NATIONAL Assessment Centre	Services	(we' - Jan/96)			
Date In: 04/08/18	Job description		Date &Time Completed	Done	by:
Rel No NA/INCIBO14167/13.	SAS e-filing				
Veh No 56732010	E-mail (within	Shrs, AIC 2hrs)			
D.O.A. 04/08/18 0930	i-Motor Clair	m Form	mT/1005938-	001	
OD (1) Peporting Only	i-Motor W/O				
TP Insurer:	Assessment/Su	rvey Report			
TP Insurer	Ass't Report b	y <u>Fax / Hand</u> t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	)
TP Particulars: Veh No:	54m785	TER INC (	)/Non-INC( )		
Owner / Driver: (			Tel:		
Policy No: ( ) Perio	od: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
			0%; P: 21-79%. F: 80-	100%]	A 170174
	arranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1,000	0 ( ) / \$2,000	( )	arms (Suggest)		
General Remarks:-	Section of the section	Patricia, Carrier	AKARASARAWA ALA	2.11	
( ) Walk-In Customer: Customer's inform	nation strictly Co	nfidential & St	rictly NO refer of repairer.	<u> </u>	
( ) Total Loss Case : to e-mail Insurer	URGENTLY.	0.			
Drive-In ( ) / Towed-In ( ); Invoice:	YES ( ) / N	NO( ); T	owing Co. (		)
Remarks:- (INC horling: 6788 6616)	The Carlotte of Carlotte	tal spin torga	Date&Time Completed	Done	by
4.2 (4.1) (6.6) (6.2) (7.2) (4.2) (4.2) (4.1) (4.1) (4.1) (4.1) (4.1)	urtesy Car (	) 	M #510576-25-25		
2) QC Check / Post Repair Inspection	( )	)			
3) Upload Resurvey Photo [Repair Cost > \$30	001 (	)			
Injury:					
Date/Time Actions	STATE OF THE STATE			Description of the second	
		PACK COMPANY	148 (3.9484900) - 7700, 344-00 - 7.110.3 - 00	1.63	
			72	300 100000	
NA180 4884		TO VILLEA BERNADA	paration Checklist	Amt (\$)	Amit (\$) Add Bill
laimant's Particulars :-		1) AR : Accident	Reporting (\$30); Assessment (\$100); INC (\$	\$80)	Carlo Carro
Driver/Owner:		3) TF : Towing I	Fee S	40/\$45 \$120	
		4) FT : Follow-T 5) FT : Follow-T	hrough Survey (Resurvey)	\$30	
Contact No:		For claiming a	against INC Only (wef 10 Jan 200	05) \$75	2000
Damäged Portion:		7) N1 : Idac DA	+ SMRT Survey	\$160	
		8) NTUC Additi	onal Services:-		
C Checked by (Engr-In-Charge):	163	*N5: Courtes	y Car / Tpt Allowance	\$10	
Company of the Compan			onir Inspection	\$25	
Auditors' Comments :-	The second of	*N8: DV / Co	llect Excess Coordination	\$5 \$20	
a <u>t. 1:</u>	Y	9) N12: Idne Me	P (Non INC) against INC obile	30	
at. 2 / 3;		Invoice dated	Fee Charges	THE PERSON NAMED IN	and an Find
		lavoice dated	ree Charges	A SAME	

#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

EMail Address

- 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.
   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 aforesaid.

	ACCIDENT STATEMENT	
Date Of Report	04/08/2018 13:41	
Date Of Accident	04/08/2018 09:30	
Exact Location Of Accident	ALONG PUNGGOL DRIVE	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGT3201D	
Insured/Policyholder		
Name Of Registered Owner	ONG BOON HONG	
NRIC No	S6815995D	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-98588128	
Alternative Phone No	OTHERS-98588128	
Vehicle Particulars		
Manufacturer	тоуота	
Model	COROLLA AXIO	
Exact Purpose for which vehicle was being used at time of accident	WORK	
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 HIRE	
Insurance Company		
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPE	RATIVE LTD
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	5088604830-01	
Cover Note Number		
Driver		
Name of Driver	ONG BOON HONG	
NRIC No	S6815995D	
Date Of Birth	20/04/1968	NTUC
Occupation	OUTDOOR	DRIVER
Date Of Driving Pass	23/10/1989	ROSLINDA
Driving Experience	28 YEARS AND 9 MONTHS	VOLVINOV
Gender	MALE	
Mobile Number	(LOCAL) +65-98588128	
Fax Number		
Contact Number	OTHERS-98588128	

NOEMAIL

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
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aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	04/08/2018 13:41
Date Of Accident	04/08/2018 09:30
Exact Location Of Accident	ALONG PUNGGOL DRIVE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGT3201D
Insured/Policyholder	
Name Of Registered Owner	ONG BOON HONG
NRIC No	S6815995D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98588128
Alternative Phone No	OTHERS-98588128
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA AXIO
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088604830-01
Cover Note Number	
Driver	
Name of Driver	ONG BOON HONG
	CONTRACTO

S6815995D NRIC No 20/04/1968 Date Of Birth OUTDOOR Occupation 23/10/1989 Date Of Driving Pass Driving Experience 28 YEARS AND 9 MONTHS MALE Gender (LOCAL) +65-98588128 Mobile Number Fax Number OTHERS-98588128 Contact Number

NOEMAIL

BLK 684D EDGEDALE PLAINS Address

#11-675

824684 Postcode

Was driver an employee of the Insured's Company NO

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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

#### Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

#### **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

## PLS REFER TO THE ATTACHED STATEMENT

## Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLM7856R HONDA VEZEL Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

JUMAAT BIN ZAINAL Name of Driver

NRIC/Passport Number

S8318508B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### MPORTANT NOTICE

- i. Please report correctly the details of the accident to speed up the claims process.
- 2. This form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material
  facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the dark 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 insurence
  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 fodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurence Association of Singapora ("GIA") may/are permitted to collect, use, disclose and/or process my personal deta/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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers lawyers/law firms, the Monstery 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 civims. (collectively the "Purposes")
- (b) ell insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/she 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 Singaporo, for one or more of the above Purposes.
- (b) 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.
- [a] the information so collected under (d) above may be shared / disclosed:
  - to all insurers end/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 Parsonnel's Signature

04/08/18

NRIC/FIN No.:

SKETCH PLAN	Along	Punggo!	Drive	
				VEHICLE A: SGT 3201D
		TY A		VEHICLE B SLM 1856A
DESCRIBE CIRCUM	ASTANCES OF T	HE ACCIDENT		
Pedesti After Vencle be see	e A process ( 5-75. A con	rossing rossing rossing dends dehicle A	on roed ( Vehicle B ie on impa	Stop due to Stop due to Green Man (1941). Recorrended et. Impaot con otage. Result in chicle H.
- opporto 1-0	ste dive d road	closure	road is cle	constructing. Here
	20044			

DECLARATION

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

Polleyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time:

Reporting tentre Personnel's Signature
Name:

NRIC/FIN No.:

Date of Accident	:4 August 18 Accident Time: 09:33 (24-HR-Format)				
Accident Place	: Along Punggol Drive				
Vehicle Reg. No. (Car Plate No.)	SGT 3201D				
Vehicle Make/Model	: TOYOTA COROLLA AXIO 1.5X A				
Insurance Company	: NTUC Policy No.				
Owner or Company Name /IC No.	ONG BOON HONG 568159950				
Owner or Company Contact No.	Owner's Hp 98588128Company Tel				
DRIVER'S Name / IC No.	ONG BOON HONG SE815995D				
DRIVER'S Date Of Birth	: 20 04 1968 DRIVER'S License Pass Date S6815995D				
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:				
DRIVER'S Address	: APT BUK 684D EDGEDALE PLAINS # 11-675				
DRIVER'S Contact No./ Alt No.	:1) 98588128 2)				
DRIVER'S Occupation	: INDOOR \OUTDOOR e.g. working inside or outside office)				
Email Address	: weiguan 0312@gmail.com				
Weather & Road Surface	CLEAR & DRY \RAINING & WET \AFTER RAIN & WET				
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance				
Number of Passengers (Including	Driver): 1				
Was there any video Captured by Exact purpose for which vehicle v	car camera (YES) NO was being used at the time of accident: Private use (Work purpose)				
Other	r Party Driver's Particular (if any)				
Vehicle Reg. No: SLM 785	GR Vehicle Reg. No:				
Vehicle Make\Model: HONDA					
Name Driver: JUMANT BIN	ZAINAL Name Driver:				
IC No. Driver: 5831850	IC No. Driver:				
	Driver's Contact & Add:				





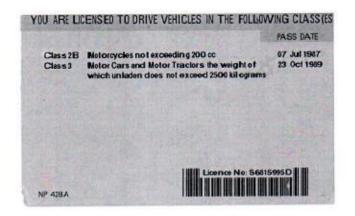
This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Туре	Description	Issue Date
02	TAXI VL	27/10/2009
03	BUS VL	12/02/2016
04	BUS ATTENDANT	12/02/2016











## 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: 5088604830-01 Cover : drivo CLASSIC 1. Index mark and Registration Number of Vehicle : SGT3201D Chassis Number : NZE1416022055 2. Name of Policyholder : ONG BOON HONG

enactment or regulation in that behalf from driving the Motor Vehicle.

3. Effective Date of Insurance : 09 Apr 2018 4. Expiry Date of Insurance : 08 Apr 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
- 6. Limitations as to Use#
  - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

#### This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.
  - # 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) : \$\$2,000 EXCESS (SECTION 2) : S\$1.500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION · NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : ONG BOON HONG

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : TAI THONG LEE TRADING 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)

: TAI THONG LEE TRADING PTE LTD (00000612744) Agency

Date of Issue : 02 Apr 2018 15:31 hrs : 02 Apr 2018 15:32 hrs Reprint

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

I	hicle Registration Detail Informat Enquire Vehicle Registration Deta	ils	Pag
	Owner Particulars		
	NRIC/Passport/Company Cert No.:	S6815995D	
	Owner ID Type:	Singapore NRIC	
	Owner Name :	ONG BOON HONG	
	Registered Address:	APT BLK 684D EDGEDALE PLAINS #11-675 SINGAPORE 824684	
	Mailing Address:		
	Birth Date: Vehicle Particulars	20 Apr 1968	
	Vehicle No.:	SGT3201D	
	Previous Vehicle No.:		
	Effective Date of Ownership:	31 Mar 2017	
	Original Regn Date :	09 Apr 2007	
	Registration Date :	09 Apr 2007	
	Year of Manufacture :	2007	
	Vehicle Type :	Private Hire (Chauffeur) Motor Car	
	Vehicle Scheme :	•	
	Vehicle Attachment 1:	No Attachment	
	Vehicle Attachment 2:	4	
	Vehicle Attachment 3:		
	Vehicle Make :	TOYOTA	
	Vehicle Model:	COROLLA AXIO 1.5X A	
	Primary Colour :	Grey	
	Secondary Colour :	diey	
	Passenger Capacity:	4	
	Chassis No. :	NZE1416022055	
	Engine No. :	1NZC493897	
	Engine Capacity / Power Rating :	1496 cc/-	
	Maximum Power Output:	81.0 kW (108 bhp)	
	Propellant :	Petrol	
	Max Unladen Weight:		
	Maximum Laden Weight:	1130 kg	-
	Open Market Value :	1405 kg \$14,826.00	
	PARF Eligibility:	Forfeited	
	PARF Eligibility Expiry Date:		
	Minimum PARF Benefit :		
	No. of Transfers :	1	
	IU Label No.:		
	COENo.:	1026152502	
	COE Expiry Date :	2007040101004839H	
	COE Category:	31 Mar 2022	
	COE Registration Category :	A - Car (1600cc & below)	
	Quota Premium (QP) / Prevailing Quota	A - Car (1600cc & below)	
	Premium:	\$13,504.00/-	
	PQP Paid:	\$24,715.00	
	QP (Regn Cat):	\$13,504.00	
	OPC Cash Rebate Eligibility:	No.	
	QP during COE Bidding Exercise :		
	Additional Registration Fee Rate :	\$13,504.00	
	Actual ARF Paid :	110.00 %	
	Vehicle Lifespan Expiry Date :	\$16,309.00	
	CO2 Emission:	No Lifespan	
	CO Emission:	to prove the second	
	HC Emission:		
	NOx Emission:		
	PM Emission:		
	Civil Cinission:	5) 2000 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100	

The vehicle will be de-registered upon expiry of its 5-year COE on 31 Mar 2022. No further renewal will be allowed. You are required to affix a pair of PHC decals on your vehicle windscreens at Authorised Inspection Centres within 3 calendar days, regardless of usage. The vehicle cannot be converted out until the decals have been affixed. This is a public service vehicle.

Message:

### **Claim Handling**

Accident MT/1005938								
Policy No.	5088604830-01		Vehicle No.	SGT3201D		GST Registr	ation No.	
Certificate No.								
Policyholder Name	ONG BOON HONG					Policyholder	NRIC	5681
Product Code	PRIVATE CAR INSUR	ANCE	Cover Type	drivo CLASSIC		Loading		0
Contact No (Mobile)	98588128		Contact No.(Office)	0		Contact No.	(Home)	0
Email Address	20200120		Special Remark	THE STATE ST		eCode		No
KFK	= No Yes		TCA	+ No Yes		eCode Reas	on	1
NCD Protection	No.		NCD Entitlement(%)	50		Private Hire		Yes
Accident Details	000			533				
	56-10-26-02-01-2		Samuel was the sense of the bits	Mari		Accident Ty	26	Collis
Report Date	04/08/2018 14:08		Accident Report Within 24 hrs	Yes				Sing
Date of Accident	04/08/2018		Time of Accident hh:mm	09:30		Country of	ACCIDENT	Skille
Reporting Centre			Orange Force			ICM No.		
Accident Location	ALONG PUNGGOL DE	RIVE						
▽ Benefits								
<b>▽</b> Excess								
Own damage Excess		2,000.00	Additional Excess	0		Windscreen	Excess	100
Unnamed Driver Excess		0.00	Outside Singapore OD Excess		2,000,00			
Third Party Excess		1,500.00	Outside Singapore TP Excess		1,500.00			
GST Registered Informat	tion							
GST Registered	N	0		GST Regist	ration Date			
GST Registration No.				GST Status	: Verified	0.9	es	
Modification History								
Policyholder Mailing Add	ress							
Address 1	BLK 684D #11-675		Address 2	EDGEDALE PLAINS		Address 3		WAT
Address 4	SINGAPORE 824684		Address Type	Singapore address		Post Code		8246
Unit No.	SIMUATURE 824004		Related Policy Number	5088604830-01				
			Related Policy Hamber	3000004030-01				
→ OI Driver Info	And the second second		Driver Type	Main Driver				
Driver Name	ONG BOON HONG		Driver NRIC	S6815995D		Driver DOB		20/0
Unnamed driver Name						Driving Exp		28
Register Date of Driver License	23/10/1989		Driver Age	50		Contact No		0
Contact No.(Mobile)	98588128		Contact No.(Office)	0		Address 3	.croomey	WAT
Address 1	3LK 684D		Address 2	EDGEDALE PLAINS		Post Code		824
Address 4	SINGAPORE 824684		Address Type	Singapore address		Post Code		0,2+1
Unit No.	#11-675							
Does he own a Singapore Registered car?	Yes + No		Driver Vehicle No.			Driver Insu	rer Company	
41 (1000) 100 (100 (100 (100 (100 (100 (1								
Declaration								
Breathalyser or Blood Test Reading?	0 mg		Any injury?	Yes a No				
Modification History								
Piodification Pistory								
Claim 001 OD-MX New								
and the second						Insured		
Claim Type *					OD-MX	▼ Insured Name	ONG BOON HONG	2
Contact No.(Mobile)					98588128	Contact No.	62912550	
- Children Company						(Home)		
Email Address					oboonhong@gmail.com	Vehicle Number	SGT3201D	
Claim Description					SGT3201D / SLM7856R ON	4 Aug 2018		
Preferred								
Weekshop	Preference		1 GIA					
Contact No. Yes	▼ Repair Option	Preferred Workshop, N	lame unknown Teport Received	d 🔻	-	Claim	_	
Date Registered	- Copenia				04/08/2018 14:15	Close		
Report Taken By					ROSLINDA	Workshop Repairer		
					(15) 1 St. 15-1			
Print AK letter								
				Save Submit				
Attachment								

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