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Res No: Halinagabashy	SAS e-filing		
Veh No: FAD 240 LR	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 19/6/19-10:00	i-Motor Claim Form	m/1067618-20,	20/9/19/16:2
OD : TP)! Reporting Only	i-Motor W/O (Within: OD 2)		10110 16:0
OB ATP. Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand		
Preferred Wksp / INC Assign Wksp / QW: (ax:
TP Particulars: Veh No: Shor	INC (
Owner / Driver: (Tel:	·)
Policy No: () P	eriod: (Cover Type: (
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	20%: P: 21-79%. P: 80-1	00%]
	Warranty: YES ()/NO ()	
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() Total Loss Case : to e-mail Insur			•
Drive-In ()/ Towed-In (); Invoic	e: YES() / NO();7	Towing Co: ()
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by
	Courtesy Car ()		
2) QC Check / Post Repair Inspection	()	* +	
3) Upload Resurvey Photo [Repair Cost > \$3	3000] ()		
Injury:			
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Date/Time Actions	Hard and the second of the second	\$\$\$\$.59\$\$\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\	THE RESERVE AND PARTY OF THE PA
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MAINO 168 Calmant's Particulars :- iver/Owner: intact No:	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idac DA	Reporting (\$30); Assessment (\$100); INC (\$80 (\$40/)	19: Bill Add
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 <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.

- 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

	ACCIDENT STATEMENT
Date Of Report	23/09/2019 15:23
Date Of Accident	19/09/2019 20:00
Exact Location Of Accident	HOLLAND AVE TWDS HOLLAND RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBD2402R
Insured/Policyholder	
Name Of Registered Owner	TEE YUE TONG
NRIC No	S9316076B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91872423
Alternative Phone No	OFFICE-91872423
Vehicle Particulars	
Manufacturer	DERBI
Model	TERRA 125
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5108566413
Cover Note Number	
Driver	
Name of Driver	CALLISTUS EMMANUEL TAN SENG HOCK
NRIC No	S9940102H
Date Of Birth	26/11/1999
Occupation	INDOOR
Date Of Driving Pass	19/03/2019
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98247679
Fax Number	

OFFICE-98247679

NOEMAIL

BLK 296 CHOA CHU KANG AVENUE 2 Address

#09-04

Postcode 680296

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured RELATIVE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

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

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

NO

1

2

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)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE

NO

ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-6659999 - FAX NO: 66655793 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190921/2177.

Attachment(s)

Are accident photos available for attachment?

Was there any audio recorded?

YES

NO Was there any video captured by Car Camera?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH9525B

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 27

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CALLISTUS EMMANUEL TAN SENG HOCK

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBD2402R

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 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, involces, 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 furposes.
- (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 Data & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnella Signature

Names

NRIC/FIN No.:

SKETCH PLAN
A FRD 2402R
1 A FBD 2402K
B SH 952CB
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
I was travelleng stranget along Hollond Avenue Lewold
Holland Load. I was Enethally on the right lone. I sow
vehicle (B) movery bornard decloting to make a uturn.
Control of the Contro
I sound my horn at have, but he stell confine
with his actions. At Sach, I apply my brake and
<u>-</u>
more to the left lane. However he still collected onto
me. My motorcycle Skrolderi and I flew to the side
me, my motoriyile strolded and I flew to the ricle
I the road. Pomer-by belped to call for the police
the reach remer-by believed to call for the police
and ambulance.
and any and .
CLARATION
e declare the foregoing particulars are true in every respect.
Centre V

DEC I/W

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Substitution of $\hat{\mathbf{v}}_{0}$

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

Date and time of accident	Date: 19 Sept	2017	(DD/MM/YY)	Time:	2000	(HH:MM)
Exact location of accident	Holland					

Details of vehicle

Vehicle registration number		FBO 24	10) R.
Vehicle make and model		Derbe	Terra 115
Type of vehicle	Saloon Lorry	MPV =	
Vehicle category	Private 🗆	Comme	The state of the s
Purpose of using at said time	1	Parate	
Are you claiming under your own insurance company?	Yes Third part	No.a-	if no, please select: Reporting only

Insurance information

Insurance company	HTUE		
Policy number			
Type of policy	Comprehensive in	Third party fire & theft	TP only

Insured / Policy holder

Name	Tee the Tong	Male Female o
NRIC / Fin / Passport number	893160768	
Contact	9187 2423	
Address		

Driver

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

Name	Callistus Emmanuel Tan lug Hock Males Femal	еп
NRIC / Fin / Passport number	899401014	- 0
Contact	98247679	
Address	Block 296 Choa Chu Kay Renne 2 Hos-oy S(680296)	
Email address	Callistiction Glive com	
Date of birth	JC HN 1999	
Occupation	Indoor D Outdoor D	
Driving date pass	19 May 2019.	

General information of the accident

Reported to police?

Police station name

the insured's company?	Yes 🗆	No D		1./
		elationship of th	ne driver and insured: _	delative.
Accident captured by camera	? Yes 🗆	No		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry	Wet a		
No of passenger)		(Inclusive of driver
Passenger 1				
Name	I	-		
Gender	Male 🗆	Female 🗆		
Passenger 2	_			
Name	T			
Gender	Male o	Female a		
Passenger 3				
Name		/		
Gender	Male 🗆	Female		
Passenger 4				
Name	The state of the s			
- 1		- 1		
Gender	Male 🗆	Female 0		
Passenger 5	Male o	Female a		
Passenger 5	Male o	Female o		
Passenger 5	Male Male			
Passenger 5	/	Female o		
Passenger 5 Name Gender Passenger 6	Male 🗆	Eemale o		
Passenger 5 Name Gender Passenger 6	/			
Passenger 5 Name Gender Passenger 6	Male 🗆	Eemale o		
Passenger 5 Name Gender Passenger 6 Name Gender Other information	Male 🗆	Eemale o		
Name Gender Passenger 6 Name Gender Other information Vas anybody injured?	Male o	Eemale o		

Now If yes, please state which police station.

Third party vehicle 1 (Vehicle 15)

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	SH 95)5B	
Vehicle make model		

Third party vehicle 2

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

Witness 1

Name	
Witness 2	
Name	

Injured person 1

Name	Callistus Emmanuel Tan Beng Hock.
Injuries sustained	Books sweet for second market
Which vehicle person in?	F6024024.
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D

Injured person 2

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗆

Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to hospital by ambulance?	Yes D No D

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D





Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840 Tel No: 1800-6659999

Report No. T/20190921/2177

REPORT OF A TRAFFIC ACCIDENT

Station Diary No.: Date/Time Report Made: 21/09/2019 23:23 Vide Report No.: E/20190919/0102 Informant's Particulars Name of Informant CALLISTUS EMMANUEL TAN SENG Address: APT BLK 296 CHOA CHU KANG AVENUE 2 #09-04 SINGAPORE 680296 Contact No.: Home/Office: Mobile: 98247679 HOCK ID Type / ID No.: NRIC NO / S9940102H Nationality: SINGAPORE CITIZEN Email: Type of Informant: Rider Date of Birth: 26/11/1999 Sex: Male

Institution / School Name: Language: English Race: Chinese Driving Licence Information: Class: 2B,3 Occupation: Date of Expiry: DELIVERY FOOD RIDER

ral Information of the Accident Type of Location Straight Road Date/Time of Accident: 19/09/2019 20:00 Drink Drive: No Injury Attended by Police Holland Avenue heading towards Holland road Road Surface: Dry Road Speed Limit: Traffic Volume: Traffic Control
Not Controlled Anyone conveyed by ambulance: Yes ype of Colleion.

		Condition No of Passenger
FBD2402R Motorcycle OERBI	TERRA 125 Red	Seriously 0 Damaged
BH9525B Car	Blue	Seriously 0 Darnaged

District V			Effective	Expiry Date	
EBD2402B	NTUC Income Insurance Co-Operative	5108566413	31/03/2019	30/03/2020	
	Limited				





Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Report No. T/20190921/217

Tel No: 1800-6659999

CONTINUATION OF REPORT

Any Pedestrian In	volved: No		Service .	37.74	
No. of Pedestrian	s Injured: NIL	Use of F	edestrian	Cros	sing: NA
Rider		2150		-	ALC DIA A
Name	CALLISTUS EMMANUEL TAN HOCK	SENG	ID No.		S9940102H
Related Vehicle	FBD2402R (Motorcycle)		Contac	ct No.	98247679
Hospital/Clinic	NATIONAL UNIVERSITY HOS	SPITAL	Class (Driving Licence	8	Class: 28,3 Date of Expiry: NIL
Date Treatment	19/09/2019	Date Die	Expiry		THE PERSON NAMED IN
No. of Days gran	ited Medical Leave 04	Date Dis	charge finium	20/09/ Slight	2019

Brief Details.

On 19/09/2019 at about 2000hrs, I was riding my motorbike V1) FBD2402R along Holland Avenue On 19/09/2019 at about 2000hrs, I was riding my motorbike V1) FBD2402R along Holland Avenue heading towards the direction of Holland Road. As I was riding on the right lane (two lane road) I noticed that there was a taxi V2) SH9525B at the opening in between the center divider (V2 is coming from the opposite direction from Holland Road towards Holland Avenue) trying to negotiate a U-turn. Base on my observation, the driver of V2 seem to be indecisive if he wanted to negotiate the U-turn. I had sounded my horn at V2 to alert the driver that I was approaching however the driver of V2 still continued with the U-turn. When I saw that V2 was not stopping. I had moved to the left lane to avoid any collision however to no avail. V2 front portion eventually collided into the front right portion of V1. The impact caused me to be thrown off my bike and subsequently I landed on the road about 2-3 meters after the point of collision.

After the accident, the driver of V2 (Male, Chinese about 40 years old) together with two other road users came to my aid. Subsequently the ambulance and the Traffic police (E/20190919/0102-In-Charge case TP IO Hidayu Tel:65476423) arrived at scene. I was subsequently conveyed to National University shoulder, leg. feet and chest. I was also given 04 days of medical leave dated from 20/09/2019 to

I wish to state that I did not manage to exchange any particulars with the driver of V2. The two road user are willing to be the witness to the accident. The details of the two motorcyclist are as follows:

2) Rina HP:81595849



Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840 Tel No: 1800-6659999

Report No. T/20190921/2177

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 Office Recording The Report:

Staff Sgt SARIFFAH MIRDAWATI BINTE ZULAKIRUDIN

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP/GIT/

Sr Staff Sgt NOR HIDAYU BINTE ABDUL

nentication Stamp

Signature Of Informant:

Date/Time: 21/09/2019 23:23

Classification Of Case:

eBao Tech	Genera				alClaim						
Hello, NAC_PAYA_UBI_80	0601			100			• Change	e Language	· Chan	ge Password	• Log Out
My Desktop	Poli	cy Query									
	Policy N	10.				Date o	f Accident	1	9/09/2019 2	0:00	
	Vehicle	No.(For Motor)	FBD240	2R		Certific	cate Number				
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108566413		TEE YUE TONG	593160768	GMC	Third Party	FBD2402R	FBD2402R	31/03/2019	30/03/2020
					C	Continue					

▼ Endors	PART - BANKERS						
	sements						
▶ Insure	d Object: FBD2402R						
Jnit No.	09-1508	Relate Numb	ed Policy er	5108566413			
Address 4			ss Type	Singapore addre	ss	Post Code	160133
Address 1	BLK 133 #09-1508	Addre	ss 2	JALAN BUKIT ME	ERAH	Address 3	SINGAPORE 160133
→ Policy!	nolder Mailing Address						
Certificate Info							
Open Policy Info							
nsurance lag	No						
kgent Co-	DIRECT BUSINESS DEPT	Agent ret.	HALL		GS1 Flag	1950	
DD Excess	DIRECT BUSINESS DEPT	TP Excess Agent Tel.	NIL		GST Flag	Y	
Outside Singapore		Outside Singapore				Youn	g/Inexperience Driver Excess
Additional Excess		Premium	0				
xcess		Excess			Excess		
Third Party	0	Own damage	0		Windscreen		
xcess Type	Per Accident	All Claims Excess					
Policy ssue Date	29/03/2019	Effective Date	31/03/201	9 00:00	Expiry Date	30/03/2020 2	23:59
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 133 #09-1508 JALAN BU	KIT MERAH SIN	SAPORE 160	0133	N2578579		
Certificate No.							
	5108566413	Policyholder Name	TEE YUE T	ONG	Policyholder NRIC	S9316076B	

ccident MT/1063618		15000000	-(Vec)1917		
alicy No.	5108586413	Vehicle No.	FBD2402R	GST Registration No.	
ertificate No.					
olicyholder Name	TEE YUE TONG			Policyholder NRIC	593160768
roduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
ontact No.(Mobile)	91872423	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	ni: 🗸
FK	® No ⊜Yes	TCA	® No ⊜ Yes	eCode Reason	
	7, 33				No
CD Protection	No	NCD Entitlement(%)	0	Private Hire	NO.
Accident Details					1955 1174 D. Provident 11
eport Date	23/09/2019 16:21	Accident Report Within 24 hrs	Yes	Acodent Type	Collision - Change / Cross la
ate of Accident	19/09/2019	Time of Accident hh:mm	20:00	Country of Acadent	Singapore
eporting Centre		Orange Force		ICM No.	
ccident Location	HOLLAND AVE TWOS HOLLAND RD				
7 Total Excess Applicable					
ccess Type	Per Accident	Windscreen Excess			
D Standard Excess	0.00	TP Standard Excess	0.00		
IED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered
dditional Excess					
otal OD Excess Applicable	0,00	Total TP Excess Applicable	0.00		
♥ Benefits					
GST Registered Informa	ition				
T Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
odification History					
Policyholder Mailing Ad	dress				
ddress 1	BLK 133 #09-1508	Address 2	JALAN BUKIT MERAH	Address 3	SINGAPORE 160133
ddress 4		Address Type	Singapore address	Post Code	160133
Init No.	09-1508	Related Policy Number	5108566413		
9 OI Driver Info	55-1350	Mental Faria Harrison			
river Name	Calletin Emmanual Tan Sann Book	Deluge Type	Named Driver		
	Callistus Emmanuel Tan Seng Hock	Driver Type Driver NRIC	S9940102H	Driver DOB	26/11/1999
nnamed driver Name	10.00.00.00				20/11/1999
egister Date of Driver License		Driver Age	19	Driving Experience	17.
ontact No.(Mobile)	96247679	Contact No.(Office)	0	Contact No.(Home)	0
odress 1	BLK 296	Address 2	CHOA CHU KANG AVENUE 2	Address 3	SINGAPORE 680296
odress 4		Address Type	Singapore address	Post Code	680296
Init No.	09-04				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
egoseres carr					
eclaration					
reathelyser or Blood Test eading?	0 mg	Any injury?	® Yes ○ No		
eacing	B				
lodification History					
Claim 001 New					
Cambo.					
			_		7
laim Type *	00-MX	Insured Name	TEE YUE TONG	Insured NR3C	593160768
oreact No. (Mobile)	91872423	Contact No.(Home)	62744768	Contact No.(Office)	president in
mail Address		OI Vehicle Number	FBD2402R	TP Vehicle Number	SH95258
laimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		23
laimant Name *	22	Claimant NRIC *			
Jaimant Address		227200000000			
Jaim Description	PRO24029 / SuBS2SS ON 10 Sept 2010			Name of Preferred Workshop	
larm Description referred Workshop Contact	PBD2402R / SH9525B ON 19 Sept 2019	Spatial (1986)		There is treatives workshop	
referred workshop Contact lo.		Insured Liability *	Not at Fault	- readments.	
equire Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
late Registered	23/09/2019 16:22	Claim Close Date		Date Received	23/09/2019 00:00
eport Taken By	Jackson				
Print AK letter					
			MANAGEM AND STREET		
5 100			Save Submit		
Attachment					
9					
ocident No.	MT/1063618	Claim No.	001		
ast Doc. Received	® Yes ○ No	Upload Date	23/09/2019 16:24		
AND DESCRIPTION OF THE PARTY OF		age and trains	Category *	Confidential Urger	ncy * Descript
	Path *	Part and		Conndendal Urger	ncy • Descript
		Browse	Clear Please Select	V [Normal	- L
1/4/14/5-11		-			
		Browse	Clear Please Select	▼ Normal	<u> </u>
		-		V № V Normal	<u> </u>
		Browse	Clear Please Select		U 2000 T
		Browse Browse	Clear Please Select	▼ No V Normal	o l

Attachment	t List						
Attachment	Uploaded By/Date		Category	9	Urgency	Description	Msg Sent? (CD)
12	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT C CES) on 23 Sep 2019 16:24	ENTRE SERVI	NRIC/ Driving License	×	Normal	NRIC/ Driving License 2019-9-23	1275
N-12	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT O CES) on 23 Sep 2019 16:24	ENTRE SERVI	NRIC/ Driving License	٧	Normal	NRIC/ Driving License 2019-9-23	
10	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT O CES) on 23 Sep 2019 16:23	ENTRE SERVI	SAS		Normal	SAS 2019-9-23	
-	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CI CES) on 23 Sep 2019 16:23	ENTRE SERVI	Photos		Normal	Photos 2019-9-23	
A SEPTEMBER OF THE PROPERTY OF	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CI CES) on 23 Sep 2019 16:23	ENTRE SERVI	Photos	Normal		Photos 2019-9-23	
W.	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CI CES) on 23 Sep 2019 16:23	ENTRE SERVI	Photos Normal		Normal	Photos 2019-9-23	
Z.	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT OF CES) on 23 Sep 2019 16:23	ENTRE SERVI	Photos		Normal	Photos 2019-9-23	
	NAC_PAYA_UBI_800801(NATIONAL ASSESSMENT CE CES) on 23 Sep 2019 16:23	ENTRE SERVI	Photos		Normal	Photos 2019-9-23	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CE CES) on 23 Sep 2019 16:23	ENTRE SERVI	Photos		Normal	Photos 2019-9-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Sep 2019 16:23		Photos		Normal	Photos 2019-9-23	
Y	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Sep 2019 16:23		Photos		Normal	Photos 2019-9-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CE CES) on 23 Sep 2019 16:23	NTRE SERVI	Photos		Normal	Photos 2019-9-23	
0	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CE CES) on 23 Sep 2019 16:23	NTRE SERVI	Photos		Normal	Photos 2019-9-23	
7	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CE CES) on 23 Sep 2019 16:23	NTRE SERVI	Photos		Normal	Photos 2019-9-23	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Sep 2019 16;23		Photos		Normal	Photos 2019-9-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Sep 2019 16:23		Photos Normal		Normal	Photos 2019-9-23	
15	NAC_PAYA_UBI_BOOKO1{ NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Sep 2019 16:22		Photos		Normal	Photos 2019-9-23	
A CONTRACTOR	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Sep 2019 16:22		Photos	Normal Photos 2019-9-23		Photos 2019-9-23	
1	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Sep 2019 16:22		Photos	Normal Photos 2019-9-23			
(17) (18)	NAC_PAYA_UBJ_800603(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Sep 2019 16:22		Photos		Normal	Photos 2019-9-23	
c l	NAC_PAYA_UBI_800601[NATIONAL ASSESSMENT CE CES) on 23 Sep 2019 16:22	NTRE SERVI	Photos		Normal	Photos 2019-9-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CEL CES) on 23 Sep 2019 16:22	NTRE SERVI	Photos		Normal	Photos 2019-9-23	
ideo List	Uploaded By/Date Folder Dat	8	8	e Name		P Source	