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8) Fee \$40, Frough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) ption + SMRT Survey 3 phal Services:- Car / Tpt Allowance co-ordination	Ant (5) Ant (7) Ant (5) Ant (7) Ant (5) Ant (7) Ant (6) San (7) San (7
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time: Actions Actions Actions iver/Owner: maged Portion: Checked by (Engr-In-Charge):	Courtesy Car () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () ()	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8) Fee \$40, Frough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) ption + SMRT Survey 3 phal Services:- Car / Tpt Allowance to-ordination air Inspection licet Excess Coordination	Ant (S) Ant (S
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions Also unit Particulars :- iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	/ Courtesy Car ()	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); See \$40, Arough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005); stion + SMRT Survey onal Services: Car/Tpt Allowance o-ordination air Inspection licet Excess Coordination (N:In INC) against INC	Ant (5) Ant (6) Ant (6) Ant (6) Ant (6) And (8) And (8
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	Courtesy Car () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () () ()	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); See \$40, Arough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005); stion + SMRT Survey onal Services: Car/Tpt Allowance o-ordination air Inspection licet Excess Coordination (N:In INC) against INC	Ant (S) Ant (S

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

EMail Address

Fax Number Contact Number

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

BUT AND THE SAME OF THE SAME	ACCIDENT STATEMENT
Date Of Report	17/07/2018 18:35
Date Of Accident	17/07/2018 03:45
Exact Location Of Accident	JUNC HOUGANG AVE 2 & HOUGANG AVE 8
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU3788L
Insured/Policyholder	
Name Of Registered Owner	LEE CHEESENG
NRIC No	S8140807F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93675868
Alternative Phone No	OFFICE-93675868
Vehicle Particulars	
Manufacturer	тоуота
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096346150
Cover Note Number	
Driver	
Name of Driver	WONG YU JING RITZ (WANG YUJING)
NRIC No	S9448064G
Date Of Birth	04/12/1994
Occupation	INDOOR
Date Of Driving Pass	20/03/2014
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE

(LOCAL) +65-98538371

OFFICE-98538371

NOEMAIL

120 SERANGOON AVENUE 3 Address

#14-07

554774 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

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

Was any injured conveyed to hospital by

ambulance?

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) 3

Passenger 1 NAME: : FOO SHI CHENG

> GENDER: : MALE

NO

Passenger 2 NAME:

> GENDER: : MALE

: KOH

Details of Police Action

Was the accident reported to the police?

NO

NO

NO

SJN6348R

If Yes, Please state which Police Station Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

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)

Passenger 1

2

NAME:

13

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of .
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

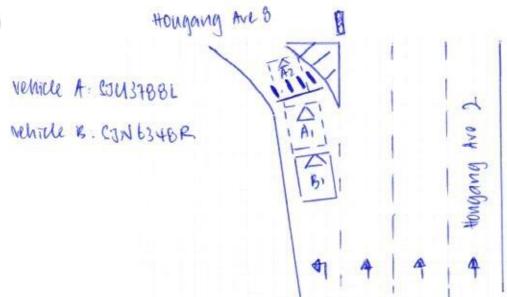
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



	on the stated date Y time, I, vehicle 4, CJU3788
NOS	stationary before the stop-line as there was a equist
Crossi	ing at the tebra crossing. Suddenly, relicle is,
NES	1348R, Wit onto my stationary rehide's rear portion.
the	great impact carried my which to proper forward
until	after the stop - Ime_
	my passengers. O FOO SVI Cheng NRIC: 593238040
	5 MR KOH.

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Sig ot the policyholder) (If driver Date & Time

Reporting Centre Personner's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

LOCATION: VEI	n chon of thou	gang the 2 x	Ave 8.
1. DETAILS C	F VEHICLE	0 - 0	
the state of the s	E NUMBER: SJU	3798L	
	NCE COMPANY:	NTIME	_
1 12		96346 1150	 -
	TYPE: (COMPREHENSIN		D D A DTV EIDE & THEETI
e)MAKE 8		Aitis	DI AKIT LIKE ATTEM
	LOON / COUPE / MPV	The state of the s	DRCYCLE / OTHERS)
g) VEHICL	CATEGORY: (PRICATE	/ COMMERCIAL / MO	TORCYCLEL
	E OF USING AT ACCID		
	CLAIMING UNDER YO		
IF NO, PL	EASE STATE (THIRD PAR	CLAIM / REPORTING	ONLY)
2. INSURED /	POLICY HOLDER		
A)NAME:_		ng	_(MALEY FEMALE)
		14080TH CONT	ACT: 436+ 5060
c)ADDRES	s: 505 Jelapang	4001/1 \$10-431	5(170505)
in 25 Ed. British Programme Control			
* CONTINU	E TO 3.d IF DRIVER ALS	O POLICY HOLDER	4
of passenga DRIVER	blood No Bear I	Na .	M
duding di sa) a) NAME:_		417	_(MALE AFEMALE)
(N)	V/PASSPORT:	144 BOLY ONT	ACT: 4053 034
assenger males	s: Do seran	your the 3 th	Q 14-07 \$1354
*dinate o	FBIRTH: (DH / 12 /	aarunnuu	
e)OCCUP	ATION: (INDOOR / OUT	DOOR!	0
	DRIVING EXPRERIENCE		99
	ER AN EMPLOYEE OF		ADANYS (VES / AD)
	ATIONSHIP OF THE		
	CONDITION: (CLEAR		
	RFACE: (DRY / WET / C		
	DDY INJURED (YES / N		
	TO POLICE (YES / NO		
IF YES, PLE	ASE STATE WHICH POL	ICE STATION:	
8 THIRD PARTY	VEHICLE		
	E NUMBER: SJN E	346K MODE	<u> </u>
uding driver) b) DRIVER		- Tellindonse et	
	N/PASSPORT:	CONT	ACT:
7, IHIKU PAKII			
of passenger of Delver	E NUMBER:	MODEL	
a DDIVED	'S NAME:		
I O DRIVER	N/PASSPORT:		

email = 200 matitowerts@gmail com

VIDEO =

IDENTITY CARD NO. \$8140807F REPUBLIC OF SINGAPORE

Name





LEE CHEE SENG (LI ZHISHENG)





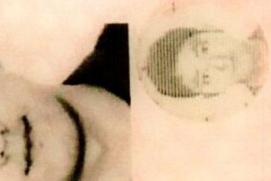
Date of birth

CHINESE

08-12-1981

SINGAPORE Country of birth







NRIC NO. S8140807F

Date of issue

28-03-2012

APT BLK 505 JELAPANG ROAD #10-432 SINGAPORE 670505 JPIC No: S8140807F Date: 27/0

Date: 27/07/2012

No: 7096188

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$9448064G





Name

WONG YU JING RITZ (WANG YUJING)

E

Race CHINESE

Date of birth

04-12-1994 M

59448064G

4370102

Country of birth SINGAPORE

NRIC No. S9448064G

Onte of Issue 09-03-2009

120 SERANGOON AVENUE 3 #14-07 SINGAPORE 554774

DRIVING LICE EPUBLIC OF SINGAPORE

Name:

WONG YU JING RITZ (WANG YUJING)

Birth Date: 04 Dec 1994

Issue Date: 20 Mar 2014

002287072E

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A

Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

Licence No: S944806

NP 428A

							Gene	eralClaim
					Change Lar	guage	Change Passwo	ord · Log Out
licy Query								
No.				Date of Acc	ident	17/07	7/2018 03:45	
le No.(For Mator)	53U3788L							
				Search				
t Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
5096346150	LEE CHEESENG	S8140807F	GPC	drivo CLASSIC	SJU3788L	SJU3788L	01/12/2017	30/11/2018
	ct Policy No.	y No. cle No.(For Motor) 5303788L ct Policy No. Policyholder Name	y No. cle No.(For Motor) 53U3788L ct Policy No. Policyholder Policyholder Name NRIC	y No. cle No.(For Motor) SJU3788L ct Policy No. Policyholder Policyholder Product Name NRIC Product	y No. Date of Acc cle No.(For Motor) SJU3788L Search Ct. Policy No. Policyholder Policyholder NRIC Product Cover Type	y No. Date of Accident Cle No.(For Motor) S3U3788L Search Ct Policy No. Policyholder Name NRIC Product Cover Type Vehicle No.	y No. Date of Accident 17/07 cle No.(For Motor) S3U3788L Search ct Policy No. Policyholder Policyholder Product Cover Type Vehicle No. Object	y No. Date of Accident 17/07/2018 03:45 Cle No.(For Motor) SJU3788L Search Ct Policy No. Policyholder Policyholder Name NRIC Product Cover Type Vehicle No. Object Date

Policy No.	5096346150	Policyholder Name	LEE CHEES	ENG	Policyholder NRIC	S8140807F	
Address	BLK 505 #10-432 JELAPANG RO	AD SINGAPOR	E 670505				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	30/11/2017	Effective Date	01/12/2017	00:00	Expiry Date	30/11/2018 2	23:59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Agent	A-ASSURANCE SERVICES AGEN	Agent Tel.	62557748		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	nolder Mailing Address						
Address 1	BLK 505 #10-432	Addre	ss 2	JELAPANG ROAD		Address 3	SINGAPORE 670505
Address 4		Addre	ss Type	Singapore address		Post Code	670505
Unit No.	#10-432	Relate Numb	ed Policy er	5096346150			
D Insure	d Object: SJU3788L						
	sements						
Endors							

ccident MT/1003449								
olicy No.	5096346150	Vehicle No.	53U3788L		GST Registration R	No.		
vicyholder Name	LEE CHEESENG				Policyholder NRIC		5814080	vic.
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC					147
ontact No.(Mobile)					Loading		0	
	93675868	Contact No.(Office)	0	- 1	Contact No. (Home	1)	0	
mail Address		Special Remark			eCode		No. V	
PK	® No ○Yes	TCA	® No ○ Yes	- 3	eCode Reason			
CD Protection	Ves	NCD Entitlement(%)	50	63	Private Hire		No	
Accident Details								
sport Date	17/07/2018 16:47	Acodent Report Witten 24 hrs	Yes	200	1202122 <u>2</u> 0102		14,700,000	
			785		Accident Type		Collision	- Head to Rear
tte of Accident	17/07/2018	Time of Accident his min	03:45	- (Country of Acoder	nt	Singapor	4
sporting Cantre		Orange Force		01	ICM No.			
cident Location	JUNC HOUGANG AVE 2 & HOUGANG AVE 8							
9 Benefits								
Fxcess								
vn damage Excess	600.00	Additional Excess	D		Windscreen Excess	15	100.00	
named Driver Excess	2,900.00	Outside Singapore OD Excess	600.00					
int Party Excess	0.00	Outside Singapore TP Excess	0.00					
GST Registered Inform	ation							
Registered	No		Per wallend to be a					
F Registration No.	142		GST Registration Date					
dification History			GST Status Verified		Yes			
urreation restory								
Policyholder Mailing Ac								
Iress 1	BLK 505 #10-432	Address 2	SELAPANG ROAD	A	Address 3		SINGAPO	RE 670505
dress 4		Address Type	Singapore address	p	Post Code		670505	
it No.	#10-432	Related Policy Number	5096346150	- 00			and the second	
OI Driver Info		A STATE OF THE STA	2020-0130					
ver Name		-1/10/201	131					
	Unnamed Driver	Driver Type	Unnamed Driver					
named driver Name	WONG YU JING RITZ (WANG YL	Driver NRIC	\$9448064G		Driver DOB		14/12/15	994
pister Date of Driver License	20/03/2014	Driver Age	23	0	Driving Experience	68	4	
ntact No.(Mobile)	98538371	Contact No.(Office)	g .		Contact No.(Home:	1	0	
fress i	120 SERANGOON AVENUE 3					- 1		WE STATE
	120 SCRANGOUN AVENUE 3	Address 2	AMARANDA GARDENS		Arbtress 3		STARGER	
	120 SERANGOON AVENUE 3	Address Type	AMARANDA GARDENS		Address 3		SINGAPO	WE SHILLS
tress 4		Address 2 Address Type	AMARANDA GARDENS Singapore address		Address 3 Post Code		\$1NGAP0 \$54774	WE SPATA
dress 4 £ No.	14-07							ME 334774
tress 4 t Np. es he own a Singapore				9		npany		WE 334//4
tress 4 t No. es he own a Singagore	14-07	Address Type		9	Post Code	npany		WE 3347/4
iness 4 t No. es he own a Singagore autered car?	14-07	Address Type		9	Post Code	npany		WE 334//4
tress 4 f. No. es he own a Singagore gasered car? taration nathalyser or Blood Test	14-07 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore address	9	Post Code	npany		NE 304/74
idness 4 ift No. ies he own a Singagore gastered car? claration eathalyser or Blood Test	14-07	Address Type		9	Post Code	npany		700//4
idress 4 it No. ies he own a Singagore gattered car? claration eathalyser or Blood Test ading?	14-07 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore address	9	Post Code	npany		700//4
dress 4 if No. es he own a Singagore gatered car? claration eathalyser or Blood Test	14-07 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore address	9	Post Code	npany		ME 200//9
tress 4 f No. es he own a Singagore placered car? daration withhilyter or Blood Test adding?	14-07 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore address	9	Post Code	npany		700//9
ress 4 No. s he own a Singagore attened car? aration sthalyser or Blood Test ding?	14-07 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore address	9	Post Code	npany		700//9
ness 4 Np. s he own a Singagore assered car? aration sthalyser or Blood Test	14-07 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore address	9	Post Code	npany		700//4
insis 4 t Np. es he own a Singagore intered car? taration athialyser or Blood Test ding? fication History laim 001 New	14-07 ○ Yes	Address Type Driver Vehicle No.	Singapore address ○ Yes No	0	host Code	прапу	\$54774	
insis 4 t Np. Is he own a Singagore intered car? intation athingurer or Blood Test ding? fication History Inim 001 New Im Type *	14-07 O Yes ® No 0 mg	Address Type Driver Vehicle No. Any injury? Insured Name	Singapore address ○ Yes ® No	D	host Code Triver Insurer Com	200000		
insis 4 t Np. Is he own a Singagore intered car? faration athialyser or Blood Test ding? fication History Islim 001 New m Type * fact No. (Mobile)	14-07 () Yes (No) Hg	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	Singapore address ○ Yes ® No LEE CHEESENG 57633285	to c	nose Code Onver Insurer Com Insurer NRIC Contact No. (Office)		\$54774 \$5414080	7F
ress 4 IND. Is he own a Singagore intered car? aration athalyser or Blood Test ding? pheation History Inim 001 New m Type * tact No. (Mobile) Is Address	14-07 ○ Yes ® No 0 mg CO-MX 96755096 LEECHESSENG61@dMAJL.COM	Address Type Driver Vehicle No. Any injury? Insured Name	Singapore address ○ Yes ® No	to c	host Code Triver Insurer Com		\$54774	7F
ress 4 IND. Is he own a Singagore intered car? aration athalyses or Blood Test oligy fication History laim 001 New In Type * fact No. (Mobile) Is Address In Oescription	14-07 () Yes (No) Hg	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	Singapore address ○ Yes ® No LEE CHEESENG 57633285	to control of the con	nose Code Onver Insurer Com Insurer NRIC Contact No. (Office)		\$54774 \$5414080	7F
ress 4 IND. Is he own a Singagore intered car? aration athalyses or Blood Test oligy fication History laim 001 New In Type * fact No. (Mobile) Is Address In Oescription	14-07 ○ Yes ® No 0 mg CO-MX 96755096 LEECHESSENG61@dMAJL.COM	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	Singapore address ○ Yes ® No LEE CHEESENG 67633285 S3U3788.	to control of the con	noured NATIC Contact No. (Office) P Vehicle Number		\$54774 \$5414080	7F
ress 4 IND. Is he own a Singagore intered car? aration athalyser or Blood Test ding? fication History Inim 901 New In Type * Inc. (Mobile) If Address In Description erred Workshop Corract	14-07 O vies (a) No O mg CO-MX 96755696 LECH-EBSENG81@GMAIL.COM S3U3768L / S3N6346R ON 17 Jul 2018	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability *	Singapore address ○ Yes ® No LEE CHEESENG 57633285 S3U3788.	D D D D D D D D D D D D D D D D D D D	noured NRIC Contact No. (Office) P Vehicle Number		\$54774 \$414080 \$386348	7F
iness 4 t. No. Is he own a Singagore Intered car? Intered car. Inter	14-07 () Yes ® No D mg (CO-MX 96755096 LECCHESSENG81@dMAIL.COM S1U3788L / S2MSJ48R ON 17 Jul 2018 Yes	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option	Singapore address ○ Yes ® No LEE CHEESENG 57633285 S3U3788.	to co	noured NRIC Contact No. (Office) P Vehicle Number same of Preferred		\$54774 \$414060 \$3N6348	2F
iness 4 t. No. Is he own a Singagore intered car? Isration athalyser or Blood Test ding? Incaron Hatory Islim 001. New In Type * Ract No. (Mobile) Is Address In Description Ierred Workshop Corract Live Finalisation e Registered	14-07 Yes ® No D mg CO-MX R6755096 LECHESSENG81@GMAIL.COM SIU3788L / SW6348R ON 17 Jul 2018 Yes L7/07/2018 18:50	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability *	Singapore address ○ Yes ® No LEE CHEESENG 57633285 S3U3788.	to co	noured NRIC Contact No. (Office) P Vehicle Number		\$54774 \$414080 \$386348	2F
sress 4 £ No. es he own a Singagore paramed car? taration athialyzer or Blood Test dding? Incation History tileim 901 New Im Type * Kact No. (Mobile) al Address Im Oescription ferred Workshop Contact Liver Finalisation e Registered	14-07 () Yes ® No D mg (CO-MX 96755096 LECCHESSENG81@dMAIL.COM S1U3788L / S2MSJ48R ON 17 Jul 2018 Yes	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option	Singapore address ○ Yes ® No LEE CHEESENG 57633285 S3U3788.	to co	noured NRIC Contact No. (Office) P Vehicle Number same of Preferred		\$54774 \$414060 \$3N6348	2F
iness 4 t Np. es he own a Singagore intered car? laration atthisper or Blood Test diling? Ification History Islim 001 New In Type + fact No. (Mobile) es Address in Description ferred Workshop Contact usive Finalisation e Registered ont Taken by	14-07 Yes ® No D mg CO-MX R6755096 LECHESSENG81@GMAIL.COM SIU3788L / SW6348R ON 17 Jul 2018 Yes L7/07/2018 18:50	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option	Singapore address ○ Yes ® No LEE CHEESENG 57633285 S3U3788.	to co	noured NRIC Contact No. (Office) P Vehicle Number same of Preferred		\$54774 \$414060 \$3N6348	2F
sress 4 £ No. es he own a Singagore paramed car? taration athialyter or Blood Test string? Incation History tlaim 001 New In Type + Kact No. (Mobile) all Address Im Oescription fermed Workshop Contact unve Finalsation e Registered sort Taken by	14-07 Yes ® No D mg CO-MX R6755096 LECHESSENG81@GMAIL.COM SIU3788L / SW6348R ON 17 Jul 2018 Yes L7/07/2018 18:50	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	Singapore address O Yes ® No LEE CHEESENG 57633285 S3U3798s. Not at Fault Preferred Workshop, Name unknown	to co	noured NRIC Contact No. (Office) P Vehicle Number same of Preferred		\$54774 \$414060 \$3N6348	2F
ress 4 IND. Is he own a Singagore intered car? aration athalyser or Blood Test ding? fication History Inim 001 New In Type * In Control (Mobile) If Address In Description Bered Workshop Contact Live Finalisation In Registered ort Taken By Print AK letter	14-07 Yes ® No D mg CO-MX R6755096 LECHESSENG81@GMAIL.COM SIU3788L / SW6348R ON 17 Jul 2018 Yes L7/07/2018 18:50	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	Singapore address ○ Yes ® No LEE CHEESENG 57633285 S3U3788c	to co	noured NRIC Contact No. (Office) P Vehicle Number same of Preferred		\$54774 \$414060 \$3N6348	2F
ness 4 Np. s he own a Singagore attend car? aration thialyser or Blood Test sing? m Type * act No. (Mabrie) if Address in Description erred Workshop Contact use Finalisation Registered bot Taken By Print AK recter	14-07 Yes ® No D mg CO-MX R6755096 LECHESSENG81@GMAIL.COM SIU3788L / SW6348R ON 17 Jul 2018 Yes L7/07/2018 18:50	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	Singapore address O Yes ® No LEE CHEESENG 57633285 S3U3798s. Not at Fault Preferred Workshop, Name unknown	to co	noured NRIC Contact No. (Office) P Vehicle Number same of Preferred		\$54774 \$414060 \$3N6348	2F
No. s he own a Singagore attend car? tration thalyser or Blood Test sing? n Type * act No. (Mobile) if Address n Description erred Workshop Contact uire Finalisation Registered which Ak Tecter	14-07 Yes ® No D mg CO-MX R6755096 LECHESSENG81@GMAIL.COM SIU3788L / SW6348R ON 17 Jul 2018 Yes L7/07/2018 18:50	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	Singapore address O Yes ® No LEE CHEESENG 57633285 S3U3798s. Not at Fault Preferred Workshop, Name unknown	to co	noured NRIC Contact No. (Office) P Vehicle Number same of Preferred		\$54774 \$414060 \$3N6348	2F
ress 4 ND. s he own a Singagore attend car? aration aration aration aration fication History laim 001 New m Type * fact No. (Mobile) is Addresx in Description erred Workshop Contact uire Finalsation a Registered port Taken By Print AK letter	14-07 Yes No Deg DO-MX 96755696 LEECH-EBSENG61@GMABL.COM S1U37861_/ S7M5148R ON 17 Jul 2018 Yes 17/07/2018 18:50 Jackson	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Proferered Repair Option Claim Close Date	Singapore address O Yes ® No LEE CHEESENG 57633285 S3U3798s. Not at Fault Preferred Workshop, Name unknown	to co	noured NRIC Contact No. (Office) P Vehicle Number same of Preferred		\$54774 \$414060 \$3N6348	2F
ress 4 IND. Is he own a Singagore intered car? Is he own a Singagore intered car? Intered car? Intered car? Intered car? Intered car? Intered car? Intered car. I	14-07 Yes ® No D mg CO-MX R6755096 LECHESSENG81@GMAIL.COM SIU3788L / SW6348R ON 17 Jul 2018 Yes L7/07/2018 18:50	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	Singapore address O Yes ® No LEE CHEESENG 57633285 S3U3798s. Not at Fault Preferred Workshop, Name unknown	to co	noured NRIC Contact No. (Office) P Vehicle Number same of Preferred		\$54774 \$414060 \$3N6348	2F
ress 4 IND. Is he own a Singagore intered car? aration athalyser or Blood Test ding? fication History Inim 003 New In Type * Inc. (Mobile) In Address In Description erred Workshop Contact uive Finalisation a Registered out Taken By Print AK letter Itachment	14-07 Yes No Deg DO-MX 96755696 LEECH-EBSENG61@GMABL.COM S1U37861_/ S7M5148R ON 17 Jul 2018 Yes 17/07/2018 18:50 Jackson	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Proferered Repair Option Claim Close Date	Singapore address O Yes ® No LER CHEESENG 67633285 S3u3788. Not at Fault Preferred Workshop, Name unknown Save Submit	to co	noured NRIC Contact No. (Office) P Vehicle Number same of Preferred		\$54774 \$414060 \$3N6348	2F
ress 4 IND. Is he man a Singagore intered car? aration athalyser or Blood Test ding? fication History Islam 003 New In Type * Isact No. (Mobile) Isl Address In Description erred Workshop Contact uire Finalisation a Registered out Taken By Print AK Tetter Islandhiment	14-07 Yes No Deg DO-MX 96755696 LEECH-EBSENG81@GMABL.COM S1U37881_/ S3N6348R ON 17 3u 2018 Yes L7/07/2018 18:50 Jackson MT/L003449 No No	Address Type Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Proferered Repair Option Claim Close Date	Singapore address O Yes ® No LEE CHEESENG 67613285 S3U3788. Not at Fault Preferred Workshop, Name unknown 001 17/07/2018 18:51	to co	Post Code Driver Insurer Com Disured NATIC Contact No. (Office) P Vehicle Number same of Preferred SIA report take Received	Workshop	\$5414080 \$316348 Received 17/07/20	7F
ress 4 ND. s he own a Singagore stered car? aration aration aration aration fication History laim 001 New m Type * sact No. (Mobile) is Address in Description erred Workshop Contact uire Finalsation of Registered out Taken By Print AK letter stackment	14-07 Yes No Deg Do-MX 96755696 LEECHEESENGS1@GMADL.COM S1U3786L/S7M5348R ON 17 Jul 2058 Yes 17/07/2018 18:50 Jackson	Address Type Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repay Option Claim Close Date Claim No. Upload Date	Singapore address O Yes ® No LEE CHEESENG 67633285 S3U3788L Not at Fault Preferred Workshop, Name unknown 17/07/2018 18:51 Category *	D C C T T N N O O	Post Code Driver Insurer Com Disured NATIC Contact No. (Office) P Vehicle Number Name of Preferred SIA report SIA report SIA report	Workshop	\$54774 \$414080 \$3N6348 Received 17/07/20	2F
ress 4 IND. Is he man a Singagore intered car? aration athalyser or Blood Test ding? fication History Islam 003 New In Type * Isact No. (Mobile) Isl Address In Description erred Workshop Contact uire Finalisation a Registered out Taken By Print AK Tetter Islandhiment	14-07 Yes No Deg DO-MX 96755696 LEECH-EBSENG81@GMABL.COM S1U37881_/ S3N6348R ON 17 3u 2018 Yes L7/07/2018 18:50 Jackson MT/L003449 No No	Address Type Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Proferered Repay Option Claim Close Date Claim No. Upload Date Browse.	Singapore address O Yes ® No LEE CHEESENG 67633285 S3u3788. Not at Fault Preferred Workshop, Name unknown 17/07/2018 18:51 Category * Caser Please Select	D C C T T N N O O	Post Code Driver Insurer Com Disured NATIC Contact No. (Office) P Vehicle Number Name of Preferred SIA report SIA report SIA report	Workshop	\$5414080 \$316348 Received 17/07/20	7F
ress 4 ND. s he own a Singagore stered car? aration aration aration aration fication History laim 001 New m Type * sact No. (Mobile) is Address in Description erred Workshop Contact uire Finalsation of Registered out Taken By Print AK letter stackment	14-07 Yes No Deg DO-MX 96755696 LEECH-EBSENG81@GMABL.COM S1U37881_/ S3N6348R ON 17 3u 2018 Yes L7/07/2018 18:50 Jackson MT/L003449 No No	Address Type Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repay Option Claim Close Date Claim No. Upload Date	Singapore address O Yes ® No LEE CHEESENG 67633285 S3U3788L Not at Fault Preferred Workshop, Name unknown 17/07/2018 18:51 Category *	D C C T T N N O O	Post Code Driver Insurer Com Disured NATIC Contact No. (Office) P Vehicle Number Name of Preferred Sta report State Received Confidential	Workshop	\$54774 \$414080 \$3N6348 Received 17/07/20	7F
iness 4 t No. es he own a Singagore istered car? straison athalyser or Blood Test ding? fication History fication History fication History in Type * fact No. (Mobile) sit Address m Description erred Workshop Contact use Finalisation e Registered ont Taken By Print AK letter strachment	14-07 Yes No Deg DO-MX 96755696 LEECH-EBSENG81@GMABL.COM S1U37881_/ S3N6348R ON 17 3u 2018 Yes L7/07/2018 18:50 Jackson MT/L003449 No No	Address Type Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Proferered Repay Option Claim Close Date Claim No. Upload Date Browse.	Singapore address O Yes ® No LEE CHEESENG 67633285 S3u3788. Not at Fault Preferred Workshop, Name unknown 17/07/2018 18:51 Category * Caser Please Select	D C C T T N N O O	Posit Code Positive Insurer Com Positive Insurer Com Positive Insurer Com Contact No. (Office) Positive Number Reme of Preferred Confidential	Urgenc Normal Normal	\$5414080 \$316348 Received 17/07/20	7F
Iness 4 f. Np. es he own a Singagore litered car? laration athlyter or Blood Test dding?	14-07 Yes No Deg DO-MX 96755696 LEECH-EBSENG81@GMABL.COM S1U37881_/ S3N6348R ON 17 3u 2018 Yes L7/07/2018 18:50 Jackson MT/L003449 No No	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Proferered Repair Option Claim Close Date Claim No. Upload Date Browse. Browse. Browse.	Singapore address O Yes ® No LEE CHEFSENG 67613285 S3U3788L Not at Fault Preferred Workshop, Name unknown 17/07/2018 18:51 Category * Caser Presse Select Clear Presse Select	D C C T T N N N N N N N N N N N N N N N N	Post Code Driver Insurer Com Driver Insurer	Urgenc Normal Normal	\$54774 \$414080 \$336348 Received 17/07/20	7F
sress 4 £ No. es he own a Singagore paramed car? stration athalyser or Blood Test string? stration Meaw im Type * stact No. (Mobile) all Address im Description ferred Workshop Contact pure Finalsation e Registered soort Taken By Print AK letter stachment	14-07 Yes No Deg DO-MX 96755696 LEECH-EBSENG81@GMABL.COM S1U37881_/ S3N6348R ON 17 3u 2018 Yes L7/07/2018 18:50 Jackson MT/L003449 No No	Address Type Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Proferend Repair Option Claim Close Date Claim No. Upload Date Browse. Browse.	Singapore address O Yes ® No LEE CHEESENG 67613285 S3U3788. Not at Fault Preferred Workshop, Name unknown 17/07/2018 18:51 Category * Caer Prease Select Clear Prease Select Clear Prease Select Clear Prease Select Clear Prease Select	D C C T T N N O O	Post Code Driver Insurer Com Driver Insurer	Urgenc Normal Normal	\$5414080 \$316348 Received 17/07/20	7F
sress 4 £ No. es he own a Singagore paramed car? stration athalyser or Blood Test string? stration Meaw im Type * stact No. (Mobile) all Address im Description ferred Workshop Contact pure Finalsation e Registered soort Taken By Print AK letter stachment	14-07 Yes No Deg DO-MX 96755696 LEECH-EBSENG81@GMABL.COM S1U37881_/ S3N6348R ON 17 3u 2018 Yes L7/07/2018 18:50 Jackson MT/L003449 No No	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Proferered Repair Option Claim Close Date Claim No. Upload Date Browse. Browse. Browse.	Singapore address O Yes ® No LEE CHEFSENG 67613285 S3U3788L Not at Fault Preferred Workshop, Name unknown 17/07/2018 18:51 Category * Caser Presse Select Clear Presse Select	D C C T T N N N N N N N N N N N N N N N N	Posit Code Pisured NATIC Contact No. (Office) P Vehicle Number same of Preferred Confidential P Vehicle Received Confidential	Urgenc Normal Normal	\$54774 \$414080 \$336348 Received 17/07/20	7F
iness 4 t No. es he own a Singagore istered car? straison athalyser or Blood Test ding? fication History fication History fication History in Type * fact No. (Mobile) sit Address m Description erred Workshop Contact use Finalisation e Registered ont Taken By Print AK letter strachment	14-07 Yes No Deg DO-MX 96755696 LEECH-EBSENG81@GMABL.COM S1U37881_/ S3N6348R ON 17 3u 2018 Yes L7/07/2018 18:50 Jackson MT/L003449 No No	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Oose Date Claim No. Upload Date Browse. Browse. Browse. Browse.	Singapore address O Yes ® No LEE CHEESENG 67613285 S3U3788. Not at Fault Preferred Workshop, Name unknown 17/07/2018 18:51 Category * Caer Prease Select Clear Prease Select Clear Prease Select Clear Prease Select Clear Prease Select	D C C T T N N N N N N N N N N N N N N N N	Posit Code Pisured NATIC Contact No. (Office) P Vehicle Number same of Preferred Confidential AD Vehicle Number Confidential	Urgent Normal Normal Normal	\$54774 \$434080 \$336348 Received 17/07/20	7F

Attachment		Uploaded By/Date	Category	Ŷ	Urgency	Description	Msg Sent? Action (CO)
	NAC_PAYA_UBI_B00603(NATI	DNAL ASSESSMENT CENTRE SERVICES) on 17 Jul 2018 18:51	NRIC/ Driving Licerse		Normal	NRIC/ Driving License 2015-7-17	Edit
2 3	NAC_PAYA_UBJ_B00601(NATI	ONAL ASSESSMENT CENTRE SERVICES] on 17 Jul 2018 18:51	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-17	Edit
-	NAC_PAYA_UB3_B00603(NATI	DNAL ASSESSMENT CENTRE SERVICES) on 17 Jul 2018 18:51	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-17	Edit
113	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 17 Jul 2018 18:50	SAS		Normal	SAS 2018-7-17	Edit
NO.	NAC_PAYA_UB1_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 17 Jul 2018 18:50	Photos		Normal	Photos 2018-7-17	Edit
0	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 17 Jul 2018 18:50	Photos		Normal	Photos 2018-7-17	Edit
	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 17 Jul 2018 18:50	Photos		Normal	Photos 2018-7-17	Edit
15	NAC_PAYA_UB1_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 17 Jul 2018 18:50	Photos		Normal	Photos 2018-7-17	Edit
1	NAC_PAYA_US1_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 17 Jul 2018 18:50	Photos		Normal	Process 2018-7-17	Edit
No.	NAC_PAYA_UB1_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 17 Jul 2018 18:50	Photos		Normal	Photos 2018-7-17	Edit
		ONAL ASSESSMENT CENTRE SERVICES) on 17 Jul 2018 18:50	Photos		Normal	Photos 2018-7-17	Edit
Part of	NAC_PAYA_UBI_B00601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 17 Jul 2018 18:50	Photos .		Normal	Photos 2018-7-17	Edis
		ONAL ASSESSMENT CENTRE SERVICES) on 17 Jul 2018 18:50	Photos		Normal	Photos 2018-7-17	Edit
♥ Video List							
	Uploaded By/Date	Folder Date	Rie Name		?	Source	Action