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Date In: 24/9/18-14:53	Jeb descripțion	Date &Time Completed	Done by
Ref No: NA / MC 180 1342 61 24	SAS e-filing		
Veh No: SMA 639 4P	E-mail (within Shrs, AIC 2hrs)		
D.O.A: >3 7 8 -8 5	i-Motor Claim Form	M1/100 4383 -001	W/7/18 16:20
	i-Motor W/O (Within: OD 2hr	, TP 4hrs)	
OD TP Reporting Only	i-Photo Uploaded		
TDL	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand t	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:)
TP Particulars: Veh No: 61	48 6 055 . INC ()/Non-INC()	N N
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: () .
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. F: 80-1	00%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$1	1,000 ()/\$2,000 ()		
General Remarks:		Demokratika (Projection)	
() Walk-In Customer: Customer's in	and all the second seco	DESCRIPTION OF AN APPROXIMATION	3/4/2 1/1 25 2
() Total Loss Case : to e-mail Insu		icuy NO Isier di repairer.	
		who Co. /	
		owing Co: (,
Remarks: (INC horline: 6788 6616)		Date& Time Completed	Done by
1) Apply for Transport Allowance ()	/ Courtesy Car ()	*	
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()		
Injury:			and the Administration of the Section of the Sectio
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	Invoice Pre	Reporting (\$30); Assessment (\$100); INC (\$8); Assessment (\$100); INC (\$100); INC (\$100); Assessment (\$100)	MEBIII Add Bill 0) 545 120 530 575 160 53 510 525 55

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- 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 ladgement 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.

approximately the second section of the	ACCIDENT STATEMENT
Date Of Report	24/07/2018 14:53
Date Of Accident	23/07/2018 18:15
Exact Location Of Accident	BEFORE JUNC CORWALL GARDEN TWDS FARRER RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA6394P
Insured/Policyholder	
Name Of Registered Owner	PEH SIEW KIM
NRIC No	S1811137C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96277950
Alternative Phone No	OFFICE-96277950
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY HYBRID 2.5G CVT
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	5101264881
Cover Note Number	
Driver	
Name of Driver	ANG BENG HO
NRIC No	S1549351H
Date Of Birth	19/01/1962
Occupation	INDOOR
Date Of Driving Pass	03/06/1980
Driving Experience	38 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96629373
Fax Number	
Contact Number	OFFICE-96629373
EMail Address	NOEMAIL

Address BLK 543 SERANGOON NORTH AVENUE 3

#11-188

Postcode 550543

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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:

: PEH SIEW KIM

GENDER: : FEMALE

Passenger 2

NAME:

2

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?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBG8605S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Details Of Froperties

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

SKETCH FLAN

IMPORTANT NOTICE

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

SKE CHELAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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.:

SINGARICRE A CONDENT STATISMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.

Any false reporting may be referred to the traffic police department for investigation.

Date of accident	1 33 (H.10.	(DD/MM/YY)
Time of accident	06.1CpM	(HH:MM)
	potore corwall Garden Junction to	words to tarrer
Exact location of accident	120 Mile Colwall Garden Jane	000.01

SAPA SOFTERINE STATE SHAPE IT	DETAILS OF VEHICLE
Vehicle registration number	SMA 6394P.
Vehicle make and model	TOYOTA CAMPY.
Type of vahicle	Saloon D MPV CRV D Van D Lorry D Bus D Motorcycle D Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes D No D if no, please select: Third part claim D Reporting only _

AND ASSOCIATION OF THE PARTY OF	INSURANCE IN	FORMATION	// // 图 // 图 // 图
Insurance company	Mtuc.		
Policy number			
Type of policy	Comprehensive z	Third party fire & theft o	TP only [

AND AND AND AND AND AND AND	INSURED / POLICY HOLDER	Male 🗆	Female
Name	ALOUITATO		
NRIC / Fin / Passport number	\$10111540.		
Contact	96277950.		
Address			

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	中国社会
AND DESCRIPTION OF THE PARTY OF	ANG RENG HO . Male D	Female □
Name	C15403 51 H	
NRIC / Fin / Passport number	154127111.	
Contact	16621913.	
Address	Blk 543 Serangoon North Ave 3	
Email address	ANGBENGHO @ gmail com.	
Date of birth	(2/0, 1, 1	8707 C - 27 E - 27.5
Occupation	Indoor D Outdoor D	
Driving date pass	03/06/ 1900.	

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	[Company of the comp	22.					
was driver an employee of	15 no reis	etionship of	theor	lver and insur	ed: 500	use.	-
the insured's company?	Yes D	No 🗆					
Accident captured by camera?	Clear	Raining	0	Others:			
Weather condition	Dry	Wet□					
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Was anybody injured?	Yes	No					
Was other vehicle damaged?	Yes	No □			275		
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Injuries sustained		
Which vehicle person in?	Yes 🗆	No 🗆
Were seat helts worn?	Yes D	No D
Was injured conveyed to	165 []	110 12
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Was injured conveyed to	Yes □	No 🗆
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Was injured conveyed to hospital by ambulance?	, 05 0	



REPUBLIC OF SINGAPORE MENTITY CARD NO. \$1549351H



ANG BENG HO



Date of birth 19-01-1962

Country of birth SINGAPORE 5154025947

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 3 Motor Cars=< 3600kg with <<7 passengers, exclusive 63 Jun 1000 of the driver; and other motor vehicles =< \$500kg

Licence No: \$1549351H

S1549351H

Date of leave 23-01-2007

APT BLK 543 SERANGOON NORTH AVENUE 3 #11-188
SINGAPORE 550543

NP 428A

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4000118

eBaoTech									Gen	eralClaim
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Notice of Loss	Policy N	¥o.				Date of Ao	cident	23/07	7/2018 06:15	3
	Vehicle	No.(For Motor)	SMA6394P							7.63
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5101264881	PEH SIEW KIM	S1811137C	GPC	drivo CLASSIC	SMA6394P	SMA6394P	14/06/2018	13/06/2019

Policy No.	5101264881	Policyholder Name	PEH SIEW	KIM	Policyholder NRIC	S1811137C	
Address	BLK 543 #11-188 SERANGOON	NORTH AVE	3 SINGAPORE	550543			
roduct Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy ssue ate	14/06/2018	Effective Date	14/06/2018	3 00:00	Expiry Date	13/06/2019	23:59
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Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Your	ng/Inexperience Driver Excess
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Claim Handling					
Accident MT/1004383 Policy No.	5101204081	2000000	23222	22 TH 010 MO 100	
		Vehicle No.	5MA0394P	GST Registration No.	
Policyholder Name	PEH SIEW KIM			Policyholder NRIC	S1811137C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	96277950	Contact No.(Office)	0	Contact No. (Home)	0
Email Address		Special Remark:		eCode	No. V
KPK	® No ○ Yes	TCA	No ○Yes	eCode Reason	
NCD Protection	No.	NCD Entitlement(%)	0	Private Hire	No
Report Date	24/07/2018 16:18	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
Date of Accident	23/07/2018	Time of Accident Inhome	18:15	Country of Academ	Singapore
Reporting Centre		Orange Force		ICM No.	
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Modification History			GST Status Verified	Yes	
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Address 1	BLK 543 #11-188	Address 2	SERANGOON NORTH AVE 3	Address 3	SINGAPORE 550543
Address 4	3 200 270 7.22 200	Address Type			
Unit No.			Singapore address	Post Code	550543
OI Driver Info		Related Policy Number	5101264881		
Driver Name	Unnamed Driver	Driver Type	12.00.00		
Unnamed driver Name	ANG BENG HO	Driver NRIC	Unnamed Driver S1549351H	Driver DOB	1000101000
Register Date of Driver License		Driver Age	56		19/01/1962
Contact No.(Mobile)	96629373			Driving Experience	38
Address 1	BUK 543	Contact No. (Office)	0	Contact No.(Home)	0
	90.747	Address 2	SERANGOON NORTH AVENUE 3	Address 3	SINGAPORE 550543
Address 4		Address Type	Singapore address	Post Code	550543
Unit No.	11-188				
Does he own a Singapore Registered car?	☐ Yes ® No	Driver Vehicle No.		Oriver Insurer Company	
Declaration					
Breathalyser or Blood Test		DESCRIPTION OF THE PERSON OF T	20028		
Reading?	0 mg	Any injury?	○ Yes ® No		
Modification History					
DE THE B					
Claim 001 New					
Claim 001 New					
		22011		do at the shall be	
Claim Type •	OD-MX	Insured Name	PEH SIEW KIM	Insured NRIC	\$18111370
Claim Type * Contact No.(Mobile)	96277950	Insured Name Contact No.(Home)	PeH SIEW KIM 64847928	Insured NRIC Contact No.(Office)	51811137C
Claim Type * Contact No.(Mobile) Email Address					\$1811137C G8G860SS
Claim Type * Contact No.(Mobile) Email Address Claim Description	96277950	Contact No.(Home) Of Vehicle Number	64847938	Contact No.(Office)	
Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact	96277990 pehsiewkim@yahoo.com.sg	Contact No.(Home) Of Vehicle Number	64847938	Contact No.(Office) TP Vehicle Number	
Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No.	96277990 pehslewkim@yahos.com.sg SMA6394P / GBG8605S ON 23 Jul 2018	Contact No.(Home) Of Vehicle Number Insured Liability •	64847938 SMA6394P Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	G8G8605S
Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	96277990	Contact No.(Home) Of Vehicle Number Insured Liability * Preference Repair Option	54847938 SMA6394P	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	GBGB6055
Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Oace Registered	96277950 pehsiewkim@yahos.com.sg SMA6394P / GBC8665S DN 23 Jul 2018 Yes 24/07/2018 16:20	Contact No.(Home) Of Vehicle Number Insured Liability •	64847938 SMA6394P Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	G8G8605S
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Oace Registered Raport Taken By	96277990	Contact No.(Home) Of Vehicle Number Insured Liability * Preference Repair Option	64847938 SMA6394P Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	GBGB6055
Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No.	96277950 pehsiewkim@yahos.com.sg SMA6394P / GBC8665S DN 23 Jul 2018 Yes 24/07/2018 16:20	Contact No.(Home) Of Vehicle Number Insured Lieblity * Preferend Repair Option Claim Close Date	04847938 SMA6394P Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	GBGB6055
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Pinelisation Oate Registered Report Taken By Print AK letter	96277950 pehsiewkim@yahos.com.sg SMA6394P / GBC8665S DN 23 Jul 2018 Yes 24/07/2018 16:20	Contact No.(Home) Of Vehicle Number Insured Lieblity * Preferend Repair Option Claim Close Date	64847938 SMA6394P Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	GBGB6055
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Oace Registered Raport Taken By	96277950 pehsiewkim@yahos.com.sg SMA6394P / GBC8665S DN 23 Jul 2018 Yes 24/07/2018 16:20	Contact No.(Home) Of Vehicle Number Insured Lieblity * Preferend Repair Option Claim Close Date	04847938 SMA6394P Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	GBGB6055
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Pinelisation Oate Registered Report Taken By Print AK letter	96277950 pehsiewkim@yahos.com.sg SMA6394P / GBC8665S DN 23 Jul 2018 Yes 24/07/2018 16:20	Contact No.(Home) Of Vehicle Number Insured Lieblity * Preferend Repair Option Claim Close Date	04847938 SMA6394P Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	GBGB6055
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Oace Registered Raport Taken By Print AK letter Attachment	96277950 pehsiewkim@yahoo.com.sg SMA63940 / GBC8605S ON 23 Jul 2018 Ves 24/07/2018 16:20 Jackson	Contact No.(Home) OI Vehicle Number Informed Liability * Proferend Repair Option Claim Close Date	64847938 SMA6394P Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	GBGB6055
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Osce Registered Report Taken By Print AK letter Attachment	96277950 pehsiewkim@yahos.com.sg SMA63940 / GBC36055 ON 21 Jul 2018 Yes 24/07/2018 16:20 Jackson HT/1004383	Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	64847938 SMA6394P Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	GBGB6055
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Osce Registered Raport Taken By Print AK letter Attachment	96277950 gehsinkkim@yahoo.com.sg SMA63940 / GBC8605S ON 21 Jul 2018 Yes 24/07/2018 16:20 Jackson HT/1004383 © Yes ○ No	Contact No.(Home) OI Vehicle Number Informed Liability * Proferend Repair Option Claim Close Date	64847938 SMA6394P Not at Fault Preferred Workshop, Name unknown Save Submit 001 24/07/2018 16:21	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Data Received	G8G8605S Received 24/07/2018 00:00
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Osce Registered Report Taken By Print AK letter Attachment	96277950 pehsiewkim@yahos.com.sg SMA63940 / GBC36055 ON 21 Jul 2018 Yes 24/07/2018 16:20 Jackson HT/1004383	Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Code Date Claim No. Upload Date	64847938 SMA6394P Not at Fault Preferred Workshop, Name unknown Save Submit 001 24/07/2018 16:21 Category *	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Data Received Confidential Lirger	G8G8605S Received 24/07/2018 00:00
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Occe Registered Report Taken By ### Print AK letter Attachment ###################################	96277950 gehsinkkim@yahoo.com.sg SMA63940 / GBC8605S ON 21 Jul 2018 Yes 24/07/2018 16:20 Jackson HT/1004383 © Yes ○ No	Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	64847938 SMA6394P Not at Fault Preferred Workshop, Name unknown Save Submit 001 24/07/2018 16:21 Category *	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Data Received	G8G8605S Received 24/07/2018 00:00
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Occe Registered Report Taken By ### Print AK letter Attachment ###################################	96277950 gehsinkkim@yahoo.com.sg SMA63940 / GBC8605S ON 21 Jul 2018 Yes 24/07/2018 16:20 Jackson HT/1004383 © Yes ○ No	Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Code Date Claim No. Upload Date	64847938 SMA6394P Not at Fault Preferred Workshop, Name unknown Onl 24/07/2018 16:21 Category * Clear Prease Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Data Received Confidential Lirger	
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Osce Registered Report Taken By Print AK letter Attachment	96277950 gehsinkkim@yahoo.com.sg SMA63940 / GBC8605S ON 21 Jul 2018 Yes 24/07/2018 16:20 Jackson HT/1004383 © Yes ○ No	Contact No.(Home) OI Vehicle Number Insured Lieblity * Preferered Repair Option Claim Cone Date Claim No. Upload Date Browse.	64847938 SMA6394P Not at Fault Preferred Workshop, Name unknown Oot 24/07/2018 16:21 Category * Clear Prease Select Clear Prease Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Data Received Confidential Linger Confidential Linger Normal	Received V 24/07/2018 00:00 Description •
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Osce Registered Report Taken By Print AK letter Attachment	96277950 gehsinkkim@yahoo.com.sg SMA63940 / GBC8605S ON 21 Jul 2018 Yes 24/07/2018 16:20 Jackson HT/1004383 © Yes ○ No	Contact No. (Home) OI Vehicle Number Informed Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Browse. Browse. Browse.	64847938 SMA6394P Not at Fault Preferred Workshop, Name unknown Doil 24/07/2018 16:21 Clear Please Select Clear Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Data Received Confidential Urger Confidential Urger Normal Normal Normal	Received V 24/07/2018 00:00 Description • V V V V V V V V V
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Osce Registered Report Taken By Print AK letter Attachment	96277950 gehsinkkim@yahoo.com.sg SMA63940 / GBC8605S ON 21 Jul 2018 Yes 24/07/2018 16:20 Jackson HT/1004383 © Yes ○ No	Contact No. (Home) Of Vehicle Number Inferred Liability * Preferred Repair Option Claim Close Date Claim No. Upload Date Browse. Browse. Browse. Browse.	Save Submit Sub	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Livger Confidential Livger Normal No Wind Windmal No Wind Windmal No Windmal No Wind Windmal	Q8G8605S Received 24/07/2018 00:00 Oy * Description *
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Occe Registered Report Taken By ### Print AK letter Attachment ###################################	96277950 gehsinkkim@yahoo.com.sg SMA63940 / GBC8605S ON 21 Jul 2018 Yes 24/07/2018 16:20 Jackson HT/1004383 © Yes ○ No	Contact No. (Home) OI Vehicle Number Informed Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Browse. Browse. Browse.	94847938 SMA6394P Not at Fault Preferred Workshop, Name unknown D01 24/07/2018 16:21 Clear Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Data Received Confidential Urger Confidential Urger Normal Normal Normal	Received V 24/07/2018 00:00 Description • V V V V V V V V V

Attachment		Uploaded By/Date	Category	9	Urgency	Description	Sent? Actio (CO)
200	NAC PAYA UBL 800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:21	NRIC/ Driving License		Normal	NRJC/ Driving License 2018-7-24	Edit
19	NAC_PAYA_UB1_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:21	SAS		Normal	SAS 2018-7-24	Edit
EC	NAC_PAVA_UBI_BDOGG1(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2016 19:20		Photos		Normal	Photos 2018-7-24	Edit
	NAC PAYA_UBI_B00601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:20	Photos		Normal	Photos 2018-7-24	Edit
	NAC_PAYA_UBI_B00601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:20	Photos		Normal	Photos 2018-7-24	Edit
0	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:20		Photos		Normal	Photos 2018-7-24	Edit
3	NAC_PAYA_UBI_600601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:20	Photos		Normal	Photos 2018-7-24	Edit
1	NAC_PAYA_UBI_800601{ NAT	IONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:20	Photos	i	Normal	Photos 2018-7-24	Edit
4	NAC_PAYA_UBI_800601[NAT	IONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:20	Photos		Normal	Photos 2018-7-24	Edit
0	NAC_PAYA_UB1_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:20	Photos	j	Normal	Photos 2018-7-24	Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:20		Photos	,	Normal	Photos 2018-7-24	Edit
	NAC_PAYA_UB3_B006D1(NAT	IDNAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:20	Photos		Normal	Photos 2018-7-24	Edit
♥ Video List							
	Uploaded By/Date	Folder Date	File Name		9	Source	Action