NATIONAL Assessment Centi	re Services	Jan'05 MNA	1190149.			
	Jeb description		Date & Time Completed	L	_	
Date In: 3/1/9-16:28	SAS e-filing					
Res No: NA 18 C 190 00 163 24	E-mail (within Shrs, A	AIC 2hrs)				A
Veh No: 40 E Y 30 S	i-Motor Claim Fo		M7/1026268-001	3/1/9	17:41.	
D.O.A: 1/1/19-11:00	i-Motor W/O (wit	-				
OD : TP Peporting Only	i-Photo Uploaded				-	
	Assessment/Survey	0.5%				
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp					
104/			Tel:	Fax:		
Preferred Wksp / INC Assign Wksp / QW: (		INC (	)/Non-INC( )			
TP Particulars: Veh No: 1/2	676 IM.		Tel:		)	
Owner / Driver: (	Period: (	)	Cover Type: (		-)	
Policy No: (		Date:	Time:	AL SELECT	)	
Confirmed by : (	[Note-Est. Status (WO)	N: 0-20	%: P: 21-79%. P: 3	0-100%]		- 4
Insured/Driver Liability: (%)	and the same of th	/NO(	)			
Year of Registration: ( )	11 11 11 11 1	1101		COLUMN TO THE REAL PROPERTY.		
DAGGES, (C	1,000 ( )/\$2,000 (	) essect 7,7057	PROPERTY OF THE PARTY OF THE PA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1
General Remarks:-						
( ) Walk-In Customer : Customer's in	nformation strictly Confid	lential & Str	ictly NO refer of repair	er.		
( ) Total Loss Case : to e-mail Ins	urer URGENTLY.	// December 2010	· / 3			
	nice: YES ( ) / NO	( );T	owing Co: (			)
Dilve-in ( ).	veneral publication of	1900	Date&Time Complete	4	Done b	y
Remarks: (INC horline: 6788 6616		1000	Laccetanos	200011	A-1-1-	
The state of the s			0.			
1) Apply for Hansport Fine	/ Courtesy Car ( )		-	+		
2) QC Check / Post Repair Inspection	( )					
2) QC Check / Post Repair Inspection	( )	- 1				
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > ]	( )					
2) QC Check / Post Repair Inspection	( )			41.9%		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )			48.9%	iosve.	, m. s.
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )			4887.9		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )				Šošine.	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )			400 250	ing the second	, ne p.
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )					- C NO. 50
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )				Ani (S)	Section 1915
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )	<b>多年的</b> ,其中的政治的是一种的政治的	cparation Checklist		Ant (S)	Section 1915
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions	( )	1) AR : Accide	nt Reporting (\$30);		N.S. Spirty:	Section 1915
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury:  Date/Time Actions	( )	1) AR : Accide 2) DA : Damas	nt Reporting (\$30); c Assessment (\$100); 1	NC (\$80) \$40/\$45	N.S. Spirty:	Section 1915
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time   Actions   Actions   Particulars :-	( )	1) AR : Accide 2) DA : Damag 3) TF : Towing	nt Reporting (\$30); c Assessment (\$100); 1 Fee	NC (\$80) \$40/\$45 \$120	N.S. Spirty:	Section 1915
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  HA1920 IV.  Claimant's Particulars :-  Driver/Owner:	( ) >\$3000] ( )	1) AR: Accide 2) DA: Dames 3) TF: Towing 4) FT: Follow 5) FT: Follow	nt Reporting (\$30); to Assessment (\$100);  Through Survey Through Survey (Resurvey) to against INC Only (wef 10 J.	NC (\$80) \$40/\$45 \$120 \$30 21, 2005)	N.S. Spirty:	Section 1915
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  HA192019  Claimant's Particulars :-  Oriver/Owner:	( )	1) AR : Accide 2) DA : Damas 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-ins	nt Reporting (\$30); to Assessment (\$100); The Company of the Compa	NC (\$80) \$40/\$45 \$120 \$30	N.S. Spirty:	Section 1915
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  HA192019  Claimant's Particulars :-  Oriver/Owner:	( )	1) AR : Accide 2) DA : Darne 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-ins 7) N1 : Idae D	nt Reporting (\$30); to Assessment (\$100);  Through Survey Through Survey (Resurvey) to against INC Only (wef 10 J.	NC (\$80) \$40/\$45 \$120 \$30 \$1, 2005) \$75	N.S. Spirty:	Section 1915
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  HA192019  Claimant's Particulars :-  Oriver/Owner:  Contact No:  Damaged Portion:	( )	1) AR : Accide 2) DA : Darnes 3) TF : Towing 4) FT : Follow 5) FT : Follow For claimins 6) TR : Re-ins 7) N1 : Idae D 8) NTUC Add	nt Reporting (\$30); re Assessment (\$100); I Fee Through Survey (Resurvey) regainst INC Only (wef 10 Juneation A + SMRT Survey itional Services:-	NC (\$80) \$40/\$45 \$120 \$30 \$1, 2005) \$75	TA BILL	Section 1915
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  HA1620119.  Claimant's Particulars :-  Oriver/Owner:  Contact No:  Damaged Portion:	( )	1) AR: Accide 2) DA: Darnes 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idae D 8) NTUC Add OD.* *N5: Courte	nt Reporting (\$30); re Assessment (\$100); I Fee Through Survey (Resurvey); regainst INC Only (wef 10 Joection A + SMRT Survey itional Services:  csy Cer / Tpt Allowance	NC (\$80) \$40/\$45 \$120 \$30 \$75 \$160	TA BILL	No. of the same
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  HA1620119.  Claimant's Particulars :-  Oriver/Owner:  Contact No:  Damaged Portion:	( )	1) AR : Accide 2) DA : Darneg 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-ing 7) N1 : Idae D 8) NTUC Add OD!* *N5: Courte *N6: Repair *N6: Repair *N6: Repair	nt Reporting (\$30); te Assessment (\$100); The Continue of the	NC (\$80) \$40/\$45 \$120 \$30 \$2005) \$75 \$160	TA BILL	No. of the last
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Chairmant's Particulars :-  Oriver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):	( )	1) AR : Accide 2) DA : Darneg 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-ing 7) N1 : Idae D 8) NTUC Add OD* *N5: Courte *N6: Repai *N7: Fost E *N8: DV	nt Reporting (\$30); te Assessment (\$100); I Fee Through Survey (Resurvey) tegainst INC Only (wef 10 Joection A + SMRT Survey itional Services:  cry Cer / Tpt Allowance tro-ordination Repair Inspection Collect Excess Coordination	NC (\$80) \$40/\$45 \$120 \$30 \$30 \$75 \$160 \$55 \$510 \$525	TA BILL	No. of the last
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions	( )	1) AR : Accide 2) DA : Darneg 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-ing 7) N1 : Idae D 8) NTUC Add OD* *N5: Courte *N6: Repai *N7: Fost E *N8: DV	nt Reporting (\$30); to Assessment (\$100); The Assessment (\$100); Through Survey Through Survey (Resurvey) to against INC Only (wef 10 J. pection A + SMRT Survey thonal Services:  to Co-ordination tepair Inspection Collect Excess Coordination TP (Non INC) against INC Mobile	NC (\$80) \$40/\$45 \$120 \$30 \$75 \$160 \$55 \$510 \$25	TA BILL	Amu! Add I

### 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 liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT
Date Of Report	03/01/2019 16:28
Date Of Accident	01/01/2019 11:00
Exact Location Of Accident	BLK 745 PASIR RIS DR 1 CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE430S
Insured/Policyholder	
Name Of Registered Owner	HEAVEN STREAM PTE LTD
Co Reg No	200201448W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92706218
Alternative Phone No	OFFICE-92706218
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
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	5082778019-02
Cover Note Number	
Driver	
Name of Driver	LIZHEN
Passport No/FIN	G3174658U
Date Of Birth	11/11/1984
Occupation	OUTDOOR
Date Of Driving Pass	10/07/2018
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82386506
Fax Number	
Contact Number	OFFICE-82386506
EMail Address	NOEMAIL

1 TAMPINES NORTH DRIVE 1 Address

#01-03 T-SPACE

Postcode 528559

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

2

NO

YES

NO

0

NO

NO

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

**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)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

NO DETAILS OF OTHER VEHICLE PROPERTY 1

YL6761M

LI JIANMING

S8402150D

86860941

COMMERCIAL VEHICLE

YES

NO

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Page 2 of 20

#### 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:
  - 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

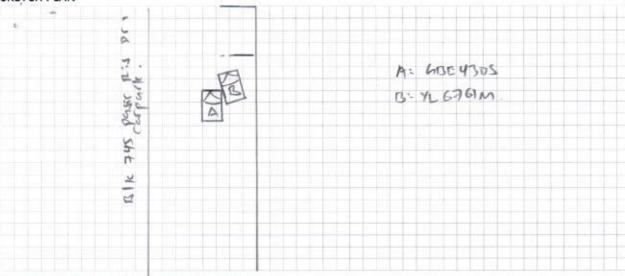
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.	

# 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:

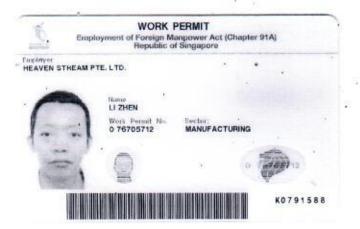
NRIC/FIN No.:

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE. WHEN I RETURN BACK FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

# **ACCIDENT STATEMENT**

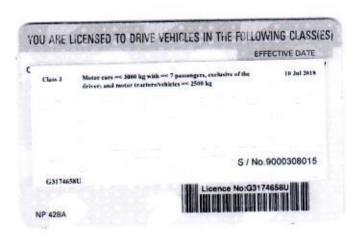
ACCIDENT DATE: 1 1 19 (DD/MM/YY	
LOCATION: Alle FOT Passin RIS In	(Gipacic
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: GBE435	## DECT 48
b)INSURANCE COMPANY: NTUC	
CIPOLICY NUMBER: 501 277819 - 23	-
d)POLICY TYPE: (COMPREHENSIVE / THIRD P	
e)MAKE & MODEL:	axir; mixer ristricted and ar
f)TYPE: (SALOON / COUPE / MPV /VAN / LOR	RRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMER	
h)PURPOSE OF USING AT ACCIDENT TIME:	Private use
I) ARE YOU CLAIMING UNDER YOUR OWN INS	SURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM /	REPORTING ONLY
2. INSURED / POLICY HOLDER	
AINAME: beggen fream Pte Ud.	(MALE / FEMALE)
b)NRIC/FIN/PASSPORT: 200201448W	CONTACT: 9270 648.
c)ADDRESS:	All and the second seco
	- M - 4 - 3
* CONTINUE TO 3.d IF DRIVER ALSO POLICY H	HOLDER
Including driver) bINRIC/FIN/PASSPORT: 631746580	
Including driver) a)NAME: 12 Then	(MALE / FEMALE)
	A OF US T-SPACE (128)
c) ADDRESS: 1 Tampines Worth Dr 1	A MIS I STATE CO
*d)DATE OF BIRTH: ( 1 / 1984 )(DD	7/MM /YYYYI
e)OCCUPATION: (INDOOR / OUTDOOR)	ammer conj
f) YEARS OF DRIVING EXPRERIENCE: 12) a 1	230
4. WAS DRIVER AN EMPLOYEE OF THE INSU	The state of the s
IF NO, RELATIONSHIP OF THE DRIVER WI	
5. a) WEATHER CONDITION: (CLEAR / RAINING /	EXPLICATION OF THE PROPERTY OF
b) ROAD SURFACE: (DRY / WET / OTHERS	VI-STIEVE SEEDS OF THE SEED OF
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATION	N:
8. THIRD PARTY VEHICLE	
of passenger a) VEHICLE NUMBER: YL 6260	MODEL:
duding driver) b) DRIVER'S NAME: UT JIGAMING	
c) NRIC/FIN/PASSPORT: 58 402 500.	CONTACT: 8 68 6094 1
y. THIRD PARTI VEHICLE	as reproductive side
d) VEHICLE NUMBER:	MODEL:
duding driver) f) DRIVER'S NAME:	
TOTAL THE RESERVE A SERVED A SECOND TO	CONTACT
1) INRIC/FIN/FASSFORT.	CONTACT;

email = 888 hsg & gmm: 1.com.
fax =











Policy No.	5082778019-02	Policyholder Name	HEAVEN ST	REAM PTE LTD	Policyholder NRIC	200201448W	
Certificate No.		Hame			THAT C		
Address	1 TAMPINES NORTH DRIVE 1 #0	1-03 T-SPA	CE SINGAPOR	E 528559			
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy Issue Date	27/07/2018	Effective Date	19/08/2018	8 00:00	Expiry Date	18/08/2019 23	59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	VICOM LTD	Agent Tel.	67414803		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	1 TAMPINES NORTH DRI	VE 1 Add	ress 2	#01-03 T-SPACE		Address 3	SINGAPORE 528559
Address 4		Add	ress Type	Singapore address		Post Code	528559
Unit No.	03-113	Rela Num	ted Policy ober	5084291355-02			
1 Insure	ed Object: GBE430S		securit				
	sements						

Service Market No. 1996   Service Market No						
# CAMENON TO ACT   CONTROL NOTICE   CON	cy No.	5082779019-02	Vehicle No.	G864305	GST Registration No.	
Column   C	oficate No.					
Color   Col	cyholder Name	HEAVEN STREAM PTE LTD			Policyholder NR1C	200201448W
Content   Cont			Cover Type	Preferred Workshop Plan		0
Special Entrol   Spec						
Part		32700210		0		-
Paralle may   Ma		(a) (1 a) (1	The state of the s			1
Marchanist   Mar	*					
The Act   Control   Cont	D Protection	No	NCD Entitlement(%)	20	Private Hire	No
The Control of Microse   100	Accident Details					
Control   Cont	ourt Date	03/01/2019 17:40	Academ Report Within 24 hrs	Yes	Acodent Type	Damaged whist parked
Comparison   Com	e of Accident	01/01/2019	Time of Accident Norman	13:00	Country of Accident	Singenore
March   Marc				244		
Marchan   Marc	THE RESERVE OF THE PARTY OF THE	BLY 745 BASIN DIS DR 1 CARDARY	Stange, since		104017861	
Marine   M		BLA 745 PASIR RIS DK 1 CARPARA				
Cutting   Company   Comp	Excess					
Control   Cont	n damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Part	named Driver Excess		Outside Singapore OD Excess			
Registance	nd Party Excess	0.00	Outside Singapore TP Excess			
Marginand Name	Benefits					
Registration   Po		ition				
Majorian Palagra   Majorian Pa				GST Registration Date		
Particularies Malfred Malfr	AND INSTITUTE	170			No .	
Palicyholder Malling Aldress   Palicyholder Malling Aldress   Palicyholder Malling Aldress   Palicyholder Malling   Palicyholder   Palicyh					STACE OF THE PARTY	
Page						
Address 2	Policyholder Mailing Adv	dress				
Marie	Iress 1	1 TAMPINES NORTH DRIVE 1	Address 2	#01-03 T-SPACE	Address 3	SINGAPORE 528559
Related Parloy Number   SOSA291385-C2						
### Part		Name and American			7 001. 0.000	340333
March   March   Driver   Dri		03-113	Related Policy Number	5084291355-02		
Driver Name   Control						
Driver   Specific Date of Driver   Libert   Support						
March No.   Models	named driver Name	LI ZHEN	Driver NRIC	G3174658U	Driver DOB	11/11/1964
Address 2 T-GMCE Address 3 SINGAPORE S28559  Interes 4 Address 7 Type Singapore address Plus Code 538559  Interes 6 Address 7 Type Singapore address Plus Code 538559  Interes 6 Address 7 Type Singapore address Plus Code 538559  Interes 6 Address 7 Type Singapore Address Plus Code 538559  Interes 6 Address 7 Type Singapore Address Plus Code 538559  Interes 6 Address 7 Type Singapore Address Singapore Singa	gister Date of Driver License	10/07/2018	Driver Age	34	Driving Experience	0
Actives 1 Actives Type Singapore address Post Code 52859  Active Singapore address Post Code 52859  Active Singapore address Post Code 52859  Driver Venicle No. Driv	ritact No.(Mobile)	82386506	Contact No.(Office)	0	Contact No.(Home)	0
Actives 1 Actives Type Singapore address Post Code 52859  Active Singapore address Post Code 52859  Active Singapore address Post Code 52859  Driver Venicle No. Driv	dress 1	1 TAMPINES NORTH DRIVE 1	Address 2	T-SPACE	Address 3	SINGAPORE \$28559
Established Carry  Ores Of No.  Driver Insurer Company  Driver Insurer Insurer Company  Driver Insurer Company  Driver Insurer						
tes he work \$ \$\text{Company}\$    Carried No.   Driver Inquer Company			Address Type	Singapore address	Post Lode	520939
Save Submet    Save   Submet   Save   Save   Save   Save   Sa						
Any sipury?	gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Any sipury?	depation					
infication History  Claim 001 Nex  Impre * OD-MX		_				
Interest Name  Interest Name  Insured Name	sding?	o mg	Any injury?	O Yes (g) No		
And the Control of th						
am Type * OD-MX	diffication History					
am Type * OD-MX	and the same of th					
Contact No. (Mobile) \$2706218 Contact No. (Horse) Thy Vehicle Number VL6761M Thy Vehicle Number V	laim 001 New					
Contact No. (Hobie) 92706218 Contact No. (Home) Contact No. (Home) GEF482565  all Address OI Vehicle Number GEF482565  TP Vehicle Number VL6761M  Trype of Benefit * Please Select V  mann Name * Contact No. (Home) Preferred Number VL6761M  Trype of Benefit * Please Select V  mann Address  Im Description Cells (All Select V)  Terror Workshop Contact III Insured Liability * Not at Fault V  pure Finalisation Yes V Preferred Repair Option Preferred Workshop, Name unknown V GIA report Received O3/01/2019 00:00 III Colm Close Date  Track Repair Option Preferred Workshop, Name unknown V GIA report Received O3/01/2019 00:00 III Colm Close Date  Track Received O3/01/2019 17:41 Colm Close Date  Track Received O3/01/2019 17:43 Colm Rece						
Contact No. (Hobie) 92706218 Contact No. (Home) Contact No. (Home) Contact No. (Office) 67482565  In Address OI Vehicle Number GBE430S TP Vehicle Number VL6761M  Trye of Benefit * Please Select V  Trye of Benefit * Please Sele		FOD. MY	Jonated Marris	LIEALIEN STREAM OVE 1 VI	Incured NB3C	200201448W
all Address Of Vehicle Number GBEA30S TP Vehicle Number VL6761M  mant Type Claimant Type * Please Select V Type of Benefit * Please Select V T	on Tuesd &			PERVEN SINEAM FIELID		CONTRACTOR OF THE PROPERTY OF
Imant Type Claimant Type * Please Select		-07 TALE 3.1.E	Contact No.(Home)		Contact No.(Office)	
mant Name *	rtact No. (Hobite)	95,00578				to energy
mant Address im Description  CBE430S / YL6761M ON 1 Jan 2019  Insured Liability * Not ell Fault  price Pinelisation  Preferered Repair Option  Received  O3/01/2019 17:41  Claim Close Date  Save Submit  Save Submit  AT/1026268  Claim No. MT/1026268  Claim No. O01.  Cloc. Received  Path * Category * Confidential Urgency * Description * Peace Peace Select  Path * Category * Confidential Urgency * Description * Peace Peace Select  Browse  Category * Confidential Urgency * Description * Peace Select  Path * Category * Confidential Urgency * Description * Peace Select  Browse  Category * Confidential Urgency * Description * Peace Select  Date Received * Normal * Description * Peace Select  Date Received * Normal * Description * Peace Select  Date Received * Normal * Description * Peace Select  Date Received * Normal * Description * Peace Select  Date Received * Normal * Description * Peace Select  Date Received * Normal * Description * Peace Select  Date Received * Normal * Description * Peace Select  Date Received * Normal * Description * Peace Select  Date Received * Normal * Description * Received * Date Receive	rtact No.(Hobite)	32/00218	OI Vehicle Number	GBE430S	TP Vehicle Number	Y16/61M
Image Address Im Decreption Image Address Im Decreption Image Address Im Decreption Image Address Im	rtact No.(Mobile) an Address				TP Vehicle Number	YL6761M
The Description   Cabital Control   Cabital Con	riact No.(Mobile) an Address mant Type Claimant Type+	Please Select	Type of Benefit *		TP Vehicle Number	YL6763M
Trisured Liability * Not at Fault   paire Finalisation   Yes   Preferred Repair Option   Preferred Workshop, Name unknown   GIA report   Received   Ves   Received   Ves   Save   Submit    Save   Submit   Save   Submit   Ves   Save	rract No.(Mobile) an Address mant Type Claimant Type+ mant Name +	Please Select	Type of Benefit *		TP Vehicle Number	1/15/63M
Preferred Repair Option Preferred Workshop, Name unknown   GSA report Received   GSA rep	ract No. (Mobile) all Address mant Type Claimant Type * mant Name * mant Address	Please Select    ≥≥	Type of Benefit *		1	YLB761M
Claim Close Date   Date Received   Date Rece	mact No. (Mobile) att Address imant Type Claimant Type * imant Name * imant Address im Description	Please Select    ≥≥	Type of Benefit + Claimant NRIC +	Please Salect	1	YL6/63M
Save   Submit	ract No. (Mobile) an Address mant Type Claimant Type * imant Name * imant Address im Description ferres Workshop Contact	Please Select   ≥≥  GBE430S / YL6761M ON 1 Jan 2019	Type of Benefit * Claimant NRIC *  Insured Liability *	Please Salect	Name of Preferred Workshop	
Save   Submit   Submi	ract No. (Mobile) an Address mant Type Claimant Type * imant Name * imant Address im Description ferres Workshop Contact	Please Select   ≥≥  GBE430S / YL6761M ON 1 Jan 2019	Type of Benefit * Claimant NRIC *  Insured Liability *	Please Salect	Name of Preferred Workshop	
Save   Submit   Save	riact No. (Mobile) all Address mant Type Claimant Type * mant Name * mant Address m Description ferres Workshop Contact paire Finalisation	Please Select	Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	Please Salect	Name of Preferred Workshop GSA report	Received 🔻
Save   Submit	ract No. (Mobile) an Address mant Type Claimant Type * mant Name * mant Address m Description terres Workshop Contact paire Finalisation e Registered	Please Select   ≥≥  GBE410S / YL5761M ON 1 Jan 2019  Yes   □  03/01/2019 17:41	Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	Please Salect	Name of Preferred Workshop GSA report	Received 🔻
Claim No.   M7/1026266   Claim No.   D01	ract No. (Hobbe) all Address mant Type Claimant Type * mant Name * mant Address m Description lerves Workshop Contact puire Finalisation e Registered ont Taken By	Please Select   ≥≥  GBE410S / YL5761M ON 1 Jan 2019  Yes   □  03/01/2019 17:41	Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	Please Salect	Name of Preferred Workshop GSA report	Received 🔻
Claim No.   M7/1026268   Claim No.   DOI	nact No. (Mobile) sii Address mant Type Claimant Type * mant Name * mant Address m Description ferres Workshop Contact paire Finalisation e Registered sort Taken By	Please Select   ≥≥  GBE410S / YL5761M ON 1 Jan 2019  Yes   □  03/01/2019 17:41	Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	Please Salect	Name of Preferred Workshop GSA report	Received 💟
Claim No. MT/1026268 Claim No. 001.  FORC Received ● Yes ○ No Upload Date 03/01/2019 17:43  Path * Category * Confidential Urgency * Description *  Browse Claim Fease Select ▼ For ▼ Normal ▼   Browse Claim Fease Select ▼ For ▼ Normal ▼	nact No. (Mobile) sii Address mant Type Claimant Type * mant Name * mant Address m Description ferres Workshop Contact paire Finalisation e Registered sort Taken By	Please Select   ≥≥  GBE410S / YL5761M ON 1 Jan 2019  Yes   □  03/01/2019 17:41	Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	Please Select    Not et Fault   Preferred Workshop, Name unknown   V	Name of Preferred Workshop GSA report	Received 💟
Claim No.   MT/1026268   Claim No.   DOL	ntact No. (Mobile) all Address imant Type Claimant Type * imant Name * imant Address im Description ferred workshop Contact guire Finalisation is Registered port Taken By Print AK letter	Please Select   ≥≥  GBE410S / YL5761M ON 1 Jan 2019  Yes   □  03/01/2019 17:41	Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	Please Select    Not et Fault   Preferred Workshop, Name unknown   V	Name of Preferred Workshop GSA report	Received 💟
# Osc. Received    # Yes ○ No	mact No. (Mobile) arri Address imant Type Claimant Type * imant Name * imant Address im Description ferred workshop Contact quire Finalisation te Registered port Taken By Print AK letter	Please Select   ≥≥  GBE410S / YL5761M ON 1 Jan 2019  Yes   □  03/01/2019 17:41	Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	Please Select    Not et Fault   Preferred Workshop, Name unknown   V	Name of Preferred Workshop GSA report	Received 💟
## Disc. Received    ## Path * Upload Date    ## Discription *  ## Description *  ## Browse   Clear   Please Select	maid No. (Mobile) half Address smant Type Claimant Type * smant Rame * smant Address em Description ferered Workshop Contact guire Finalisation te Registered port Taken By Priot AK letter  Attachment	Please Select   ≥≥  GBE410S / YL5761M ON 1 Jan 2019  Yes   □  03/01/2019 17:41	Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	Please Select    Not et Fault   Preferred Workshop, Name unknown   V	Name of Preferred Workshop GSA report	Received 💟
Pach *  Category * Confidential Urgency * Description *  Browse   Clear   Prease Select   V   Normal   V    Browse   Clear   Prease Select   V   Normal   V	mact No. (Mobie) an Address imant Type Claimant Type * imant Rame * imant Address im Description ferves Workshop Contact paire Finalisation ie Registered poirt Taken By Print AK lather  Mitachment	Please Select   ≥≥  GBE430S / YL5761M ON 1 3an 2019  Yes   03/03/2019 17/41  Jackson	Type of Benefit * Clarmant NRIC *  Insured Gability * Preference Repair Option Claim Glose Date	Please Select  Not et Fault  Preferred Workshop, Name unknown  Save Submit	Name of Preferred Workshop GSA report	Received 💟
Browse Clear   Please Select	mact No. (Mobile) an Address imant Type Claimant Type * imant Rame * imant Address im Description ferves Workshop Contact guire Finalisation te Registered port Taken By Print AX letter  Attachment  J  Jident No.	Please Select   ≥≥  GBE430S / YL5761M ON 1 Jan 2019  Yes   03/01/2019 17:41  Jackson  MT/1025268	Type of Benefit * Claimant NRIC *  Insured Gability * Preferend Repair Option Claim Glose Date  Claim No.	Pleade Select  Not at Fault  Preferred Workshop, Name unknown  Save Submit	Name of Preferred Workshop GSA report	Received 💟
Browse Clear Please Select 💟 🖂 🗸 Normal 💟	mact No. (Mobie) an Address imant Type Claimant Type * imant Rame * imant Address im Description ferves Workshop Contact paire Finalisation ie Registreed out Taken By Print AK letter  Mitachment j ident No.	Please Select   ≥≥  GBE430S / YL5761M ON 1 Jan 2019  Yes   03/03/2019 17/41  Jackson  MT/1026366   Yes O No	Type of Benefit * Claimant NRIC *  Insured Gability * Preferend Repair Option Claim Glose Date  Claim No.	Please Select  Not at Fault  Preferred Workshop, Name unknown  Save Submit  001  03/01/2019 17:43	Name of Preferred Workshop GIA report Date Received	Received (2) (03/01/2019 00:00 (3)
	ract No. (Mobie) all Address mant Type Claimant Type * imant Name * imant Address im Description ferves Workshap Contact paire Finalisation e Registered outs Taken By Peint AK letter  Mitachment j ident No.	Please Select   ≥≥  GBE430S / YL5761M ON 1 Jan 2019  Yes   03/03/2019 17/41  Jackson  MT/1026366   Yes O No	Type of Benefit * Claimant NRIC *  Insured Gability * Preferend Repair Option Claim Glose Date  Claim No.	Please Select  Not at Fault  Preferred Workshop, Name unknown  Save Submit  001  03/01/2019 17:43	Name of Preferred Workshop GIA report Date Received	Received (2) (03/01/2019 00:00 (3)
	ract No. (Hobbe) an Address mant Type Claimant Type * mant Name * mant Address mant Address m Description terres Workshop Contact usine Finalisation e Registered ont Taken By Print AK letter  ttachment	Please Select   ≥≥  GBE430S / YL5761M ON 1 Jan 2019  Yes   03/03/2019 17/41  Jackson  MT/1026366   Yes O No	Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repair Option Claim Glose Date  Claim No. Upload Date	Please Select  Not at Fault  Preferred Workshop, Name unknown  Save Submit  001  03/01/2019 17:43  Category *	Name of Preferred Workshop GSA report Date Received  Confidential Urgen	Received  03/01/2019 00:08
	nact No. (Mobile) all Address mant Type Claimant Type * mant Name * mant Address m Description ferres Workshop Contact paire Finalisation e Registered sort Taken By Print AK listber  Attachment ident No.	Please Select   ≥≥  GBE430S / YL5761M ON 1 Jan 2019  Yes   03/03/2019 17/41  Jackson  MT/1026366   Yes O No	Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repair Option Claim Glose Date  Claim No. Upload Date  Browse.	Pleade Select  Not at Fault  Preferred Workshop, Name unknown  Ool  03/05/2019 17:43  Category *  Category *	Name of Preferred Workshop   GSA report   Date Received	Received  03/01/2019 00:00  Description *

