NATIONAL Assessment Cen	tre Services	wef Jan'05 M	HA119007720		
Date In: 4/1/19 - 18:28	Jeb description		Date & Time Completed	Done	by:
Rei No: MA/HC19000389/24	SAS e-filing				
Veh No: SCU8664D.	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 11/19-12:26	i-Motor Clai	m Form	m/ 1026741-501	7/1/19 19:	23.
	i-Motor W/C	(Within: OD 2hr			
OD i (TP-) Reporting Only	i-Photo Uplo	aded	1		
TD 1	Assessment/St	rvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: St	94763	, INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (V	WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
	1,000 ()/\$2,000			*****	
General Remarks;-				and the same	- / -
() Walk-In Customer: Customer's in	nformation strictly Co	nfidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail Inst	urer URGENTLY.				
Drive-In ()/ Towed-In (); Invo	ice: YES () / N	(O) ; T	owing Co: (
Remarks:- (INC hotline: 6788 6616)		11	Date&Time Completed	Done	by
Apply for Transport Allowance ())	•		
2) QC Check / Post Repair Inspection	()	Name of the last	-	-	
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()	T		
Injury:					
				CASSAGE CO. S. S.	ATT (100), 200, 7 To
Date/Time Actions		The state of the s	A Commence of the Commence of	Mark Colour	
		[- 2 S M S S 2 [Anit (S)	Amt (1)
14 1900 21	22	Invoice Pre	paration Checklist	fáBill	Add Bill
nimant's Particulars :-		1) AR : Accident	Reporting (\$30); Assessment (\$100); INC (\$	(30)	
iver/Owner:		3) TF : Towing F	ce . S4	10/\$45	
		4) FT : Follow-T	hrough Survey hrough Survey (Resurvey)	\$120 \$30	
ntact No:	, and the second	For claiming a	eainst INC Only (wef 10 Jan 200	(5)	
maged Portion:		6) TR : Re-inspect		\$75	
		8) NTUC Addition			
Checked by (Engr-In-Charge):	32	OD* *N5: Courtesy	Car / Tpt Allowance	25	
		*N6: Repair C	n-ordination	510	
iditors! Comments :-		*N7: Fost Rep *N8: DV / Col	eir Inspection lect Excess Coordination	\$25 \$5	
1:	A STATE OF THE STATE OF THE STATE OF	TP (N11): TP	(Non INC) against INC	30	
2/3		9) N12: Idea Mol	Per Charges		arter July
213,		Invoice dated	Fee Charged	SEASON.	1000

1 1 1 1 1 1 1 1 1

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 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.
- 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.

aloresaid.	
	ACCIDENT STATEMENT
Date Of Report	07/01/2019 15:38
Date Of Accident	06/01/2019 12:25
Exact Location Of Accident	JUNC CECIL ST & CROSS ST
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU8664D
Insured/Policyholder	
Name Of Registered Owner	JUZ RENT PTE LTD
Co Reg No	201309705W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90088339
Alternative Phone No	OFFICE-90088339
Vehicle Particulars	
Manufacturer	тоуота
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5079903991-02
Cover Note Number	

	L .	_	_
•	w	o	•

Name of Driver YOONG TUCK WENG NRIC No

S1566034A Date Of Birth 17/02/1962 Occupation OUTDOOR Date Of Driving Pass 14/03/1989

Driving Experience 29 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91816536

Fax Number

Contact Number OFFICE-91816536

EMail Address NOEMAIL

BLK 103 HOUGANG AVENUE 1 Address

#08-1137 530103

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? YES

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

NO 3

Number of Passengers (Including Driver)

Passenger 1

NAME: 9 ×

GENDER: : MALE

Passenger 2

NAME:

S 40

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

YES

Police Station Name

MACPHERSON NEIGHBOURHOOD POLICE POST

TEL NO: 1800-7449999 - FAX NO: 65476366

Police Station Address Police Station Contact

ROAD: BLK 54 PIPIT ROAD #01-82/84, POSTCODE: 370054, COUNTRY:

SINGAPORE

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190107/2091.

Attachment(s)

Are accident photos available for attachment?

Was there any audio recorded?

YES

Was there any video captured by Car Camera?

NO NO

Details of Witness 1

Name

PASCEL LE GAUFFRE

Phone Number

96389076

Email Address

Details of Witness 2

Name

PAN WENPU

Page 2 of 30

Phone Number

98593334

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJF9436S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

WUN FOOK SENG ROBERT

NRIC/Passport Number

S1823695H

Contact Number

81394653

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

YOONG TUCK WENG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

NECK & BACK SLU8664D

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

no.	20x
refer to police report- Thougost	2091.

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.:

٨	CC	In	ENT	CT	AT	CAA	EN	т
н	LiL	ш		21	41		FIN	•

25.

D. ACCIDENT DATE: cecil St LOCATION:_ 1. DETAILS OF VEHICLE a) VEHICLE NUMBER: JUN664D b) INSURANCE COMPANY: " H TUC C)POLICY NUMBER: 5079903991-02 d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE &THEFT) e)MAKE & MODEL: f)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME:_ OMMOTE and IJARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLA)M / REPORTING ONLY) INSURED / POLICY HOLDER AINAME: Une Regt Pti Lid (MALE / FEMALE) b) NRIC/FIN/PASSPORT: 30 1309 705W. CONTACT: 9008833 c) ADDRESS: Bulk * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER *Hc of passengæ DRIVER alname: bong Tack Wag (Including driver) (MALE / FEMALE) 5/566054A. b) NRIC/FIN/PASSPORT:_ CONTACT: 9181653 CIADDRESS: Blk los bygging Avenue 1 9 08 -1157 1m 118. *d) DATE OF BIRTH: (12/ 2 / 50~)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 1413 1859, 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: MITTO 5. a) WEATHER CONDITION: (QLEAR / RAINING / OTHERS_ b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES)/ NO) 7. a) REPORTED TO POLICE (YES / NO) - Ly . 11 ng IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE # His of passenger a) VEHICLE NUMBER: OF94765 b) DRIVER'S NAME: Wan Fook Sing (Including driver) C) NRIC/FIN/PASSPORT: 5 18 23 954 THIRD PARTY VEHICLE * No of passenger d) VEHICLE NUMBER: MODEL: e) DRIVER'S NAME: (Including driver) f) NRIC/FIN/PASSPORT: _CONTACT:_ witness dofgil () pascel le Gauffre. (96389076) @ Pan wenpy (98593334)





1 of 3

Report No. T/20190107/2091

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

DEDODT	OF A	TRAFFIC	ACCIDENT
REPORT	UF A	RAFFIC	ACCIDENT

Date/Time Report Made: 07/01/2019 13:54			Vide Report No.:	Station Diary No.: 19	
Informa	nt's Particu	ulars	1. 种种区 1924年 医抗多种的现代	A CONTRACTOR OF THE PARTY OF THE PARTY.	
	Informant: TUCK WE	NG	Address: APT BLK 103 HOUGANG AV 530103	ENUE 1 #08-1137 SINGAPORE	
ID Type / ID No.: NRIC NO / S1566034A		34A	Contact No.: Home/Office: Mobile: 91816536		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Age: Date of Birth: 17/02/1962 Race: Chinese Occupation: GRAB DRIVER		The state of the s	Type of Informant: Driver		
			Language:	Institution / School Name:	
			Driving Licence Information: Class: 3	Date of Expiry:	

Seneral Infor	mation of the Accid	ent	RESERVED TO	A STATE OF THE PARTY OF THE PAR	and the second	Type of Location:
Type of Accident:	Injury Others	D	orink Orive: Jo	Date/Time of Accident: 06/01/2019 12:2	5	X-Junction
CROSS STR		Road Su	TREET		Roa	d Speed Limit:
Clear		Dry				
Traffic Flow: Traffic Control Traffic Light			rking	Traf Ligh	fic Volume: nt	
Type of Collision: Between Moving Vehicles - Head To Side						one conveyed by oulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SJF9436S	Car					0
SLU8664D	Car				Seriously Damaged	

Details of Person Involved	\$2. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20190107/2091

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

CONTINUATION OF REPORT

Name	WUN FOOK SENG ROBERT		ID No		S1823695H				
Related Vehicle	SJF9436S (Car)		Conta	ct No.	81394653				
Hospital/Clinic	NIL		NIL		Drivi Licer		Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis		Date Disc	harge	NIL				
No. of Days granted Medical Leave NIL			Degree of	Injury	NIL				
Driver						The Artist Flat in			
Name	YOONG TUCK WENG		Six tunion All Sections in	ID No		S1566034A			
Related Vehicle	SLU8664D (Car)			Contact No.		91816536			
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL				
Date Treatment	06/01/2019	No. of Contrast of	Date Disc		_	/2019			
No of Dave gran	ted Medical Leave	04	Degree of		NIL				

Brief Details.

On 6/1/19 at around 1225hrs, I was driving my vehicle(SLU8664D) along cecil street towards collyer quay on the 3rd lane together with 2 passenger who was seated behind me. As I was approaching the junction of cecil street and cross street, the traffic light was green in my favor. As such I proceed straight ahead. As I pass the stop line, I felt a huge impact coming onto my right. I realized that one vehicle(SJK9436S) had collided onto the right of my vehicle. I then realized that SJK9436S came from cross street direction. Both of my passenger informed that they do not need medical assistance however I noticed that one of my passenger right hand was seen to have slightly scratch marks. As the driver and I was exchanging particulars, another driver approached and informed that he was on the 4th lane along cecil street when the incident happened and he is willing to be witness of the whole incident. I wish to state that there was no in car camera on both vehicle. Soon police came and attended to us and was informed to lodge a police report regarding this accident however there was no reference number given. As I left the scene, I felt pain on back shoulder and neck, therefore I went to seek medical attention at SGH and was given 4 days of MC.

Details of witness is at such: PASCAL LE GAUFFRE 96389076





Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 3 of 3 Report No. T/20190107/2091

Tel No: 1800-7449999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 ONG JIN HONG	Signature Of Informant:
Signature Of Interpreter:	Date/Time: 07/01/2019 13:54
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case:
Authentication Stamp	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1566034A





YOONG TUCK WENG



CHINESE

Date of birth 17-02-1962

Country/Place of birth SINGAPORE





5860627



27-01-2018

APT BLK 103 HOUGANG AVENUE 1 #08-1137 SINGAPORE 530103

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) PASS DATE Motor Cars and Motor Tractors the weight of "which unladen does not exceed 2500 kilograms

NP 428A

eBao Tech			GeneralClaim								
Hello, NAC_PAYA_UBI_80	› Change Language					inguage	Change Password Log O				
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	ło,				Date of	Accident	06/0	1/2019 12:25		
	Vehicle	No.(For Motor)	SLU8664D			Certificate Number					
					S	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5079903991- 02		JUZ RENT PTE LTD	201309705W	GFT	Third Party	SLU8664D	SLU8664D	29/04/2018	
					Co	ntinue					

Policy No.	5079903991-02	Policyholder Name	Juz Rent		Policyholder NRIC	201309705	N
ertificate Io		(Valific					
ddress	BLK 64 #01-353 CIRCUIT ROA	D SINGAPORE	370064				
roduct lame	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy sue ate	03/05/2018	Effective Date	29/04/20	18 00:00	Expiry Date	28/04/2019	23:59
xcess ype		All Claims Excess					
hird arty xcess	2000.00	Own damage Excess	0.00		Windscreen Excess	0.00	
dditional xcess	0	OS Premium	0				
Outside Singapore OD Excess	0.00	Outside Singapore TP Excess	2000.00			You	ng/Inexperience Driver Excess
gent	DQ INSURE	Agent Tel.	64522788	8	GST Flag	Y	
Co- nsurance lag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
ddress 1	BLK 64 #01-353	Addre	ess 2	CIRCUIT ROAD		Address 3	SINGAPORE 370064
ddress 4		Addre	ess Type	Singapore address		Post Code	370064
Init No.	01-349	Relat Numi	ed Policy ber	5079903991-02			
D Insure	d Object: SLU8664D						
	sements						
Sequer	Date of Endorsement	Endorseme		Endorsement Number		ment Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SDR5379H 07-05-2018 \$1,455.79 In view of this amendment, an additional premium of \$1,455.79 (inclusive of GST) is payable under your policy. Please
	04/05/2018 00:00	Basic Informa Endorsement		000001286810183	Endorsem Effective	ent Take	ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
							Thank you for giving us the

laim Handling									
YORCY NO.	5079903991-02		Vehicle No.	SLU86640		GST Registration No	100		
Certificate No.									
rollcyhpider Name	Juz Rent Pte Ltd.					Policyholder NRIC		201309	705W
roduct Code	PLEET INSURANCE		Cover Type	Third Party		Loading.		0	
ontact No.(Mobile)	90088339		Contact No.(Office)	0		Contact No.(Home)		0	
man Address			Special Remark			eCode		N. V	
FK	® No ○ Yes		TCA	® No ⊖Yes		eCode Reason		02	
CD Protection	No		NCD Entitlement(%)	0		Private rine		Yes	
Accident Details									
port Date	07/01/2019 19:21		Accident Report Within 24 his	Vac		Acceptant William			Print Linding
						Accident Type			- Cross Junction
ine of Accident	06/01/2019		Time of Accident hh:mm	12:25		Country of Accident		Singapo	re
eporting Centre			Orange Force			ICM No.			
cident Location	JUNC CECIL ST & CROSS	s ST							
₽ Excess									
an damage Excess		0.00	Additional Excess	0		Windscreen Excess		0.00	
nnamed Oriver Excess			Outside Singapore OD Excess	0.00					
nird Party Excess	2,	,000.000	Outside Singapore TP Excess	2,000.00					
7 Benefits									
GST Registered Informa	ation								
ST Registered	No			GST Registration Date					
ST Registration No.				GST Status Verified		Yes			
odification History									
Policyholder Mailing Ad	dress								
odress 1	BLK 64 #01-353		Address 2	CIRCUIT ROAD		Address 3		SINGAR	ORE 370064
ddress 4			Address Type	Singapore address		Post Code		370064	
nit No.	01-349		Related Policy Number	5079903991-02		000000000000000000000000000000000000000		10 10 10 10 10 10 10 10 10 10 10 10 10 1	
OI Driver Info									
river Name	Unnamed Driver		Onver Type	Unnamed Driver					
nnamed driver Name	YOONG TUCK WENG		Onver NRIC	S1566034A		Driver DDS		17/02/1	962
gater Date of Driver License			Driver Age	56		Driving Experience		29	
ornact No.(Mobile)	91816536		Contact No.(Office)	0				0	
						Contact No.(Home)			earl Service
idress I	BLK 103		Address 2	HOUGANG AVENUE 1		Address 3			ORE 530103
10ress 4			Address Type	Singapore address		Post Code		530103	
nit No.	08-1137								
oes he own a Singapore egistered car?	○ Yes No		Driver Vehicle No.			Driver Insurer Comp	ymen		
claration									
reathalyser or Blood Test	0 mg		Any injury?	® Yes ○ No					
eading?	1,000								
M2220000020000									
odification History									
Claim 001 New									
aim Type *	DD-MX	¥	Insured Name	Juz Rent Pte Ltd		Insured NRIC		2013097	NOSW.
intact No.(Mobile)			Contact No (Home)			Contact No.(Office)			
mail Address			OI Vehicle Number	SLU8664D		TP Vehicle Number		S3F9436	5
aimant Type Claimant Type *	Diegos Seje-1		Type of Senetit •	Please Select		Tomas number		27:2436	
simant Type Claimant Type *	F. course opport		Type of Benefit * Claimant NRIC *	h wase seem					
nmark Name *		-55	Seattle PRICE						
	MUNICIPAL CAMPAGE	G W A					2010000000000000		
aim Description	SLUB5640 / SJP9436S O	N 6 3an 2019		1		Name of Preferred W	vorkshop .		
eferred Workshop Contact			Insured Liability *	Not at Fault				W	
quire Finalisation	Yes	V	Preferered Repair Option	Preferred Workshop, Name unkr	nown V	GIA report		Receive	ı v
de Registered	07/01/2019 19:23		Claim Close Date			Date Received		07/01/20	019 00:00
port Taken By	Jackson								
Print AK letter	5000000								
Attachment				Save Submit					
			Claim No.	001					
7	MT/1026741				24				
codent No.	MT/1026741 ● Yes ○ No		Upload Date	07/0L/2019 19:	20				
codent No.	® Yes ○ No	m •	Upload Date	07/0L/2019 19: Category		Confidential	Urgeno	, .	Description *
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