NATIONAL Assessment Ce	ntre Services well Jamos	8FECPO 81LAHM	
Date In: 24/7/18-15:07	Jeb description	Date &Time Completed	Done by
Ref No: NA) INC 180 13470/24	SAS e-filing		
Veh No: SLAYB	E-mail (within Shrs, AIC 2hrs)	4
D.O.A: 1/3/18-11:30	i-Motor Claim Form	MT)1004385-001	24/2/18 16:31
	i-Motor W/O (Within: OD	2hrs, TP 4hrs)	
OD / TP / Reporting Only	i-Photo Uploaded		
TD L	Assessment/Survey Repor	t i	
TP Insurer:	Ass't Report by Fax / Han	nd to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW	:(Tel:	Fax:
TP Particulars: Veh No:	SUSEGOLY . INC	()/Non-INC().	4
Owner / Driver: (Tel:)
Policy No: (Period: () Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0)-20%; P: 21-79%. P: 80-	100%]
Year of Registration: () Warranty: YES ()/NO ()	
	\$1,000()/\$2,000()		
General Remarks:-		an deal Charleston (e.g.)	
() Walk-In Customer: Customer's	information strictly Confidential &	Strictly NO refer of repairer	
() Total Loss Case : to e-mail Ir	surer URGENTLY.	* 3	£0
Drive-In ()/ Towed-In (); In	voice: YES () / NO ()	; Towing Co: ()
Remarks: - (INC horline: 6788 661		Date&Timb Completed	Doneby
) / Courtesy Car ()	Lyacco Milito Comple. 54	3.5. v. (13.010 t.)
2) QC Check / Post Repair Inspection	// Courtesy Car ()	***************************************	
3) Upload Resurvey Photo [Repair Cost	> \$30007 ()		
and the same	2 33000]	4	
Injury:			
Date/Time Actions	4.00	the state of the s	STATE OF THE STATE
	3		
•10			The second secon
NA1804679 .	Invoice P	reparation Checklist	Ant (S) Amt (S) fit Bill Add Bill
aimant's Particulars :-		ent Reporting (\$30);	
	2) DA : Dame 3) TF : Towir	ge Assessment (\$100); INC (\$	(80) (0/\$45
iver/Owner:	4) FT : Follow	v-Through Survey	\$120
ntact No:	5) FT : Follow	v-Through Survey (Resurvey) ig against INC Only (wef 10 Jan 200	\$30
mand Bartian	6) TR : Re-in:	spection	\$75
maged Portion:		DA + SMRT Survey ditional Services:-	\$160
	OD.	itional Services	
Checked by (Engr-In-Charge):	*N5: Court	csy Car / Tpt Allowance	\$5
Figure saggisting a All Committee of the Alex		r Co-ordination Repair Inspection	\$10 \$25
iditors' Comments :-	*N8: DV /	Collect Excess Coordination	55
<u>l:</u>		TP (Non INC) against INC	30
2/3;	9) N12: Idae Invoice dated		2350072
and the second s	Invoice dated		MARKET VICTORS

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

And the second second	ACCIDENT STATEMENT	
Date Of Report	24/07/2018 15:07	
Date Of Accident	21/07/2018 11:30	
Exact Location Of Accident	BEDOK SOUTH RD BEFORE JUNC NEW UPP CHANGI RD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJL2045B	
Insured/Policyholder		120
Name Of Registered Owner	EK AUTO (EXPORT) PTE LTD	
Co Reg No	200515917R	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-89999999	
Vehicle Particulars		
Manufacturer	HONDA	
Model	JAZZ 1.3L AT	
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	REPORTING ONLY	
Vehicle Category	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Type Of Coverage	THIRD PARTY	
Fleet Policy	NO	
Policy Number	5069581330-03	
Cover Note Number		
Driver		SH
Name of Driver	CHNG HO ENG	
NRIC No	S0584308A	
Date Of Birth	02/11/1947	
Occupation	OUTDOOR	
Date Of Driving Pass	22/10/1969	
Driving Experience	48 YEARS AND 8 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-97877391	
Fax Number		
Contact Number	OFFICE-97877391	
EMail Address	NOEMAIL	

10 SIMEI RISE Address

#10-27

Postcode 528804

Was driver an employee of the Insured's Company YES

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 - HEAD TO REAR

Weather Conditions CLEAR DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident? Number of vehicles involved in the accident 2 NO

Was any body injured in the Accident?

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) 2

Passenger 1 NAME:

> GENDER: : FEMALE

NO

NO

NO

2

Details of Police Action

Was the accident reported to the police?

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)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLS8921Y

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)

Page 2 of 17

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.
- 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 Sign Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer +	is Hatemeny.		
	two communications		
		60	

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnell's Signature

Name:

NRIC/FIN No.:

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG LANE 2 BEDOK SOUTH RD AS IT WAS CONGESTED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHTLY FROM MY VEHICLE AND I REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

ACCIDENT STATEMENT

A	CCIDENT DATE: 31 / 7 / 18 / (DD/MN	(/YYYY), TIME: (11 : 30)(HH:MM)
LC	ocation: Bedok South Rd be	fore junction New yper
	1. DETAILS OF VEHICLE a) VEHICLE NUMBER: JUDYS	
	DJINSURANCE COMPANY:	
	CJPOLICY NUMBER:	
	d)POLICY TYPE: (COMPREHENSIVE / THIR	D PARTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL:	LODOV LUCTOROVOLE LOTUEDO
	f)TYPE:(SALOON / COUPE / MPV /V AN / g)VEHICLE CATEGORY: (PRIVATE / COM/	
	h)PURPOSE OF USING AT ACCIDENT TIME	
	I) ARE YOU CLAIMING UNDER YOUR OWN	
	IF NO, PLEASE STATE (THIRD PARTY A	
	2. INSURED / POLICY HOLDER	MY KEI SKIII S SKETY
	AINAME:	(MALE / FEMALE)
	b) NRIC/FIN/PASSPORT:	CONTACT:
	c)ADDRESS:	
	1/2	
1	* CONTINUE TO 3.d IF DRIVER ALSO POLICE	CY HOLDER
the of passeng	3. DRIVER	
(Including drive	AINAME LIANG HO DICA	(MALE) FEMALE)
(2)	DIANGTHAT MOSTORI. 303 4 79 04	A CONTACT: 47777 19
	c)ADDRESS:	
* female.	*d) DATE OF BIRTH: () / 11 / - 1943	255 4
	e)OCCUPATION: (INDOOR / OUTDOOR)	(DD/MM/YYYY)
	f) YEARS OF DRIVING EXPRERIENCE 22	la in I GLA
	4. WAS DRIVER AN EMPLOYEE OF THE IN	
	IF NO, RELATIONSHIP OF THE DRIVER	WITH INSURED:
	DI WEATHER CONDITION: (CLEAR / RAININ	
	b)ROAD SURFACE (DRY / WET / OTHERS	
	WAS ANYBODY INJURED (YES / NO)	
7	a) REPORTED TO POLICE (YES / NO)	
	IF YES, PLEASE STATE WHICH POLICE STA	TION:
. 8	. THIRD PARTY VEHICLE	
the of passenger		MODEL:
. Including driver) b) DRIVER'S NAME:	
(2)	c) NRIC/FIN/PASSPORT:	CONTACT:
	THIRD P'ARTY VEHICLE	
the of presengu	d) VEHICLE NUMBER:	MODEL:
Industria drive	d) VEHICLE NUMBER:	ORACIO A STATE AND A STATE OF THE STATE OF T
6	1) NRIC/HN/PASSPORT:	CONTACT:
		28
	A. A. A.	27
	email =	

VIDEO =







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING GLASSIES!

Class 2B Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 2 Motorcycles exceeding 400 cc
Class 3 Meter Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A



Certificate of Insurance

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

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

Certificate Number : 5069581330-03 Cover : Third Party

1. Index mark and Registration Number of Vehicle : N/A

Any Motor Vehicle the property of the Policyholder or in their custody or control. All steam-driven vehicles are excluded.

2. Name of Policyholder

: EK AUTO (EXPORT) PTE LTD

Effective Date of Insurance

: 04 Feb 2018

Expiry Date of Insurance

: 03 Feb 2019

Persons or Classes of Persons entitled to drive*

Refer to List Attached

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 only for Motor Trade purposes.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use solely for 'Breakdown' purposes is not deemed to be use for hire or reward.
- 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.

POLICY TYPE : MOTOR-TRADE INSURANCE

TYPE OF TRADE/BUSINESS : CAR DEALERS

TOTAL NUMBER OF AUTHORISED DRIVER(S) : 3

DETAILS OF AUTHORISED DRIVER(S) : REFER TO LIST ATTACHED

 EXCESS (SECTION I)
 : N/A

 EXCESS (SECTION II)
 : N/A

 SUM INSURED
 : N/A

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 : THIS MARKETING INSURANCE AGENCY (00000572208)

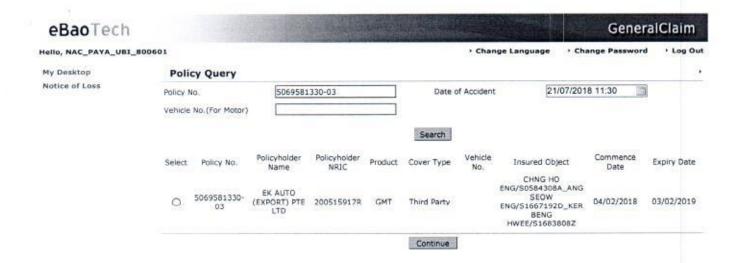
Date of Issue : 11 Dec 2017 16:34 hrs

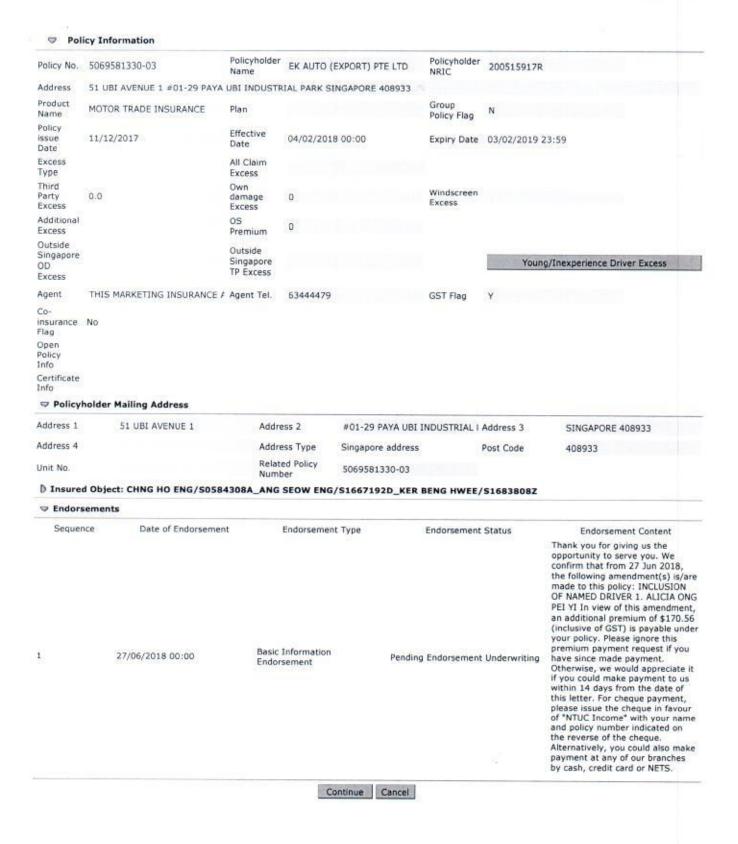
For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive





cident MT/10043E5					
Boy No.	5069581330-03	Vehicle No.		GST Registration No.	200515917R
icynolder Name	EK AUTO (EXPORT) PTE LTD			Policyholder NRIC	200515917R
ouct Code	MOTOR TRADE INSURANCE	Cover Type	Third Party	Loading	•
or Trade Plate No.	53L20458	Motor Trade Driver Name	CHNG HO ENG	Motor Trade Driver NRIC	50584308A
nact No. (Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
ail Address		Special Remark		eCode	40
	® No ○Yes	TCA	® No ○Yes	eCode Reason	
Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
ort Date	24/07/2018 16:28	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
e of Accident	21/07/2018	Time of Accident hhomm	11:30	Country of Accident	Singapore
orting Centre		Orange Force		JCM No.	
ident Location	BEDOK SOUTH RD BEFORE JUNE				
Benefits	BEDGE SOUTH ND GOT ONE JOHN	4.044.411.41.714.71			
Excess					
	0.00	Additional Excess		Windscreen Eucess	
damage Excess	0.50	Outside Singapore OD Excess		Solfer Strain Const.	
amed Driver Excess	0.00				
d Party Excess		Outable Singapore in Excess			
GST Registered Informa			GST Registration Date	01/01/2015	
Registered Registration No.	Yes 2005159179		GST Status Verified	No.	
Registration No.	20071031/6		15,715 R 115 Fol (15,117.18)	12702	
- Sandanayard					
Policyholder Mailing Ad	dress				
rest 1	51 UB1 AVENUE 1	Address 2	#01-29 PAYA UBE INDUSTRIAL	Address 3	SINGAPORE 408933
Irena 4		Appress Type	Singapore address	Post Code	408933
No.		Related Policy Number	5069581330-03		
DI Driver Info					
ner Name	CHNG HO ENG	Driver Type	Named Driver		
amed driver Name	AND MARKATCHES	Detver NR3C	50584308A	Driver DOB	02/11/1947
ster Date of Driver License	22/10/1969	Driver Age	70	Driving Experience	46
tact No.(Mobile)	97877391	Contact No.(Office)	Ď.	Contact No.(Home)	Ó
iresa 1	10 SIMEI RISE	Address 3	CHANGE RISE CONDOMINIUM	Address 3	SINGAPORE 528804
Iress 4					
		Address Type	Singapore address	Post Code	528804
	10-27	Address Type	Singapore address	Post Code	528804
ë No.	10-27		Singapore address		528804
ë No. es he own a Singapore	10-27 ○ Yes ④ No	Address Type Driver Vehicle No.	Singapore address	Post Code Driver Insurer Company	528804
e No. es he own a Singapore gistered car?			Singapore address		528804
e No. es he own a Singapore planation	○ Yes ® No	Oriver Vehicle No.			528804
e No. es he own e Singapore gistered car? denstion eathelyser or Blood Test			Singapore address ○ Yes No		528804
uress + LR No. Jes he own a Singapore glared car? claration eathsyser or Blood Test ading?	○ Yes ® No	Oriver Vehicle No.			528804
it No. res he own a Singapore gistered car? claration eathalyser or Blood Test	○ Yes ® No	Oriver Vehicle No.			528804
e No. es he own a Singapore jistered car? faration faration athalyser or Blood Test dding?	○ Yes ® No	Oriver Vehicle No.			528804
No. s he own a Singapore istered car? aration athalyser or Blood Teat ding? should be	○ Yes ® No	Oriver Vehicle No.			528804
No. s he own a Singapore istered car? ariston strayer or Blood Test ding? fication History laim 001 New	○ Yes ® No O mg	Driver Vehicle No. Any injury?	○ Yes ® No	Driver Insurer Company	
No. sinte own a Singapore intered car? eration athayser or Blood Test ding? inication History laim 001 Msw	○ Yes ® No	Driver Vehicle No. Any injury? Insured Name		Driver Insurer Company Insured NRIC	20051591.78
No. In the own a Singapore intered car? aration aration aration aration aration aration aration aration Assume the singapore aration Assume the own aration aration aration aration Assume Type *	O mg	Oriver Vehicle No. Any injury? [neured Name Contact No.(Home)	○ Yes ® No	Driver Insurer Company Insured NRIC Contact No. (Office)	2005 39 78 64425988
ino, is he own a Singapore istered car? aration athalyser or Blood Test ding? inication History tailm 001 New im Type * ttact No (Mobile) ail Address	O mg OD-MX Eksuto®ymel.com	Driver Vehicle No. Any injury? Insured Name	○ Yes ® No	Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number	2005159178 68425988 5158921Y
s No. Is the own a Singapore intered car? faration athalyser or Blood Test ding? Infraction History Claim OBI MSW In Type * Itact No.(Mobile) all Address Im Description	O mg	Oriver Vehicle No. Any injury? [neured Name Contact No.(Home)	O Yes No BK AUTO (EXPORT) PTE LTD	Driver Insurer Company Insured NRIC Contact No. (Office)	2005159178 68425988 5158921Y
No. Is he own a Singapore intered car? aration athalyser or Blood Test ding? Infracion History Infracion History Infracion Mew In Type * Itact No. (Mobile) all Address in Description ferred Workshop Contact	O mg OD-MX Eksuto®ymel.com	Oriver Vehicle No. Any injury? [neured Name Contact No.(Home)	○ Yes ® No	Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number	2005159178 68425988 5158921Y
is No. Is he own a Singapore istered car? Interior Introduced History Introduced H	O mg OD-MX Eksuto®ymel.com	Driver Vehicle No. Any injury? Insured Name Contact No.(Prome) OI vehicle Number Insured Lieblity *	O Yes ® No EK AUTO (EXPORT) PTE LTD Not at Fault	Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number	2005159178 68425988 5158921Y
es No. es he dwn a Singapore jistered car? faration athalyser or Blood Test uding? incacion History claim 001 New im Type = mact No.(Mobile) ail Address im Description ferred Workshop Contact gure Finwikstion	O mg OD-MX ExautoEymel.com / Si.58921Y DN 21 Jul 2018	Driver Vehicle No. Any injury? Insured Name Contact No.(Prome) OI vehicle Number Insured Lieblity *	O Yes ® No EK AUTO (EXPORT) PTE LTD Not at Fault	Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	2005 3917R 64425988 5158921Y
t No. es he own a Singapore platered car? farstion farstion Test dring?	O mg OD-MX ekauto#yme#.com / 5i.58921Y DN 26 Jul 2018 Yes	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option	O Yes ® No EK AUTO (EXPORT) PTE LTD Not at Fault	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	200515917R 68425988 5158921Y
s No. Is the own a Singapore intered car? Intered car.	O mg O mg O mg Exauto Eymel, com √ 51,58921Y DN 21 Jul 2018 Yes 24/07/2018 16:31	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option	O Yes ® No EK AUTO (EXPORT) PTE LTD Not at Fault	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	200515917R 68425988 5158921Y
No. s he own a Singapore istered car? aration athalyser or Blood Test ding? fication History laim 001 New m Type * stact No.(Mobile) all Address m Description ferred Workshop Contact juice Finalization e Registered sort Taken By	O mg O mg O mg Exauto Eymel, com √ 51,58921Y DN 21 Jul 2018 Yes 24/07/2018 16:31	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option	O Yes ® No EK AUTD (EXPORT) PTE LTD Not at Fault Preferred Workshop, Name unknown	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	200515917R 68425988 5158921Y
No. s he own a Singapore istered car? aration fication History fication History filaim 001 New m Type * titact No.(Mobile) air Address im Description feered Workshop Contact puire Finalitation a Registered cort Taken By Price AK letter	O mg O mg O mg Exauto Eymel, com √ 51,58921Y DN 21 Jul 2018 Yes 24/07/2018 16:31	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option	O Yes ® No EK AUTO (EXPORT) PTE LTD Not at Fault	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	200515917R 68425988 5158921Y
No. s he own a Singapore istance car? aration schalyser or Blood Test ding? fication History laim 001 New m Type * tact No.(Hobsie) air Address m Description feered Workshop Contact quire Finalitation is Registered ont Taken By Price AK lietter	O mg O mg O mg Exauto Eymel, com √ 51,58921Y DN 21 Jul 2018 Yes 24/07/2018 16:31	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option	O Yes ® No EK AUTD (EXPORT) PTE LTD Not at Fault Preferred Workshop, Name unknown	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	200515917R 68425988 5158921Y
No. s he own a Singapore stared car? aration chalyser or Blood Test ficacion History laim 001 New m Type * tect No.(Mobile) ail Address m Description extend Very Start Singapore e	O mg O mg O mg Exauto Eymel, com √ 51,58921Y DN 21 Jul 2018 Yes 24/07/2018 16:31	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option	O Yes ® No EK AUTD (EXPORT) PTE LTD Not at Fault Preferred Workshop, Name unknown	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	200515917R 68425988 5158921Y
No. s he own a Singapore stared car? aration schalyser or Brood Test ding? fication History laim 001 New in Type * tact No.(Mobile) hi Address in Description erred Workshop Contact uire Finwitiation e Registered ort Taken By Print AK letter	O mg OD-MX Eksuto Eymal, com / \$158921Y ON 21 Jul 2018 Ves 24/07/2018 16:31 Jackson	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liebliny * Preferend Repair Option Claim Cose Date	O Yes ® No EK AUTD (EXPORT) PTE LTD Not at Fault Preferred Workshop, Name unknown	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	200515917R 68425988 5158921Y
No. s he own a Singapore stared car? aration schalyser or Brood Test ding? fication History laim 001 Mew in Type * tact No.(Moline) iii Address iii Description erred Workshop Contact uire Finwitiation a Registered ort Taken By Print AK lietter stachment	O mg O mg O mg O mg O mg Vsisse21Y CM 21 Jul 2018 Ves 24/07/2018 16:31 Jackson	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	O Yes ® No EK AUTO (EXPORT) PTE LTD Not at Fault Preferred Workshoo, Name unknowns Save Submit	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	200515917R 68425988 5158921Y
No. she own a Singapore stered car? rescon chalyser or Blood Test ling? fication History aim 001 New in Type * lact No. (Mosne) ii Address in Description erred Workshop Contact use Finwitation is Registered ort Taken By Print AK lietter	O mg O mg O mg O mg O mg Ekauto Eymal, com / \$1,58921Y ON 21 Jul 2018 Ves 24/07/2018 16:31 Jackson MT/1004 385 € Yes ○ No	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liebliny * Preferend Repair Option Claim Cose Date	O Yes ® No EK AUTD (EXPORT) PTE LTD Not at Fault Preferred Workshop, Name unknown Save Submit	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	200515917R 66825988 5158921Y Received V
No. she own a Singapore stered car? stered car? shelyser or Brood Test sing? fication History selm 001 New in Type * tact No.(Motive) iii Address in Description erred Workshop Contact uire Finwitation is Registered out Taken By Print AK lietter stachment	O mg O mg O mg O mg O mg Vsisse21Y CM 21 Jul 2018 Ves 24/07/2018 16:31 Jackson	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Lieblity * Preferend Repair Option Claim Gose Date Claim No. Lipload Date	O Yes ® No EK AUTO (EXPORT) PTE LTD Not at Fault Preferred Workshoo, Name unknown Dol 24/07/2018 16:33 Category *	Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urgs	20051591,7R 68425988 5158921Y Received V 24/07/2018 00:00
No. s he own a Singapore started car? arston straiyser or Brood Test drig? fication History laim 001 New m Type * tact No. (Molsier) ail Address im Description ferred Workshop Contact usre Finwitiation a Registered out Taken By Print AK letter stachment	O mg O mg O mg O mg O mg Ekauto Eymal, com / \$1,58921Y ON 21 Jul 2018 Ves 24/07/2018 16:31 Jackson MT/1004 385 € Yes ○ No	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	O Yes ® No EK AUTO (EXPORT) PTE LTD Not at Fault Preferred Workshoo, Name unknown 5eve Submit 001 24/07/2018 16:33 Category *	Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urgs	20051591,7R 68425988 5158921Y Received V 24/07/2018 00:00
No. Is the own a Singapore intered car? Intered car? Intered car? Intered car? Intered car? Intered car. In	O mg O mg O mg O mg O mg O mg Ekauto Eymal, com / \$1,58921Y ON 21 Jul 2018 Ves 24/07/2018 16:31 Jackson MT/1004 385 € Yes ○ No	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Lieblity * Preferend Repair Option Claim Gose Date Claim No. Lipload Date	O Yes ® No EK AUTO (EXPORT) PTE LTD Not at Fault Preferred Workshoo, Name unknown Save Submit 001 24/07/2018 16:33 Category *	Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urgs	20051591,7R 68425988 5158921Y Received V 24/07/2018 00:00
is no. Is he own a Singapore istered car? In action	O mg O mg O mg O mg O mg O mg Ekauto Eymal, com / \$1,58921Y ON 21 Jul 2018 Ves 24/07/2018 16:31 Jackson MT/1004 385 € Yes ○ No	Driver Vehicle No. Any injury? insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date	O Yes ® No EK AUTD (EXPORT) PTE LTD Not at Fault Preferred Workshop, Name unknown Seve Submit 001 24/07/2018 16:33 Celegory * E. Clear Please Select	Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urgs	200515917R 68425988 5158921Y Received 24/07/2018 00:00
is no. Is he own a Singapore istered car? In action	O mg O mg O mg O mg O mg O mg Ekauto Eymal, com / \$1,58921Y ON 21 Jul 2018 Ves 24/07/2018 16:31 Jackson MT/1004 385 € Yes ○ No	Driver Vehicle No. Any injury? insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Brows	O Yes ® No EK AUTD (EXPORT) PTE LTD Not at Fault Preferred Workshop, Name unknown Seve Submet O01 24/07/2018 16:33 Celegory * Celegory * Please Select R. Char Please Select R. Char Please Select	Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urg	200515917R 68425988 5158921Y Received 24/07/2016 00:00
s No. Is the own a Singapore intered car? Intered car.	O mg O mg O mg O mg O mg O mg Ekauto Eymal, com / \$1,58921Y ON 21 Jul 2018 Ves 24/07/2018 16:31 Jackson MT/1004 385 € Yes ○ No	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Cose Date Claim No. Upload Date Brows Brows	Over ® No EX AUTO (EXPORT) PTE LTD Not at Fault Preferred Workshop, Name unknown 24/07/2018 16:33 Celegory * Celegory * Celegory * Please Select R. Osar Please Select R. Osar Please Select	Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urg	200515917R 68425988 5158921Y Received 24/07/2016 00:00

Attachment		Uploaded By/Date	Category	9	Urgency	Description	Msg Sent? At (CO)
108	NAC_PAYA_UBI_800601[NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:33	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-24	
en 1	NAC_PAYA_UBL_800602(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:33	NRSC/ Driving License		Normal	NR3C/ Driving License 2018-7-24	
*9	NAC_PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:32	SAS		Normal	SAS 2018-7-24	9
	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:32	Photos		Normal	Photos 2018-7-24	24
2	NAC_PAYA_UBI_800601(NATO	ONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:32	Photos		Normal	Photos 2018-7-24	5
	NAC_PAYA_UBI_B00601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 24 July 2018 16:32	Photos		Normal	Photos 2018-7-24	8
	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:32	Photos		Normal	Photos 2018-7-24	
and /	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:32	Photos		Normal	Photos 2018-7-24	10
	NAC_PAYA_UB3_800603(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:31	Photos		Normal	Photos 2018-7-24	
0	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:31	Photos		Normal	Photos 2018-7-24	
1	NAC. PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:31	Photos		Normal	Photos 2018-7-24	
3	NAC_PAYA_UBJ_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:31	Photos		Normal	Photos 2018-7-24	
-	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2016-16:31 NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018-16:31		Photos		Normal	Phocos 2018-7-24	
-			Normal 2018 16:31		Normal	Photos 2018-7-24	
Video List	Uploaded By/Date	Faider Date	Pile Name		Ŷ	Source	Action