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Date In: 21 3/18 - 16.14	Job description	Date &Time Completed	Done	oř.
Ref No: NA MC180 13284/24	SAS e-filing			
Veh No: 6131+378410	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 2/3/18-15; F5	i-Motor Claim Form	M) 1007981 - 601	217/18 16	152
	i-Motor W/O (Within: OD 2hr	The second secon		
OD . TP . Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (ax:	-
TP Particulars: Veh No: (1)	BE VEVU INC)/Non-INC()		- 65
Owner / Driver: (241101-	Tel:)	×.
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	100%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
	51,000 ()/\$2,000 ()		CARROCK SHOW III	
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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 <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.

	ACCIDENT STATEMENT
Date Of Report	21/07/2018 16:14
Date Of Accident	20/07/2018 15:55
Exact Location Of Accident	KAMPONG JAVA RD TWDS CAVENAGH RD
Country/State of Loss	SINGAPORE
delication of the second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH3784K
Insured/Policyholder	
Name Of Registered Owner	EC CHEW ELECTRICAL
Co Reg No	53380015C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91372959
Alternative Phone No	OFFICE-91372959

Vehicle Particulars

Manufacturer	TOYOTA

Model HIACE DX 2.8L 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

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5100477099

Cover Note Number

Driver

Name of Driver CHEW ENG CHAI (ZHOU YINCAI)

 NRIC No
 \$8509533A

 Date Of Birth
 28/03/1985

 Occupation
 INDOOR

 Date Of Driving Pass
 28/09/2005

Driving Experience 12 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91372959

Fax Number

Contact Number OFFICE-91372959

EMail Address NOEMAIL

BLK 433B SENGKANG WEST WAY Address

#16-535

Postcode 792433

NO Was driver an employee of the Insured's Company

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR Road Surface DRY

Other Information

ambulance?

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

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver) Passenger 1

NAME:

: NEO AH HOON

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBG1484U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 19

DETAILS OF INJURED PERSON 1

Name CHEW ENG CHAI (ZHOU YINCAI)

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? **GBH3784K**

Were seat belts worn? Was this injured conveyed to hospital by

ambulance?

YES NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name **NEO AH HOON**

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBH3784K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature Date & Time: Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

URMI CUE 13 - COG 1484 W	ICK MOSPITAL TANK
	311/2/
SCRIBE CIRCUMSTANCES OF THE ACCIDENT	TRAFFIC
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ON THE CHARGE OUT FROM	KK HOSPIAL, AS I WAS
ON THE OUTER EXIT LANG 50	I PROCEED TO THEN INTO
THE SECOND LANG OF KAMPUNE T	
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BEFORE EXITING I HAD CONF	FIRMED IT WAS SHOWING RED LIGHT ON THE TRAFFIC LIGHT. AND IT
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BEFORE EXITING I HAD CONF WITH GREEN MAN LIGHT SHOWING WAS A OME MAY CARRIAGE TO THEN OUT INTO THE MAIN WHEN I AM ABOUT TO CINISP	SAVARO TUNAROS CAVENAUM RO. FIRMED IT WAS SHUMMA RED LIGHT ON THE TRAFFIC LIGHT. AND IT R WAS, AND SO I PROCEED R ROAD.
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BEPORE EXITING I HAD CONF WITH GREEN MAN LIGHT SHOWING WAS A ONE MAY CARRIAGE TO THEN UN INTO THE MAIN WHEN I AM ABOUT TO CHUST WHEN I AM ABOUT TO CHUST WELLIGE COLLIDED TO THE VEHICLE COLLIDED TO THE VEHICLE.	SAVARO TUNAROS CAVENAUM RO. FIRMED IT WAS SHUMMA RED LIGHT ON THE TRAFFIC LIGHT. AND IT R WAS, AND SO I PROCEED R ROAD. 1 MY THEN ENDORNES A PRICHT FRUIT PURTION OF MY DRIVER OR VELICUE (GBG 14844) WASO ON MY IN-CAR CAMBRA
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BEPORE EXITING I HAD CONF WITH GREEN MAN LIGHT SHOWING WAS A ONE MAY CARRIDAN TO THEN UN INTO THE MAIN WHEN I AM ABOUT TO CIMST VEHICLE COLLIDED TO THE VEHICLE COLLIDED TO THE VEHICLE COLLIDED TO THE THE FOUTOME THAT WAS COPE CLEARLY STROWING THAT, HE	SAJARO TUWARDS CAVENAUM RD. FIRMED IT WAS SHUMMA RED LIGHT ON THE TRAFFIC LIGHT. AND IT E WAS, AND SO I PROCEED ROAD. I MY THEN, ENDORNUS A PRICHT FRUNT PURTION OF MY DRIVER OF VEHICUE (GBG 14844) CHERO DY MY IN-CAR CAMBRA. E BEATING THE PRO WOUT AND

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 No.	GBH 3784 K Model/Make TOWATA HIACE
Date of Accident	20 JUL 2019
Time of Accident	15 55 HRS
Location of Accident	KAMPUNH JAVA RO TOWARDS CAVENAGH RO
Exact purpose use during acc	A CONTRACT OF THE PROPERTY OF
Name of Owner	EC CHEW ELECTRICAL
Telephone No.	H/P: 9137 2959 Home: Office:
NRIC	5 3340015 C
Address	43313 JENLICANH WEST WAS \$16-535 FERRIVALE PALMS S(7924
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTAC NEIGHT REPORTING ONE!
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5100479099
Name of Driver	As Above If No CHEW ENG CHAI
NRIC	S 85 0953399 Any Passengers: To (()
Date of birth	28 MAR 1955
Occupation	Outdoor / Indoor)
Driving License Pass Date	28 589 2005
Gender	Male / Female
Contact No.	H/P: 9137 2959 Home: Office:
Address	BUK 4338 JENK KANK WEST WAS #11-535 S(792433)
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state CO OWNER.
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	CHIEN END CHAI GIST 2959
Name And Contact No.	NEO AH HOON 9046 5873
Police Report	No. If Yes, Where?
Vehicle B No.	GBG 1484 M Any Passengers:
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact:
Accident Portion	RH FRONT
Camera Recorder	Yes / No
Email Address	
PARTICULAR WORKSHOP	TWINCAR AUCUMOTIVE PTIE LTI)
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	IAN
FAX NO	6741 0510

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8509533A





Name

CHEW ENG CHAI (ZHOU YINCAI)



周銀財

Race CHINESE

Date of birth 28-03-1985

SINGAPORE

M

\$85**0953**3A





5471035



Date of Issue 19-05-2015

APT BLK 433B SENGKANG WEST WAY #16-535

SINGAPORE 792433

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class 2B Matorcycles == 200 CC
Class 3 Mator cars == 3000 kg with == 7 passengers, exclusive of E-sq driver; and motor tractors/vehicles == 2500 kg
Class 4 Heavy motor cars and motor tractors = 2500 kg

03 Jul 2003 28 Sep 2005

97 Nov 2009

585095334

S/No. 9000110006

NP 428A

Licence No: S8509533A



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960.

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5100477099

Cover : Preferred Workshop Plan

1. Index mark and Registration Number of Vehicle

: To Be Advised

Chassis Number

GDH201-1001443

2. Name of Policyholder

: EC CHEW ELECTRICAL

3. Effective Date of Insurance

: 11 May 2018

4. Expiry Date of Insurance

10 May 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

\$\$600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: \$\$100

INSURE WITH COE

YES

HIRE PURCHASE COMPANY

: HUI HUA CREDIT PTE LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: HUI HUA CREDIT PTE LTD (00000571762)

Date of Issue

: 10 May 2018 16:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

								GeneralClaim		
4						Change Lar	guage '	Change Passwo	ord • Log Ou	
Polic	cy Query								100	
Policy No.					Date of Acc	cident	20/07	/2018 15:55	7	
/ehicle	No.(Far Mator)	GBH3784K								
					Search					
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date	
0	5100477099	EC CHEW ELECTRICAL	53380015C	GCV	Preferred Workshop Plan	GBH3784K	windstall.		10/05/2019	
2	Policy N Policy N Pehicle	Policy Query Policy No. Policy No. Policy No. Policy No.	Policy Query Policy No. Policy No. GBM3784K GBM3784K GBM3784K GBM3784K GBM3784K GBM3784K GBM3784K GBM3784K GBM3784K	Policy Query Policy No. Policy No. GBH3784K GBH3784K GBH3784K FOICYholder Name NRIC CO. 5100477000 EC CHEW F3300455	Policy Query Policy No. Policy No. Policy No. Policyholder Name NRIC Policyholder NRIC	Policy Query Policy No. Date of Acc Policy No. Date of Acc GBH3784K Search Select Policy No. Policyholder Name NRIC Product Cover Type Name NRIC Product Cover Type C 5100477099 EC CHEW 51380015C CCV Preferred	Policy Query Policy No. Date of Accident Search Select Policy No. Policyholder Name NRIC Product Cover Type No. EC CHEW 53380015C GCV Preferred CRADARA	Policy Query Policy No. Date of Accident 20/07. Policy No. Date of Accident 20/07. Search Search Select Policy No. Policyholder Name NRIC Product Cover Type No. Object O 5100477099 EC CHEW 53380015C CCV Preferred County	Policy Query Policy No. Date of Accident 20/07/2018 15:55 Search Select Policy No. Policyholder Name NRIC Product Cover Type Vehicle Insured Commence Name NRIC Product Cover Type No. Object Date C 5100477099 EC CHEW 53380015C GCV Preferred County	

i.	11/05/2018 00:00		Information sement	Endorse	ement Take Eff	ective	Thank you for giving us the opportunity to serve you. We confirm that from 11 May 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: HUI HUA CREDIT PTE LTD CHASSIS NUMBER: GDH2011001443		
Sequer	nce Date of Endorsement		Endorsement	Туре	Endorsement	Status	Endorsement Content		
♥ Endors	sements								
D Insure	ed Object: GBH3784K								
Unit No.	16-535	Relat Numb	ed Policy per	5100477099					
Address 4	SINGAPORE 792433		ess Type	Singapore address		Post Code	792433		
Address 1	BLK 433B #16-535	Addre	ess 2	SENGKANG WEST	WAY	Address 3	FERNVALE PALMS		
Info	holder Mailing Address								
Open Policy nfo Certificate									
Co- insurance Flag	No								
Agent	HUI HUA CREDIT PTE LTD	Agent Tel,	64696611		GST Flag	Y			
Outside Singapore OD Excess		Outside Singapore TP Excess				Youn	g/Inexperience Driver Excess		
Additional Excess		OS Premium	0						
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100			
Excess Type		All Claim Excess							
Policy ssue Date	10/05/2018	Effective Date	11/05/2018	3 00:00	Expiry Date	10/05/2019	23:59		
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N			
Address	BLK 433B #16-535 SENGKANG	535 SENGKANG WEST WAY FERNVALE PALMS SINGAPORE 792433							
	5100477099	Policyholder Name	EC CHEW E	ELECTRICAL	Policyholder NRIC	53380015C			

Accident HT/1003981						
Policy No.	5100477099	Vehicle No.	GBH3784K	GST Registration No.		
Policyholder Name	EC CHEW ELECTRICAL		300.07.000			
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type		Policyholder NR3C	533800	11SC
Contact No. (Mobile)	91372959		Preferred Workshop Plan	Loading	0	
	913/2939	Contact No. (Office)	0	Contact No.(Home)	0	
Imail Address	5277-27	Special Remark		eCode	Ties V	
(FK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason		
VCD Protection	740	NCD Enottement(%)	0	Private Hire	No	
Accident Details				TOTAL COLOR	. I. NO	
eport Date	21/07/2018 16:50	Management Woman or State of State of	790200			
		Accident Report Within 24 hrs	Yes	Accident Type	Collision	- Major Minor Road
ate of Acodent	20/07/2018	Time of Accident hin:mm	15:55	Country of Accident	Singapo	ire
aporting Centre		Orange Force		SCM No.	05007830	
coldent Location	KAMPONG JAVA RD TWDS CAVENAGH RD					
♥ Benefits						
T Excess						
	2207.044					
wn damage Excess	600.00	Additional Excess		Windscreen Excess	100,00	
nnamed Driver Excess		Outside Singapore OD Excess				
ned Party Excess	0.00	Outside Singapore TP Excess				
GST Registered Inform	ation					
T Registered	b-					
	No		GST Registration Date			
ST Registration No.			GST Status Ventied	No		
diffication History						
	120000					
Policyholder Hailing Ad						
drass 1	BLK 4338 #16-535	Address 2	SENGKANG WEST WAY	Address 3	PERNYA	LE PALMS
idress 4	SINGAPORE 792433	Address Type	Singapore address	Post Code	792433	
nt No.	14-539	Related Policy Number	5100477099		796933	
OI Driver Info		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	33/3/14/1/			
iver Name	Unnamed Driver	Process Trans				
named driver Name		Driver Type	Unnamed Driver			
	CHEW ENG CHAI (ZHOU YINCA)	Driver NRIC	56509533A	Driver DOB	28/03/1	985
gitter Date of Driver License	28/09/2005	Oriver Age	33	Driving Experience	12	
entact No.(Mobile)	91372959	Contact No. (Office)	0	Contact No.(Home)	0	
dress 1	8LK 4338	Address 2	SENGKANG WEST WAY			
dress 4	SINGAPORE 792433			Address 3	FERNVA	LE PALMS
	SUTURN STE CENTUR	Address Type	Singapore address	Post Code	792433	
11.61			SCHOOL SCHOOL SCHOOL	- car conse	792433	
	16-535			OF SALES	782433	
es he own a Singapore	16-535 ○ Yes ⊕ No	Driver Vehicle No.				
es he own a Singapore		Driver Vehicle No.		Driver Insurer Compa		
es he own a Singapore gistered car?		Driver Vehicle No.				
es he own a Singapore platered car? daration- nathelyser or Blood Test		Account of the second of the s	200 (43			
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nit No. les he own a Singapore optatemed car? claration eathwyser or Blood Test eating?	○ Yes ® No	Account of the second of the s	200 (43			
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is he own a Singapore intered car? aration: athelyser or Blood Test ding?	○ Yes ® No	Account of the second of the s	200 (43			
is he own a Singapore intered car? aration: athwayser or Blood Test ding?	○ Yes ® No	Account of the second of the s	200 (43			
es he own a Singapore patered car? laration; attickyper or Bloog Test cling? shcation History.	○ Yes ® No	Account of the second of the s	® Yes ○ No	Driver Insurer Compa	VIII	50
es he own a Singapore patered car? laration; atheyer or Blood Test sting? incarion History. laim 001. New	○ Yes No	Any injury? Insured Name	200 (43	Driver Insurer Compa	(\$23800)	The state of the s
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es he own a Singapore patiened car? stration: athelyser or Blood Test cling? shcation Hestory laim 001 New Type * tact No. (Mobile) III Address.	O Yes No B mg	Any injury? Insured Name	® Yes ○ No	Insured NR3C Contact No.(Office) TP Vehicle Number	5238001 6469661 GBG1484	
es he own a Singapore patered car? laration: athelyser or Blood Test string? shcation History laim 001 New Type * tact No. [Mobile] till Address. m Description	○ Yes No	Any injury? Insured Name Contact No.(Home)	® Yes ○ No SC CHEW ELECTRICAL	Driver Insurer Compa Insured NRIC Contact No.(Office)	5238001 6469661 GBG1484	
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es he own a Singapore gostered car? daration sathelyser or Blood Test asing? Incation History Llaim 001 New im Type * stact No (Mobile) ail Address im Description ferred Workshop Contact sure Finalisation	O Yes	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	® Yes ○ No EC CHEW ELECTRICAL GBH3784K	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Woo	5338001 6469661 G8G1484	1 10
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es he own a Singapore patered car? faration; athicities or Blood Test sting? fication History fication History Italiam 001 New In Type * tact No. (Mobile) Bill Address in Description erred Workshop Confact uire Finalsation is Registered ort Taken By Print AK letter	OP-MX OB-13784K / SBG1484U ON 20 3ul 2018 Ves 21/07/2018 16:52	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	® Yes ○ No SC OHEW ELECTRICAL GBH12784K	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Woo	5338001 6469661 G8G1484	1 10
is he own a Singapore latered car? aration: athalyses or Blood Test ging? fication Hestory. laim 001 New I Type * tact No. [Mobile] if Address. In Description Fired Warkshop Contact are Finalization Registered ort Taken By Print AK letter	OP-MX OB-13784K / SBG1484U ON 20 3ul 2018 Ves 21/07/2018 16:52	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	® Yes ○ No EC CHEW ELECTRICAL GBH3784K Not at Fault Preferred Workshop, Name unknown	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Woo	5338001 6469661 G8G1484	1 10
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es he own a Singapore patered car? laration: athelyser or Blood Test sting? ification History laim 001 New In Type + tact No. (Mobile) all Address in Description lerred Workshop Confact uire Finalisation a Registered ort Taken By Print AK letter Itachment	Op-Mx	Any Injury? Insured Name Concact No. (Home) Of Vehicle Number Insured Liabiley * Prefered Repair Option Claim Close Date	® Yes O No BC OHEW ELECTRICAL GBH3784K Not at Fault Proferred Workshop, Name unknown Save Submit	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred World	5338001 6469661 G8G1484	1 10
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or next	NAC DAVA (SEL BROKE) / NAC	Uploaded By/Date IDNAL ASSESSMENT CENTRE SERVICES) on 21 Jul	Canegory	 Urgency	Description	Sem? Ad (CO)	
***	INC. 1919 003 000003[NAT	2018 16:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-21	E	
1	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 16:53	SAS	Normal	SAS 2018-7-21	E	
	NAC_PAYA_UBI_800601(NAT	CONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 16:53	Photos	Normal	Photos 2018-7-21	E	
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1	NAC_PAYA_UBI_BDOSD1(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 16:53	Photos	Normal	Photos 2018-7-21	L	
10	MAC_PAYA_UB3_BD0603(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 2018 16:53	ONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 16:53	Photos	Normal	Photos 2018-7-21	E	
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	NAC_PAYA_UBI_800501(NATI	AYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 16:52		Normal	Photos 2018-7-21	Ed	
♥ Video List	NAC_PAYA_USI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 16:52	Photos	Normal	Photos 2018-7-21	ta	
- ATS. 10 C	Uploaded By/Date	Folder Date	File Name	9	Source	Action	