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Date In: 19 18- 7: 7	Jeb description	n	Date &Time Completed	Dei	ie p'i
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OD TP Reporting Only	i-Motor W/0	O (Within: OD 2hi	s, TP 4hrs)		
OB III Reporting Only	i-Photo Uplo	paded			St. Becco
TP Insurer:	Assessment/S	urvey Report			etim
II Insuroi.	Ass't Report b	by Fax/Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: SLM	12808M .	. INC()/Non-INC().	10	
Owner / Driver: (Tcl:)	
Policy No: () P	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (\	WO): N: 0-2	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
	,000 ()/\$2,000				
General Remarks:-		1 1 1 1 1 1		3.00	1 5
() Walk-In Customer: Customer's inf	formation strictly Co	ofidential & St	rictly NO refer of repairer		
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() Total Loss Case : to e-mail Insu		***			
Drive-In ()/ Towed-In (); Invoice	ce: YES()/N	T; () OV	owing Co: ()
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

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

Make the protection of the second particles as	ACCIDENT STATEMENT	
Date Of Report	19/07/2018 13:34	
Date Of Accident	18/07/2018 19:35	
Exact Location Of Accident	PIE (CHANGI) BEFORE PAYA LEBAR RD EXIT	
Country/State of Loss	SINGAPORE	
The state of the s	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLT2758L	
Insured/Policyholder		Mes !
Name Of Registered Owner	SIM WEE SIN	
NRIC No	S9309581B	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-82017875	
Alternative Phone No	OFFICE-82017875	
Vehicle Particulars		
Manufacturer	AUDI	
Model	A4 1.8 TFSI MU	
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	5095323528	
Cover Note Number		
Driver		
Name of Driver	SIM WEE SIN	
NRIC No	S9309581B	
Date Of Birth	24/03/1993	
Occupation	INDOOR	
Date Of Driving Pass	09/10/2017	
Driving Experience	0 YEAR AND 9 MONTH	
Gender	MALE	
Mobile Number	(LOCAL) +65-82017875	
Fax Number		

OFFICE-82017875

NOEMAIL

BLK 166B PUNGGOL CENTRAL Address

#12-141

Postcode 822166

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 3 Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: COLETTE MAGDELINE MONTEIRO

GENDER: : FEMALE

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

REFER TO STATEMENT.

Attachment(s)

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

NO

1

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLM2808M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

Page 2 of 18

DETAILS OF OTHER VEHICLE PROPERTY 2 Vehicle Registration Number SHD9332S Vehicle Make/Model/Colour Details Of Properties Vehicle Category TAXI Name of Driver NRIC/Passport Number Contact Number Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver) Passenger 1 NAME: 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 <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.
- 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:
 - 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 .:

VEHICLE B. SLT 2758L
VEHICLE B. SLM 2808M
VEHICLE C 8HD 93333S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	on the stated date & time, I, which 4', SLIJ758L, was
tio	velling straight along the stated venue Front rehicle suddenly
yra	re, and I braired as well. About 2-3 seconds later, vehicle
'B',	SLM 2808 m, hit outo my stationary vehicle's rear portion. The
greo	it impact caused my which to people forward & hit outo vehic
·(', '	SHD 93325
	P: COLETTE MAGDELINE MONTEIRU
	593464490
15-10-55-	

DECLARATION

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

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 .:

ACCIDENT STATEMENT

ACCIDENT DATE: (18 / 07/ 2018)(DD/MM/	YYYY), TIME:(19 : 35 HH:MM)
LOCATION: PIE (changi), before P	aya lebar
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: SLT 2758 L b) INSURANCE COMPANY: NTUC	
GIPOLICY NUMBER: 509 5323 GIPOLICY TYPE: (COMPREHENSIVE / THIRD GIMAKE & MODEL: AUDI A4	PARTY / THIRD PARTY FIRE &THEFT)
F)TYPE:(SALOON / COUPE / MPV /V AN / LO G)VEHICLE CATEGORY: (PRIMATE / COMME h)PURPOSE OF USING AT ACCIDENT TIME:_	RCIAL / MOTORCYCLE)
 i) ARE YOU CLAIMING UNDER YOUR OWN II IF NO, PLEASE STATE (THIRD PARTY CLAIM 2. INSURED / POLICY HOLDER 	/ REPORTING ONLY)
DINAME: Sim Wee Sim DINAME: Sq 3095818 C) ADDRESS: 1668 PUNGGOL CENTRAL	(MALE / FEMALE) CONTACT: (301 7879) #112-141 (822166)
+ CONTINUE TO 3.d IF DRIVER ALSO POLICY DRIVER	
Claduding driver) DINAME:	(MALE / FEMALE)
DJNRIC/FIN/PASSPORT:	CONTACT:
C/ADDRESS.	
#d)DATE OF BIRTH: (34 / 03 / 1993)(DI #d)DATE OF BIRTH: (34 / 03 / 1993)(DI #J)CCUPATION: (INDOOR) #JYEARS OF DRIVING EXPRERIENCE: () YE	Participal and American Action and American Ac
4. WAS DRIVER AN EMPLOYEE OF THE INSU IF NO, RELATIONSHIP OF THE DRIVER W	
 d) WEATHER CONDITION: (CLEAR / RAINING b) ROAD SURFACE: (DRY / WET / OTHERS 	/ OTHERS
6. WAS ANYBODY INJURED (YES / NO)	
[24] 이 - 아이에 레이지 라이어 아이어를 하나가 되었다. 20 아이트로 그들은 10 이 모든	18 El 18
7. a) REPORTED TO POLICE (YES / NO)	VI
IF YES, PLEASE STATE WHICH POLICE STATIO	N
B. THIRD PARTY VEHICLE THE of passenger Of VEHICLE NUMBER: SLM 3808M.	
THE OF PASSENGER OF PASSENGER OF THE SECOND	MODEL:
Including driver) b) DRIVER'S NAME:	
(01)male, THIRD PARTY VEHICLE	CONTACT:
the of passenger of VEHICLE NUMBER: SHD 9331 S	MODEL:
e) DRIVER'S NAME:	
Including driver) f) NRIC/FIN/PASSPORT:	CONTACT:
Currentern Idriver, I maie passenger	
	N N N N

email =

fax =



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9309581B



Name

SIM WEE SIN

沈 新 Race CHINESE

Date of birth Sex 24-03-1993 M Country of birth

SINGAPORE



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

NP 428A



4232701



12-08-2008

APT BLK 1668 PUNGBOL CENTRAL # 12-141 SMGAPORE 822166

Date: 22/02/2011

Scanned by CamScanner

Scanned by CamScanner

eBao Tech									Gen	eralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lar	nguage	Change Passwe	ord • Log Ou
My Desktop	Policy Query									
Notice of Loss	Policy N	io.				Date of Acc	ident	18/07	7/2018 19:35	10
	Vehicle	No.(For Motor)	SLT2758L							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095323528	SIM WEE SIN	S9309581B	GPC	drivo CLASSIC	SLT2758L	SLT2758L	25/10/2017	16/01/2019
			PER USSIZION	(April 1999)		Continue	- 600 m. (607 ft 1740 .	-0.01990.0000	E. 11000001-701-4000	0.000

Policy No.	5095323528	Policyholder Name	SIM WEE S	SIN	Policyholder NRIC	S9309581B	
Address	BLK 166B #12-141 PUNGGOL CE	NTRAL SING	APORE 8221	66			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	25/10/2017	Effective Date	25/10/201	7 00:00	Expiry Date	16/01/2019	23:59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	500	OS Premium	36.59				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			You	ng/Inexperience Driver Excess
Agent	AA INTERNATIONAL INSURANCI	Agent Tel.	64646022		GST Flag	Υ	
Co- insurance Flag Open Policy Info	No						
Certificate Info							
	holder Mailing Address						
Address 1	BLK 1668 #12-141	Addre	3				NG9000-0000-0000-0000-000-000-000-000-000
	DEN 2000 WIE 171	naure	55 2	PUNGGOL CENTRAL		Address 3	SINGAPORE 822166
Address 4	500 FIE 111		ss Type	PUNGGOL CENTRAL Singapore address		Address 3 Post Code	SINGAPORE 822166 822166
	12-141	Addre	ss Type ed Policy				
Unit No.		Addre Relate	ss Type ed Policy	Singapore address			
Address 4 Unit No. Insure Endors	12-141 od Object: SLT2758L	Addre Relate	ss Type ed Policy	Singapore address			

Claim Handling The premium on this policy has Accident MT/1003696	nat been collected.				
Policy No.	5095323528	Vehicle No.	SLT2758L	GST Registration No.	
Pokcynoider Name	SIM WEE SIN			Policyholder NRIC	S93095818
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	82017875	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	THE V
KFK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
NCD Protection	No.	NCD Entitlement(%)	0	Private Hire	No
		4.0000000000000000000000000000000000000	88		122
Report Date	19/07/2018 15:38	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident					
Reporting Centre	16/07/2019	Time of Accident hh:mm Orange Force	19:35	Country of Accident	Singapore
Accident Location	THE COURSE REPORT AND LOCAL TO A STATE OF	Orange Force		ICM No.	
	PIE (CHANGI) BEFORE PAYA LEBAR RD EXIT				
♥ Benefits					
♥ Excess					
Own damage Excess	600.00	Additional Excess	500	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
□ GST Registered Inform	ation				
GST Registered GST Registration No. Modification History	No		GST Registration Date GST Status Venthed	Yes	
Policyholder Mailing Ad	ldress				
Address 1	BLK 1668 #12-141	Address 2	PUNGGOL CENTRAL	Address 3	SINGAPORE 822166
Address 4		Address Type	Singapore address	Post Code	#22166
Unit No.	12-141	Related Policy Number	5095323528		27539450
O OI Driver Info					
Driver Name	SIM WEE SIN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	593095818	Driver DOB	24/03/1993
Register Date of Driver License	09/10/2017	Driver Age	25	Driving Experience	0
Contact No.(Mobile)	82017875	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BUK 1668	Address 2	PUNGGOL CENTRAL	Address 3	SINGAPORE 822166
	80, 1010	Podde Edit E	POMOGOC CENTRAL	Audress 3	SINGAPORE 822106
Address #		Address Tune	Electronic Address	Providence	0.000
Address 4	17.141	Address Type	Singapore address	Post Code	822166
Address 4 Unit No. Does he own a Singapore Registered car?	12-141 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Post Code Driver Insurer Company	822166
Unit No. Does he own a Singepore Registered car7			Singapore address ○ Yes No		822166
Unit No. Does he own a Singepore Registered car? Declaration Breathalyser or Blood Test Reading?	○ Yes ® No	Driver Vehicle No.	THE TO SECURE OF SECURE		822166
Unit No. Does he own a Singepore Registered car? Declaration Breathalyser or Blood Test Reading?	○ Yes ® No	Driver Vehicle No.	THE TO SECURE OF SECURE		822166
Unit No. Boes he own a Singepore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History	○ Yes ® No	Driver Vehicle No.	THE TO SECURE OF SECURE		822166 S9309581B
Unit No. Does he own a Singepore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New	○ Yes ® No	Driver Vehicle No. Any injury?	○ Yes ® No.	Oriver Insurer Company	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type *	○ Yes ® No 0 mg	Driver Vehicle No. Any injury? Injured Name	○ Yes ® No.	Oriver Insurer Company Insured NRIC	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Concact No.(Mobile)	○ Yes ® No 0 mg CO-MX \$2017675	Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	○ Yes ® No.	Oriver Insurer Company Insured NRIC Contact No. (Office)	\$9309581B
Unit No. Does he own a Singepore 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 O mg OO-MX ©2017875 SIMWEESIM@GMAIL.COM	Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	○ Yes ® No SOM WEE SIN SLT2756L	Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number	\$9309581B
Unit No. Does he own a Singepore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim Type * Contact No. (Mobile) Email Address Laim Description Preferred Workshop Contact No.	○ Yes ® No 0 mg 0 mg 00-MX 82017875 SIM#EESIM#GMAIL COM SLT2758L / SLM2808M ON 18 Jul 2018	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Labritty *	○ Yes ® No S9M WEE S1N SLT2758L Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	S9309S81B
Unit No. Does he own a Singepore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 601 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	O mg O mg OO-MX 82017875 SIMWEESIMWGMAIL COM SLT2758L / SLM2808M ON 18 Jul 2018 Yes Yes	Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferenced Repeir Option	○ Yes ® No SOM WEE SIN SLT2756L	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	\$9309581B \$LM2808M
Unit No. Does he own a Singepore 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 No. Require Finalisation Date Registered	O mg O mg O mg O my S2017875 SIMWEESIMEGMAIL COM SLT27581 / SLM2808M ON 18 Jul 2018 Ves 19/07/2018 15:40	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Labritty *	○ Yes ® No S9M WEE S1N SLT2758L Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	S9309S81B
Unit No. Does he own a Singepore 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 No. Require Finalisation Date Registered Report Taken By	O mg O mg OO-MX 82017875 SIMWEESIM®GMAIL COM SLT2758L / SLM2808M ON 18 Jul 2018 Yes Yes	Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferenced Repeir Option	○ Yes ® No S9M WEE S1N SLT2758L Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	\$9309581B \$LM2808M
Unit No. Does he own a Singepore 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 No. Require Finalisation Date Registered	O mg O mg O mg O my S2017875 SIMWEESIMEGMAIL COM SLT27581 / SLM2808M ON 18 Jul 2018 Ves 19/07/2018 15:40	Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferenced Repeir Option	○ Yes ® No S9M WEE S1N SLT2758L Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	\$9309581B \$LM2808M
Unit No. Does he own a Singepore 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 No. Require Finalisation Date Registered Report Taken By	O mg O mg O mg O my S2017875 SIMWEESIMEGMAIL COM SLT27581 / SLM2808M ON 18 Jul 2018 Ves 19/07/2018 15:40	Driver Vehicle No. Any injury? Insured Name Contact No.(Name) Of Vehicle Number Insured Lability * Preference Repair Option Claim Close Date.	○ Yes ® No S9M WEE S1N SLT2758L Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	\$9309581B \$LM2808M
Unit No. Does he own a Singepore Registered car? Declaration Breathalyser or Blood Test Reading? Medification History Claim 601 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	O mg O mg O mg O my S2017875 SIMWEESIMEGMAIL COM SLT27581 / SLM2808M ON 18 Jul 2018 Ves 19/07/2018 15:40	Driver Vehicle No. Any injury? Insured Name Contact No.(Name) Of Vehicle Number Insured Lability * Preference Repair Option Claim Close Date.	O Yes ® No S9M WEE S1N SLT2756L Not at Fault Preferred Workshop, Name unknown ▼	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	\$9309581B \$LM2808M
Unit No. Does he own a Singepore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 003 New Claim Type * Contact No. (Mobile) Email Andress Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	O mg O mg O mg O my S2017875 SIMWEESIMEGMAIL COM SLT27581 / SLM2808M ON 18 Jul 2018 Ves 19/07/2018 15:40	Driver Vehicle No. Any injury? Insured Name Contact No.(Name) Of Vehicle Number Insured Lability * Preference Repair Option Claim Close Date.	O Yes ® No S9M WEE S1N SLT2756L Not at Fault Preferred Workshop, Name unknown ▼	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	\$9309581B \$LM2808M
Unit No. Does he own a Singepore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 003 New Claim 19pe * Contact No. (Mobile) Email Andress Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	O mg O mg OO-MX \$2017875 SIMMEESIMBGMAIL COM SLT2758L / SLM2808M ON 18 Jul 2018 Yes 19/07/2018 15:40 Jackson	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability + Preference Reper Option Claim Close Date.	Som WEE SIN SLT2758L Not at Fault Preferred Workshop, Name unknown	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	\$9309581B \$LM2808M
Unit No. Does he own a Singepore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 003 New Claim 19pe * Contact No. (Mobile) Email Andress Claim Description Preferred Workshop Contact No. Réquire Finalisation Date Registered Report Taken By Print AK letter Attachment	Ong Ong Ong S00-MX S2017875 SIMMEESIMEGMAIL COM SLT2758L / SLM2808M ON 18 Jul 2018 Yes 19/07/2018 15:40 Jackson MT/L003696	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability + Preference Reper Option Claim Close Date.	Som WEE SIN SLT2758L Not at Fault Preferred Workshop, Name unknown Save Submit 19/07/2018 15:41	Insured NRIC Contact No. (Office) TP Vehicle Number Mame of Preferred Workshop GIA report Date Received	\$59309581B \$LM2B0BM \$LM2B0BM \$1807/2018 00 00
Unit No. Does he own a Singepore 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 No. Réquire Finalisation Date Registered Report Taken By Print AK letter Attachment	O mg O mg OO-MX \$2017875 SIMMEESIMBGMAIL COM SLT2758L / SLM2808M ON 18 Jul 2018 Yes 19/07/2018 15:40 Jackson MT/L003696 ® Yes □ No	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preference Reper Option Claim Close Date. Claim No. Liptoed Date	SIM WEE SIN SLT2758L Not at Fault Preferred Workshop, Name unknown 19/07/2018 15:41 Category *	Insured NR.IC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	\$9309581B SLM2808M
Unit No. Does he own a Singepore 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 No. Réquire Finalisation Date Registered Report Taken By Print AK letter Attachment	O mg O mg OO-MX \$2017875 SIMMEESIMBGMAIL COM SLT2758L / SLM2808M ON 18 Jul 2018 Yes 19/07/2018 15:40 Jackson MT/L003696 ® Yes □ No	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preference Reper Option Claim Close Date. Claim No. Liptoad Date Browse.	SIM WEE SIN SLT2758L Not at Fault Preferred Workshop, Name unknown 19/07/2018 15:41 Eategory * Clear Please Select	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urgen	S9309581B SLMZB08M W 18/07/2018 00:00 W Cy * Description *
Unit No. Does he own a Singepore 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 No. Réquire Finalisation Date Registered Report Taken By Print AK letter Attachment	O mg O mg OO-MX \$2017875 SIMMEESIMBGMAIL COM SLT2758L / SLM2808M ON 18 Jul 2018 Yes 19/07/2018 15:40 Jackson MT/L003696 ® Yes □ No	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preference Repex Option Claim Close Date. Claim No. Liptoad Date Browse. Browse.	SIM WEE SIN SLT2758L Not at Fault Preferred Workshop, Name unknown 19/07/2018 15:41 Category * Cear Please Select	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received V Normal V Normal	S9309581B SLM2B08M W 1807/2018 00:00 W 1807/2018 00:00 W W W W W W W W W
Unit No. Does he own a Singepore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 003 New Claim 19pe * Contact No. (Mobile) Email Andress Claim Description Preferred Workshop Contact No. Réquire Finalisation Date Registered Report Taken By Print AK letter Attachment	O mg O mg OO-MX \$2017875 SIMMEESIMBGMAIL COM SLT2758L / SLM2808M ON 18 Jul 2018 Yes 19/07/2018 15:40 Jackson MT/L003696 ® Yes □ No	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preference Reper Option Claim Close Date. Claim No. Liptoad Date Browse. Browse.	SIM WEE SIN SLT2758L Not at Fault Preferred Workshop, Name unknown 19/07/2018 15:41 Category * Cear Please Select Please Select Prease Select	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received V Normal V ND V Normal V ND V Normal	S9309581B
Unit No. Does he own a Singepore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 003 New Claim 19pe * Contact No. (Mobile) Email Andress Claim Description Preferred Workshop Contact No. Réquire Finalisation Date Registered Report Taken By Print AK letter Attachment	O mg O mg OO-MX \$2017875 SIMMEESIMBGMAIL COM SLT2758L / SLM2808M ON 18 Jul 2018 Yes 19/07/2018 15:40 Jackson MT/L003696 ® Yes □ No	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preference Reper Option Claim Close Date. Claim No. Liptoad Date Browse. Browse. Browse.	SIM WEE SIN SLT2758L Not at Fault Preferred Workshop, Name unknown 19/07/2018 15:41 Eategory * Clear Please Select Please Select Please Select Please Select Please Select	Insured NR.IC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Urgen V Normal	S9309581B
Unit No. Does he own a Singepore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 003 New Claim 19pe * Contact No. (Mobile) Email Andress Claim Description Preferred Workshop Contact No. Réquire Finalisation Date Registered Report Taken By Print AK letter Attachment	O mg O mg OO-MX \$2017875 SIMMEESIMBGMAIL COM SLT2758L / SLM2808M ON 18 Jul 2018 Yes 19/07/2018 15:40 Jackson MT/L003696 ® Yes □ No	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preference Reper Option Claim Close Date. Claim No. Liptoad Date Browse. Browse.	SIM WEE SIN SLT2758L Not at Fault Preferred Workshop, Name unknown 19/07/2018 15:41 Category * Cear Please Select Dear Please Select Please Select Please Select	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received V Normal V ND V Normal V ND V Normal	S9309581B

Attachment		Uploaded By/Date	Category	9	Urgency	Description	Msg Sent? As (CO)
270	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 15:41	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-19	
100	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 15:41		NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul SAS 2018 15:41		Normal	SAS 2018-7-19	te
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3	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 15:40	Photos		Normal	Photos 2018-7-19	
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9	NAC_PAYA_UBI_B00601(NAT	IDNAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 15:40	Photos		Normal	Photos 2018-7-19	
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E	NAC_PAYA_UBI_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 15:40	Photos		Normal	Photos 2018-7-19	
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	NAC_PAYA_UBJ_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 15:40	Photos		Normal	Photos 2018-7-19	£
	NAC_PAYA_UBI_B00603(NAT	DNAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 15:40	Photos		Normal	Photos 2018-7-19	£
3	NAC_PAYA_UBI_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 15:40	Photos		Normal	Photos 2018-7-19	E
	NAC_PAYA_UBI_800601[NAT	ONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 15:40	Photos		Normal	Photos 2018-7-19	6
Video List	Uploaded By/Date	Folder Date	file Name		0	Source	Action