NATIONAL Assessment Centi	and the second s	we! 1 Jan'05  MI	Date &Time Completed	Done	by
Date In: 7/1/19-13:04	Jeb description		Date & Line completes		-
Re[No: 40/14/190003974	SAS e-filing			i	
Veh No: JILD 68 VIX	E-mail (within 8	hrs, AIC 2hrs)			- 4
D.O.A: 5/1/9-11:45	i-Motor Clain	n Form	My 100 6742-001	711/19/19	:32.
	i-Motor W/O	(Within: OD 2hr	s, TP 4hrs)		
OD (TP)! Reporting Only	i-Photo Uploa	ded	1	-	
-SEXEGRAPH	Assessment/Sur	rvey Report			-,,
TP Insurer:	Ass't Report by	Fax/Hand	0 Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			14	Fax:	
TP Particulars: Veh No: 168	8-80.	. INC(	)/Non-INC( ).		
Owner / Driver: (		- A	Tel:		
Policy No: ( ) Po	eriod: (	)	Cover Type: (		
Confirmed by : (		Date:	Time:	1000/1	
			0%; P: 21-79%. P: 80	-10070]	
Year of Registration: ( )	Warranty: YES (	)/NO(	<u>'</u>		
19 A	000()/\$2,000		A PROPERTY OF THE PARTY OF THE	সম্বাহন ক্র	
General Remarks;-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second second second	destruction of the second		
( ) Walk-In Customer : Customer's inf	ormation strictly Cor	nfidential & St	trictly NO refer of repairer	r	
( ) Total Loss Case : to e-mail Insur	rer URGENTLY.		3		
Drive-In ( )/ Towed-In ( ); Invoice	e: YES ( ) / N	10();7	Towing Co: (		)
(INC hotline: 6788 6616)			Date&Time Completed	Done	by
1) Apply for Transport Allowance ( )/		)	•		
2) QC Check / Post Repair Inspection	( )		· · · · · · · · · · · · · · · · · · ·		
3) Upload Resurvey Photo [Repair Cost > 5	30001 (	)		Service of the servic	4
Injury:			1	WARRING S. C. A. C.	Pr
Date/Time Actions				MANAGOS II	
N C C. A. B. C.					
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•				Anit (S)	Amt (
A Co. a co	0	Invoice Pr	eparation Checklist	fit Bill	Add B
A[900 200	P. P. W.	1) AR : Accide	nt Reporting (\$30);	(\$80)	
aimant's Particulars :-		2) DA : Dameg 3) TF : Towing	0 / (200 00)	\$40/\$45	
iver/Owner:		4) FT : Follow-	Through Survey Through Survey (Resurvey)	\$120 \$30	-
ntact No:	14	For claiming	against INC Only (wef 10 Jan 2)	(205)	
rnaged Portion:		6) TR : Re-insp	ection A + SMRT Survey	\$160	
	*	8) NTUC Addi			-
C Checked by (Engr-In-Charge):	3	OD*	sy Car / Tpt Allowance	\$5	
. Checked by (Birgi-An-Charge).		*N6: Repair	Co-ordination	510	
uditors! Comments :-		*N7: Fost Re	epair Inspection offect Excess Coordination	\$25 \$5	
1:	780-173 CENTE, THE THE COUNTY OF	TP (N11): 7	P (Non INC) against INC	30	
		9) N12: Idae M	tobile Fee Charg	ea	Safety.
1. 2 / 3.		Invoice dated	Fee Charg	Market Company	

in part of the

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

**EMail Address** 

- Please report <u>correctly</u> 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.

- Increase and acceptance of this Form by insurance companies is not an admission of policy and provided in the policy of the polic
- 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	07/01/2019 15:24
Date Of Accident	05/01/2019 11:45
Exact Location Of Accident	PIE (TUAS) AFTER PAYA LEBAR RD EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKD6825X
Insured/Policyholder	
Name Of Registered Owner	E.S.P.S
Co Reg No	53361951C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO EX FORTE 1.6 6M/T ABS AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	t WORKING
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	5090888346-01
Cover Note Number	
Driver	
Name of Driver	YAP KAR ANN (YE JIA'AN)
NRIC No	S7823303F
Date Of Birth	16/08/1978
Occupation	OUTDOOR
Date Of Driving Pass	19/02/1998
Driving Experience	20 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90020408
Fax Number	

OFFICE-90020408

NOEMAIL

BLK 305D PUNGGOL DRIVE Address

#09-885

824305 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

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

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? YES

Was any injured conveyed to hospital by

ambulance?

YES 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)

Passenger 1 NAME:

> GENDER: : FEMALE

> > NO

NO

YES

YES

3

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)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SLS8828J

PRIVATE CAR

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 15

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLG3225U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

97831151

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF INJURED PERSON 1**

Name

YAP KAR ANN (YE JIA'AN)

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SKD6825X

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.
- 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 withholding 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. 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.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to opies 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 colect, 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 of
  - (i) 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' (awyers/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 Perso nel's Signature

NRIC/FIN No.

SKETCH PLAN	ELECTION TO		- Industrial - Industrial - Industrial - Industrial
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0.4	Binfant. I got	25/13/6/4/4/	more forward and hit
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a 3 cmr coll	iston.		
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CLARATION			,,,,,,,,,
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1 1/ Sun	Ler &		$\Lambda$
53361951C	Driver's Signature	*****	
e & Time:	(If driver is not the policyho	der) Name	ting Centre Personnel's Signature
	Date & Time:	NRIC/	FIN No.1

3,

SIARMISSKet/Inflancein-\_viz

### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.

- This form must be filled up by the policy holder and/or authorised driver.
   Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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

### **Accident details**

		AM.	
Date and time of accident	Date: 51/2019	(DD/MM/YY) Time: 11:45,255-	(HH:MM)
Exact location of accident	PIE toward toas	bel after Paya lebar exit	An-

### Details of vehicle

Vehicle registration number	SKD 6825X		
Vehicle make and model	kin Forcesato Forte		
Type of vehicle	Saloon  MPV  CRV  Van  Others:		
Vehicle category	Private @ Commercial  Motorcycle =		
Purpose of using at said time	Working		
Are you claiming under your own insurance company?	Yes  No  if no, please select:  Third part claim,  Reporting only		

### Insurance information

Insurance company	NTVC		
Policy number	5090888346	-01	
Type of policy	Comprehensive of	Third party fire & theft	TP only

### Insured / Policy holder

Name	6.5.7.5	Male	Female D
NRIC / Fin / Passport number	533619516		
Contact			
Address	APT BIK 305D Punggul dri	ve #09-885	

#### Driver

# Same as insured above (skip to D.O.B)

Name	Yap Car Ann	Male	Female a
NRIC / Fin / Passport number	S7823303 F	-	
Contact	9000 0408		
Address	469-885 Scupanore 824505		
Email address	7		
Date of birth	16 Aug 1828		
Occupation	Indoor D Outdoon		
Driving date pass	19 Feb 1888		

# General information of the accident

Was driver an employee of the insured's company?	Yes Z	No   lationship of the	driver and insured:	Brechor.
Accident captured by camera?	Yes	No 🗆		
Weather condition	Clear Ø	Raining	Others:	
Road surface	Dry.6	Wet 🗆	Others:	
No of passenger	2			(Inclusive of driver
Passenger 1				
Name		.,		
Gender	Male D	Female @		
		/		
Name				
Name Gender	Male 🗆	Female 🗆		
Passenger 3	Male 🗆	Female		
Passenger 3	/			
Passenger 3	Male     Male     Male     Male     Male     Male     Male     Male      Male	Female   Female		
Passenger 3	/			
Passenger 3  Vame Gender	/			
Passenger 3  Vame Sender  Passenger 4  ame	/			
Passenger 3  Vame Sender  Passenger 4  ame	Male 🗆	Female o		
Passenger 3  Vame Sender  Passenger 4  ame ender	Male 🗆	Female o		

# Other information

Name

Gender

Was anybody injured?	Yes	No 🗆	
Was other vehicle damaged?	Yes	No 🗆	

Female 🗆

Male 🗆

# Details of police action

Reported to police?	Yes 🗆	No	If yes, please state which police station.
Police station name			

## Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SL58828J
Vehicle make model	

## Third party vehicle 2

Name	
Contact number	97831151
NRIC / Fin / Passport number	
Vehicle registration number	5LG 3275U
Vehicle make model	

## Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

### Witness 1 Name Witness 2 Name Injured person 1 Name TYUP KAR ANN (YE JIA'AN) injuries sustained Fact & reck Which vehicle person in? SKDE 825X Were seat belts worn? Yes # No a Was injured conveyed to Yes a No. hospital by ambulance? Injured person 2 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No 🗆 Was injured conveyed to Yes a No a hospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No a Was injured conveyed to Yes 🗆 No D hospital by ambulance? Injured person 4 Name

Injuries sustained
Which vehicle person in?
Were seat belts worn?

Was injured conveyed to

hospital by ambulance?

Yes 🗆

Yes a

No q

No o

### REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7823303F





YAP KAR ANN (YE JIA'AN)

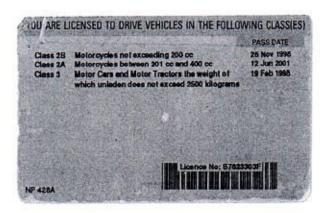
Race CHINESE

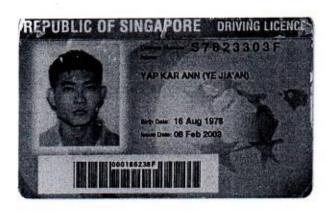
Date of birth 16-08-1978

Country of birth SINGAPORE

\* 57823303F\*

Date: 20/07/2011







### Certificate of Insurance

	Cereme	ate of	insurance	
MOTOR VEHICLES (THIRD PART MOTOR VEHICLES (THIRD PART ROAD TRANSPORT ACT, 1987 (I MOTOR VEHICLES (THIRD PART	Y RISKS AND COMPENSAT MALAYSIA)	TION) RUL	4 1 1 1 1 1 1 1	
Certificate Number : 5090888			Cover : Comprehensive	
Index mark and Registration		500	SKD6825X	
Chassis Number	Transcr of venice		KNAFU411LB5375940	
2. Name of Policyholder			IDEAL PARTS & PARCEL	
3. Effective Date of Insurance			28 Jun 2018	8
4. Expiry Date of Insurance			27 Jun 2019	
5. Persons or Classes of Person	s entitled to drive#			
(a) The Policyholder.				
(b) Any other person who i	s driving on the Policyhold	der's order	or with his/her permission.	
the Motor Vehicle or ha		is not disq	with the licensing or other laws or ualified by order of a Court of Law o tor Vehicle.	
6. Limitations as to Use#				
			ection with the Policyholder's or Hir	
	assengers or goods in con	nnection v	ith the Policyholder's or Hirer's bus	iness.
This Policy does not cover	Z 28338. DAR	139 50		
<ul><li>(a) Use for racing, pace-ma</li></ul>		The second second		224
(b) Use whilst drawing a tra	iler except the towing of a	any one di	sabled mechanically propelled vehic	de.
Act (Chapter 189) and So headings.	ection 95 of the Road Tran	nsport Act	1987 (Malaysia), are not to be incli	uded under these
EXCESS (SECTION 1)	: S\$2,000			
EXCESS (SECTION 2)	: \$\$2,000			
WINDSCREEN EXCESS	: 5\$100			
INSURE WITH COE	; YES			
HIRE PURCHASE COMPANY	: N/A	- o- men		
SUM INSURED	: MARKET VALUE	E OF INSU	RED VEHICLE AT TIME OF LOSS	
			issued in accordance with the prov Part IV of the Road Transport Act,	
Agency : GRAI	BCAR PTE. LTD. (00000601	1726)		
	n 2018 13:30 hrs	582-1550/6		
7	not the same of th		For NTUC INCOME INSURANCE CO	-OPERATIVE LIMITE
Countersigned By:	Authorised Officer	-	Chief Executive	
	Additionated Officer		Chief Executive	

<b>eBao</b> Tech										Genera	IClaim
Hello, NAC_PAYA_UBI_80	0601						• Change I	anguage	• Change	e Password	· Log Out
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Notice of Loss	Policy N	io.				Date	of Accident	05	/01/2019 11	1:45	
	Vehicle	No.(For Motor)	SKD68	25X		Cert	ificate Number				0
						Search	I				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5090888346- 01		E.S.P.S	53361951C	GCV	Comprehensive	SKD6825X	SKD6825X	28/06/2018	27/06/2019
						Continue	1				

olicy No.	5090888346-01	Policyholder Name	E.S.P.S		Policyholder NRIC	53361951C	
ertificate lo.		M. SPORTS					
Address	BLK 305D #09-885 PUNGGOL DR	RIVE TREELO	DGE@PUNGG	OL SINGAPORE 8243	805		
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy ssue Date	11/06/2018	Effective Date	28/06/2018	00:00	Expiry Date	27/06/2019 23	::59
Excess Type		All Claims Excess					
Third Party Excess	2000	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	GRABCAR PTE, LTD.	Agent Tel.	65703925		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	BLK 305D #09-885	Addr	ess 2	PUNGGOL DRIVE		Address 3	TREELODGE@PUNGGOL
Address 4	SINGAPORE 824305	Addr	ess Type	Singapore address		Post Code	824305
Unit No.	09-885	Relat	ted Policy ber	5090888346-01			
) Insure	ed Object: SKD6825X						
	sements						

laim Handling					
ident HT/1026742	5090888346-01	Vehicle No.	SKD6825X	GST Registration No.	
tricate No.				17.770.77	
cytolder Name	ESPS			Poscytholder NRIC	53361951C
duct Code	COMMERCIAL VEHICLE INSURA)	Cover Type	Comprehensive	Loading	0
ntact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	Ó
	*		Ψ.		
all Address		Special Remark		eCode	4.4
K	No	TCA	® No ○ Yes	eCode Reason	
D Protection	No.	NCD Entitlement(%)	30	Private Hire	Yes
Accident Details					
ort Date:	07/01/2019 19:30	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
e of Accident	07/01/2019	Time of Accident hhomm	11:45	Country of Accident	Singapore
orting Centre		Orange Force		IOM No.	STOTE ST
ident Location	PIE (TUAS) AFTER PAYA LEBAR RD EXIT	STEEL			
Excess	THE COUNTY AT EXTENSE THE EAST				
n damage Excess	2,000.00	Additional Excess		Windscreen Excess	100,00
named Oriver Excess		Outside Singapore OO Excess			
rd Party Excess	2,000.00	Outside Singapore TP Excess			
Benefits					
GST Registered Informa	Mion				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	No	
dification History					
Bellevhelde 12-11-	90000				
Policyholder Mailing Ad	BLK 3050 #09-885	Address 2	PUNGGOL DRIVE	Apdress 3	TREELODGE®PUNGGOL
treus 4	SINGAPORE 824305	Address Type	Singapore address	Post Code	B24305
				Post Code	824305
t No.	09-885	Related Policy Number	5090888346-01		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver	Taxxxxxxx	
named driver Name	YAP KAR ANN (YE JIA'AN)	Driver NRIC	57823303F	Driver DOS	16/08/1978
ister Date of Driver License	19/02/1998	Driver Age	40	Driving Experience	20
mact No. (Mobile)	90020408	Contact No.(Office)	0	Contact No.(Home)	0
tress 1	BLK 3050	Address 2	PUNGGOL DRIVE	Address 3	TREELOOGE PPUNGGOL
tress 4	SINGAPORE 824305	Address Type	Singapore address	Post Code	824305
t No.	09-885				
es he own a Singapore				720 W 6	
gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Saration					
nathalyser or Blood Test ading?	0 mg	Any injury?	® Yes ○ No		
dification History					
Claim 001 New					
n Type *	00-MX	Insured Name	E.S.P.S	Insured NRIC	53361951C
tact No.(Mobile)	90020408	Contact No.(Home)		Contact No.(Office)	+
ail Address	yapkann@gmail.com	OI Vehicle Number	SKD6825X	TP Vehicle Number	SLS8828)
				C THOMAS THOMAS	Tarabasen.
mant Type Claimant Type *	SOUTH STORY	Type of Benefit *	Please Select		
mant Name. *	≥≥	Claimant NRIC *		9	
marc Address	-				2
m Description	SKD6825X / SLS88283 ON 7 Jan 2019			Name of Preferred Workshop	
erred Workshop Confact	15	Insured Liability *	Not at Fault		
ure Finalisation	Yes V	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	07/01/2019 19:32	Claim Close Date		Date Received	07/01/2019 00:00
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	MT/1026742	Claim No.	001		
ident No.					
Doc. Received	● Yes ○ No	uproad Date	07/01/2019 19:33		
	Path *		Category *	Confidential Urgen	by * Description *
		Browse	Dear Please Select	Normal V Normal	¥
		Browse	Clear Please Select	Normal V Normal	V
		Browse	Clear Please Select	NO V Normal	<u> </u>
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