NATIONAL Assessment Co	cuire Services		
15/05/2019 10:	10 I leh deceription	Date & Time Completed	
Reine NA/INC19008881	ky SAS e-filing	- Take & Time Completed	Done by
VOLNO SJU3326L			2005-02
17 / 21	E-mail (within 8hrs, Alc	The state of the s	2 - 16-7
			-002 16/5/19
OD TP ' Peparting Only	i-Motor W/O (Within	OD 2hrs, TP 4hrs)	
	i-Photo Uploaded		Transmit a succession
TP Insurer	Assessment/Survey Re	No.	
Preferred Wksp / INC Assign Wksp / QW:	Ass't Report by Fax /	Hand to Owner/Wksp	
TP Particulars: Veh No:		Tel: Fax	c:
Owner / Driver: (	SMK9150D.	NC( )/Non-INC( )	
Policy No: (	B ( )	Tel:	)
Confirmed by : (	Period: (	) Cover Type: (	)
In a 1/2 /	Date:		
Year of Registration: (	) [Note-Est. Status (WO): N	V: 0-20%; P: 21-79%. F: 80-100	)%]
P	warranty: YES ( )/NO	)( )	
General Remarks:-	\$1,000 ( )/\$2,000 ( )		
( ) Walk-In Customer: Customer's ( ) Total Loss Case : to e-moil In-		Land Ball Margaret	
( ) Total Loss Case : to e-mail Ins Drive-In ( ) / Towed-In ( ); Invo	oice: YES ( ) / NO (	) ; Towing Co. (	
Remarks:- (INC horline: 6788 6616		7 7 10 Willing Co. (	)
1) Apply 6- T		Date&Time Completed	Done by
2) QC Check / Post Repair Inspection	/ Courtesy Car ( )		
Upload Resurvey Photo [Repair Cost >	( )		
Injury :	*\$3000] ( )		
Date/Time Actions			
		THE PROPERTY WAS DON'T DON'T BE SEEN TO SEE THE SECOND OF	<u>Lander or or</u>
4 - 300			-
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NA 190	3557 Invoice	Preparation Checklist	Ant (\$) Ant (\$)
imant's Particulars :-	000 180 To 100 000 TO 100 000 000 000 000 000 000 000 000 00	ident Reporting (\$30);	Ist Bill Add Bill
ver/Owner:	2) DA : Dan 3) TF : Tow	nage Assessment (\$100); INC (\$80)	
itact No:	4) FT : Follo	ow-Through Survey \$:20	
	5) FT : Follo	5) FT : Follow-Through Survey (Resurvey) \$30	
naged Portion:	For claiming against INC Only (wef 10 Jan 2005)  6) TR: Re-inspection \$75		
	7) N1 : Idae	DA + SMRT Survey \$160 Iditional Services	
Checked by (Engr-In-Charge):	OD:		
	*N5: Cour *N6: Repe	rtesy Car / Tpt Allowance \$5 oir Co-ordination \$10	
litors' Comments :-	*N7: Fost	Repair Inspection \$25	
	*N8: DV /	Collect Excess Coordination \$5 TP (Non INC) against INC \$20	
2/3:	9) N12: Idae	Mobile 301	
	Invoice dated	r do Chargea	man Jule

#### 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 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 ladgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	15/05/2019 10:10
Date Of Accident	14/05/2019 11:20
Exact Location Of Accident	25 SYNERGY @ KB (S417800 ) BEFORE RAMP / 1 LEVEL
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU3326L
Insured/Policyholder	
Name Of Registered Owner	LEE KHAI ANG
NRIC No	S1698019F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83685720
Alternative Phone No	OTHERS-83685720
Vehicle Particulars	
Manufacturer	BMW
Model	318I 2.0L A/T ABS D/AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105460236
Cover Note Number	
Driver	
· · · · · · · · · · · · · · · · · · ·	LEE ZUENO UUU

 Name of Driver
 LEE ZHENG HUI

 NRIC No
 \$9737520H

 Date Of Birth
 24/10/1997

 Occupation
 OUTDOOR

 Date Of Driving Pass
 30/06/2016

Driving Experience 2 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83685720

Fax Number

Contact Number OTHERS-83685720

EMail Address NOEMAIL

83 PASIR RIS HEIGHTS Address

#11-01

Postcode 519283

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE

Weather Conditions CLEAR Road Surface DRY

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident Was any body injured in the Accident?

2 NO

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

NO

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

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:

REVERT

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SMK9150D

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

		25 BEFORER SYNER SYNER BY SUBJECT BEFORE RAMP (1 Level)  A-SJU3326L  B-SMK9150D			
4-	A	Stop	B-SMK915	op	
DESCRIBE CIRCUMSTANCES OF TH	HE ACCIDENT				
		GEOCHY!	11500) were both tran	Ilves	
Straight - Vehicle Ahit V	vehicle B. Vehicle		el paint cracks and		
B from less wheat fir	re was but.				
N					
	ire true in every respect.		\		
DECLARATION /We declare the foregoing particulars a	ire true in every respect.		\ (	5 5 200	









**eBao**Tech GeneralClaim Hello, NAC\_PAYA\_UBI\_800601 · Change Language Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 14/05/2019 11:20 Vehicle No.(For Motor) Certificate Number SJU3326L Search Certificate Number Policyholder NRIC Policyholder Vehicle No. Select Policy No. Insured Object Commence Date Product Cover Type Expiry Date LEE KHAI ANG drivo CLASSIC 5105460236 S1698019F GPC SJU3326L SJU3326L 14/11/2018 29/11/2019 Continue

## Policy Information

Policy No.	5105460236	Policyholder Name	LEE KHAI ANG	Policyholder NRIC	S1698019F		
Certificate No.				STATES OF THE ST			
Address	9 RIVERVALE CRESCENT #05-24 SINGAPORE 545086						
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N		
Policy issue Date	13/11/2018	Effective Date	14/11/2018 00:00	Expiry Date	29/11/2019 23:59		
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100		
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0				
Agent	ASSURE PTE, LTD.	Agent Tel.	68489119	GST Flag	Υ		
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	older Mailing Address						
Address 1	83 PASIR RIS HEIGHTS	Address 2	#11-01 VUE 8 RESIDENCE	Address 3	SINGAPORE 519283		
Address 4		Address Type	Singapore address	Post Code	519283		
Unit No.	11-01	Related Policy Number	5105460236				
▶ Insure	d Object: SJU3326L						
<b>▽</b> Endors	ements						
Sequenc	e Date of Endorsement	Endoue	ement Type Endorsen	nent Status	Endorsement Content		

Continue Cancel

# Claim Handling Accident MT/1044691

Preferred Workshop Insured Liability Page 11 - 1 - 1		
Policyholder Name	GST Reg	istration f
Product Code		
Contact No. (Mobile)  NA  Contact No. (Mobile)  NA  Contact No. (Mobile)  NA  Contact No. (Mobile)  NO  NCD Protection  NCD Protection  NO  NCD Protection  NC	Policyhol	lder NRIC
Email Address	Loading	
### No Ves	Contact	No.(Home)
NCD Protection No NCD Entitlement(%)  Accident Details Report Date 15/05/2019 16148 Date of Accident himmin 11.20 Report Date 14/05/2019 Time of Accident himmin 11.20 Report Date 16/05/2019 Time of Accident himmin 11.20 Report Date Report Date 16/05/2019 Time of Accident himmin 11.20 Report Date Report Date 16/05/2019 Time of Accident himmin 11.20 Report Date Report Date Report Date Report Date Report Date Report Date 16/05/2019 Time of Accident himmin 11.20  Accident Location 25 SYNERGY ® KB (5417809) BEFORE RAMP / 1 LEVEL  Excess Own demange Excess Own de	eCode	
Accident Details	eCode Re	eason
Date of Accident   15/05/2019 16:46   Accident Report Within 24 hrs   Ves	Private H	fire
Date of Accident Date of Date Date Date of Accident Date Date Date Date Date Date Date Dat		
Reporting Centre Accident Location 25 SYNERGY © RB (\$417800 ) BEFORE RAMP / I LEVEL  **P Excass**  Own demage Excess* Own demage Excess down a Singapore Oberver Excess* Own as Incapable Excess* Own demage Excess demage Excess* Own demage Excess* Own demage Excess demage Excess* Own demage Excess* Own demage Excess demage Excess* Own demage Excess*	Accident	Туре
Accident Location 25 SYNERGY © KB (5417800 ) BEFORE RAMP / 1 LEVEL  ### Excess	Country	of Accident
The Excess    One damage Excess    One damage Excess    One Durinamed Driver Excess    Description    ST Registered    ST Registered    ST Registered    ST Registration No.    GST Registration Date    GST Registration No.    GST Registration Date    GST Registration No.    GST Registration No.    GST Registration No.    GST Registration No.    Modification History    Policyholder Mailing Address    Address 1    Address 2    #11-01 VUE 8 RESIDENCE    Singapore address    Unit No.    11-01    Policyholder Mailing Address    Address 2    #11-01 VUE 8 RESIDENCE    Singapore address    Unit No.    11-01    Policyholder Name    Unnamed Driver    Wall    Driver Name    Unnamed Driver    Unnamed Driver    Unnamed Driver    Wall    Driver Name    Unnamed Driver    Unnamed Driver    Unnamed Driver    Wall    Driver Name    Unnamed Driver    Unnamed Driver    Wall    Driver Name    Unnamed Driver    Wall    Driver Name    Unnamed Driver    Wall    W	ICM No.	
Own damage Excess 600.00 Additional Excess 0 Unnamed Driver Excess 2,500.00 Outside Singapore OD Excess 600.00 Third Party Excess 0.00 Outside Singapore TP Excess 0.00  ### Benefits  ### GST Registrated Information  ### GST Registration No.  ### GST Registration No.  ### Modification History  ### Policyholder Mailing Address  ### Address 1 83 PASIR RIS HEIGHTS Address 7 ** 11-01 VUE 8 RESIDENCE Address 4 ** Address Type Singapore address Singapore address Singapore address Singapore address Singapore Name  ### Unnamed Driver Info  ### Driver Name  ### Unnamed Driver Unnamed Driver  ### Unnamed Driver Unnamed Driver Unnamed Driver Type  ### Unnamed Driver Name  ### Unnamed Driver Info  ### Driver Name  ### Unnamed Driver Unnamed Driver Unnamed Driver Type  ### Unnamed Driver Name  ### Unnamed Driver Name  ### Unnamed Driver Info  ### Driver Name  ### Unnamed Driver Unnamed Driver Type  ### Unnamed Driver Name  ### Unnamed Driver Name  ### Unnamed Driver Name  ### Unnamed Driver Name  ### Unnamed Driver Unnamed Driver Name  ### Unna		
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Third Party Excess 0.00 Outside Singapore Of Excess 0.00  Benefits 0.00 Outside Singapore TP Excess 0.00  GST Registration No.  Address 1 Address 2 #11-01 VUE 8 RESIDENCE Singapore address Unit No.  JI-01 Related Policy Number Si05460236  Unit No.  JI-01 Related Policy Number Si05460236  Unnamed Driver Type Unnamed Driver Unnamed Driver Unnamed Driver Type Unnamed Driver RIC S9737520H Register Date of Driver Name LEE ZHENG HUI Driver NRIC S9737520H Register Date of Driver Name LEE ZHENG HUI Driver NRIC S9737520H Register Date of Driver Name LEE ZHENG HUI Driver NRIC S9737520H Register Date of Driver Name LEE ZHENG HUI Driver NRIC S9737520H Register Date of Driver Name LEE ZHENG HUI Driver NRIC S9737520H Register Date of Driver Name LEE ZHENG HUI Driver NRIC S9737520H Register Date of Driver Name LEE ZHENG HUI Driver NRIC S9737520H Register Date of Driver Name LEE ZHENG HUI Driver NRIC S9737520H Register Date of Driver Name LEE ZHENG HUI Driver NRIC S9737520H Register Seadors Address 1 83 PASIR RIS HEIGHTS Address 2 #11-01 VUE 8 RESIDENCE Address Address Type Singapore address United Name Legistered car?  Yes * No Driver Vehicle No.  Learn Type *  Laim Description  Trivered Name Legistered Liability Date Name Liability Date Name Legistered Liabilit	Windscre	en Excess
Benefits  Benefits  GST Registrated Information  GST Registration No.  GST Registration No.  Modification History  Policyholder Mailing Address  Address 1 83 PASIR RIS HEIGHTS Address 7 #11-01 VUE 8 RESIDENCE Address 4 Address 7 #11-01 VUE 8 RESIDENCE  Industry Number Si05460236  Driver Name  Unnamed Driver Unnamed driver Name  LEE ZHENG HUI Driver NRIC S9737520H  LEEDISTOR HUI Driver NRIC S9737520H  LEEDISTOR HUI Driver Name  LEE JHENG HUI Driver Name (Office)  Address 1 83 PASIR RIS HEIGHTS Address 2 #11-01 VUE 8 RESIDENCE  Contact No. (Mobile)  83065720 Contact No. (Office)  Address 1 83 PASIR RIS HEIGHTS Address 2 #11-01 VUE 8 RESIDENCE  Address 1 83 PASIR RIS HEIGHTS Address 2 #11-01 VUE 8 RESIDENCE  Address 1 83 PASIR RIS HEIGHTS Address 2 #11-01 VUE 8 RESIDENCE  Address 1 83 PASIR RIS HEIGHTS Address 2 #11-01 VUE 8 RESIDENCE  Address 1 By PASIR RIS HEIGHTS Address 2 #11-01 VUE 8 RESIDENCE  Address 4 Driver Vehicle No.  Driver Vehicle No.  Driver Vehicle No.  Itiam Type *  Contact No. (Mobile)  Imail Address  Iam Type *  Contact No. (Mobile)  Imail Address  Iam Description  Insured Liability  Driver No.  Insured Liability  Driver Vehicle No.  SUJ3326L / 5  SUJ3326L / 5  SUJ3326L / 5		
### GST Registred Information UST Registration No.  ### GST Registration No.  ### GST Registration Date GST Status Verified  ### GST Registration Date GST Park Support Date GST Park S		
SST Registration No.  GST Registration No.  GST Registration No.  Policyholder Mailing Address  Address 1 83 PASIR RIS HEIGHTS Address 2 #11-01 VUE 8 RESIDENCE Address 4 Address 7ype Singapore address  Unit No. 11-01 Related Policy Number S105460236  Unit No. 11-01 Priver Info  Driver Info  Driver Info  Driver Name Unnamed Driver Unnamed Driver Unnamed Driver Name LEE ZHENG HUI Driver NRIC S9737520H  Register Date of Driver License 30/06/2016 Driver Age 21  Centact No. (Medile) 83 83 PASIR RIS HEIGHTS Address 2 #11-01 VUE 8 RESIDENCE Address 1 83 PASIR RIS HEIGHTS Address 2 #11-01 VUE 8 RESIDENCE Address 4 Address 7ype Singapore address  Address 4 Singapore Priver Name Lee ZHENG HUI Driver NRIC S9737520H  Register Date of Driver License 20/06/2016 Driver Age 21  Address 1 83 PASIR RIS HEIGHTS Address 2 #11-01 VUE 8 RESIDENCE Address 4 Singapore address 1 Address 7ype Singapore address 1 NRIVER NO.  Driver Vehicle No.  Recitation  Recitation  New Yerich New Yerich No.  Recitation New Yerich New Yerich No.  Recitation New Yerich New Yerich No.  Residency New Yerich New Yerich No.  Residency New		
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Policyholder Mailing Address  Address 1  Address 1  Address 2  #11-01 VUE 8 RESIDENCE Singapore address  Junit No. 11-01  Related Policy Number S105460236  Junit No. 11-01  Juniamed Driver Type Unnamed Driver NRIC S9737520H  Legister Date of Driver License 30/06/2016  Driver NRIC S9737520H  Zontact No. (Office)  Address 1 83 PASIR RIS HEIGHTS Address 2 #11-01 VUE 8 RESIDENCE Address 4 #11-01 VUE 8 RESIDENCE Address 7 #11-01 VUE 8 RESIDENCE NO.  Policy Vehicle No. 11-01  Junit No.		
Policyholder Mailing Address  Address 1		Yes
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Address Type  Singapore address  Junit No.  11-01  Related Policy Number  5105460236  Driver Info  Driver Info  Driver Name  Unnamed Driver  Unnamed driver Name  LEE ZHENG HUI  Driver NRIC  S9737520H  Register Date of Driver License  30/06/2016  Driver Age  21  Contact No.(Office)  Address 1  83 PASIR RIS HEIGHTS  Address 2  #11-01 VUE 8 RESIDENCE  Address 4  Address Type  Singapore address  Address Type  Singapore address  Driver Vehicle No.  Driver Vehicle No.  Driver Vehicle No.  Maxy  Claim 002 OD-MX  Next  Itam Type *  OD-MX  Insured Liability  Insured	Address 3	3
### OI Driver Info  Driver Name Unnamed Driver Unnamed Driver Unnamed Driver Type Unnamed Driver Name LEE ZHENG HU] Driver NRIC \$9737520H S9737520H S9737520	Post Code	63
Driver Name Unnamed Driver Unnamed driver Unnamed driver Name LEE ZHENG HUI Driver NRIC S9737520H Register Date of Driver License 30/06/2015 Driver Age 21 Contact No.(Office) Address 1 83 PASIR RIS HEIGHTS Address 2 #11-01 VUE 8 RESIDENCE Address 4 Unit No. 11-01 Does he own a Singapore Registered car? Yes * No Driver Vehicle No.  Driver Vehicle No.  Any injury? Yes * No  OD-MX  Claim 092 OD-MX  New  Insured Liability Driver NRIC S9737520H 29737520H 29		
Unnamed driver Name  LEE ZHENG HUI  Driver NRIC  S9737520H  S9737520H  Driver NRIC  S9737520H  21  Contact No.(Mobile)  83685720  Contact No.(Office)  Address 1  83 PASIR RIS HEIGHTS  Address 2  #11-01 VUE 8 RESIDENCE  Singapore address  Insured Liability  Any injury?  Ves * No  Driver Vehicle No.  Singapore  Ves * No  Driver Vehicle No.  OD-MX  Driver Vehicle  Singapore  Ves * No  Driver Vehicle  OD-MX  Driver Vehicle  Singapore  Ves * No  Driver Vehicle  Singapore  Ves * No  Driver Vehicle  OD-MX  Driver Vehicle  Singapore  Ves * No  Driver Vehicle  Singapore  Ves * No  Driver Vehicle  OD-MX  Driver Vehicle  Singapore  Ves * No  Singapore  Ves * No  Singapore  Ves * No  Driver Vehicle  Singapore  Ves * No  Singapore  Ves * No  Singapore  Ves * No  Driver Vehicle  Singapore  Ves * No  Singapore  Ves * No  Driver Vehicle  Ves * No  Driver Vehicle  Singapore  Ves * No  Driver Vehicle  Ves * No		
Register Date of Driver License  30/06/2015  Driver Age 21  Driver Age 21  Address 1  83 PASIR RIS HEIGHTS  Address 2  Address 2  Address Type  Singapore address  Junit No.  11-01  Driver Vehicle No.  Driver Vehicle No.  Breathalyser or Blood Test leading?  Claim 092 OD-MX  New  Idam Type *  Contact No. (Mobile)  Insured Liability  In		
Contact No. (Mobile)  83 PASIR RIS HEIGHTS Address 2 #11-01 VUE 8 RESIDENCE Address 4 Address 7ype Singapore address  Unit No. 11-01 Does he own a Singapore Registered Car?  Yes * No Driver Vehicle No.  Presh No Driver Vehicle No.  Claim 002 OD-MX Next  Claim 7ype *  Contact No. (Mobile)  Insured Liability Participate Contact No. (Mobile)	Driver DO	в
Address 1 83 PASIR RIS HEIGHTS Address 2 #11-01 VUE 8 RESIDENCE Address 4 Address Type Singapore address  Unit No. 11-01 Des he own a Singapore Registered car? Yes * No Driver Vehicle No.  Prestability or Blood Test Reading? Any injury? Yes * No  Claim 002 OD-MX Next  Claim Type *  Contact No. (Mobile)  mail Address  Insured Liability Participate in Signapore  Insured Liability Participate in Signapore  Insured Liability Participate in Signapore  Address Type Singapore address  Singapore address  Singapore address  Singapore address  Singapore address  Address Type Singapore  Singapore address  Driver Vehicle No.  OD-MX  OD-MX  Signapore address  Singapore address  Sing	Driving Ex	xperience
Address 2 #11-01 VUE 8 RESIDENCE Address 2 #11-01 VUE 8 RESIDENCE Singapore address  Unit No.	Contact N	la.(Home)
Unit No. 11-01 Does he own a Singapore Registered car? Yes * No Driver Vehicle No.  Peclaration  Breathalyser or Blood Test Reading? Any injury? Yes * No  Claim 002 OD-MX New  Claim Type *  Contact No. (Mobile)  Imail Address  Islam Description  Insured Liability Participal Singapore address	Address 3	ł
Does he own a Singapore Registered car?  Yes * No Driver Vehicle No.  Declaration  Breathalyser or Blood Test	Post Code	
Registered car?  Tes * No Driver Vehicle No.  Peclaration  Preathalyser or Blood Test O mg Any injury? Yes * No  Indiffication History  Claim 002 OD-MX New  Claim Type *  Contact No. (Mobile)  mail Address  Insured Liability President September 1.		
Any injury?  Yes No  Insured Liability  Any injury?  Yes No  Any injury?  Yes No  Any injury?  Yes No  Any injury?  Yes No  Insured Liability  Ins	Driver Ins	urer Com
Reading?  Any injury?  Yes * No  Todification History  Claim 002 OD-MX  New  Contact No.(Mobile)  Imail Address  Claim Description  Treferred  Workshop  Insured Liability  Insured Liab		
Claim 002 OD-MX New  Contact No.(Mobile)  Contact N		
Claim 002 OD-MX  Contact No.(Mobile)  Contact No.(Mobile)  Claim Description  SJU3326L / Starting of the start		
Contact No. (Mobile)  (mail Address  Claim Description  (referred Vorkshop  Insured Liability  Description  Insured Liability		
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