	The second secon	14A119128000	
Date In: 19 Gig - 123	Jeb description	Date & Time Completed	Done by
	SAS e-filing		
Veh No: SLV26834	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 13 0 19-08:00	i-Motor Claim Form	M7 10 64223-001	27/4/19 13:35
P Particulars: Veh No: Somer / Driver: (Policy No: () Confirmed by: (Insured/Driver Liability: (% Year of Registration: () Excess: (\$) Loading: Someral Remarks:-) Walk-In Customer: Customer's) Total Loss Case : to e-mail Institute-In () / Towed-In (); Inventance () Apply for Transport Allowance () QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost: 1] Injury: e/Time Actions Particulars:- Interval Actions	i-Motor W/O (Within: OD 2	hrs, TP 4brs)	
OD : (19) . Reporting Only	i-Photo Uploaded		
TD	Assessment/Survey Report		
IP insurer:	Ass't Report by Fax / Hane	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: Q	73924 . INC	()/Non-INC().	
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()		
General Remarks:-	THE PLANTS OF THE PARTY.		
() Walk-In Customers : Customers i			
		5 Table of Tepaner.	
		Touris Co. (
Drive-in ()/ Towed-in (); invo	oice: YES () / NO ();	Towing Co: (
Remarks: . (INC hotline: 6788 6616		Date&Time Completed "	Done by
1) Apply for Transport Allowance ()	/ Courtesy Car ()		
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	\$30001		
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NA1957377	1) AR : Accide	nt Reporting (\$30);	The Bill Add Bi
MA(953シン)	1) AR : Accide 2) DA : Damag	nt Reporting (\$30); e Assessment (\$100); INC (\$1	The Bill Add Bi
NA1957377	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow-	nt Reporting (\$30); c Assessment (\$100); INC (\$0 Fee \$40 Through Survey	56 Bill Add Bi 30) 30/545 5120
MA(953シン)	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow-	nt Reporting (\$30); e Assessment (\$100); INC (\$100); Fee \$40 Through Survey Through Survey (Resurvey)	50) 50) 50/545 5120 530
mant's Particulars:- iver/Owner: ontact No:	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow-	nt Reporting (\$30); e Assessment (\$100); INC (\$1 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2003	50) 50) 50/545 5120 530
numant's Particulars:-	1) AR : Accide 2) DA : Dameg 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idae DA	nt Reporting (\$30); e Assessment (\$100); INC (\$1 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200) ection A + SMRT Survey	56 Bill Add Bi 30) 37545 5120 530
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mant's Particulars:- iver/Owner: ontact No:	1) AR : Accide 2) DA : Darneg 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idae D/ 8) NTUC Addi OD* *N5: Courte	nt Reporting (\$30); e Assessment (\$100); INC (\$1 Fee \$4! Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200) ection A + SMRT Survey tional Services:- Ty Car / Tpt Allowance	
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naimant's Particulars:- iver/Owner: ontact No: amaged Portion:	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idae D/ 8) NTUC Addi QD.* *N5: Courte *N6: Repair *N7: Fost Re-insp *N8: DV / C	nt Reporting (\$30); e Assessment (\$100); INC (\$1 Fee \$4! Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200) ection A + SMRT Survey tional Services:- sy Cer / Tpl Allowance Co-ordination epair Inspection collect Excess Coordination	
naimant's Particulars:- iver/Owner: intact No: imaged Portion: Checked by (Engr-In-Charge):	1) AR : Accide 2) DA : Darnag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idae D/ 8) NTUC Addi OD* *N5: Courter *N6: Repair *N7: Fost Re *N8: DV / C TP (N11) : T	nt Reporting (\$30); e Assessment (\$100); INC (\$1 Fee \$44 Through Survey (Resurvey) against INC Only (wef 10 Jan 200) ection A + SMRT Survey tional Services:- by Car / Tpt Allowance Ca-ordination spair Inspection ollect Excess Coordination P (Non INC) against INC	
numant's Particulars:- iver/Owner: ontact No: omaged Portion: Checked by (Engr-In-Charge):	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idae D/ 8) NTUC Addi QD.* *N5: Courte *N6: Repair *N7: Fost Re-insp *N8: DV / C	nt Reporting (\$30); e Assessment (\$100); INC (\$1 Fee \$44 Through Survey (Resurvey) against INC Only (wef 10 Jan 200) ection A + SMRT Survey tional Services:- by Car / Tpt Allowance Ca-ordination spair Inspection ollect Excess Coordination P (Non INC) against INC	

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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
K TITISANS	ACCIDENT STATEMENT
Date Of Report	27/09/2019 12:35
Date Of Accident	27/09/2019 08:00
Exact Location Of Accident	SLIP RD LOR 2 TOA PAYOH TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV2683H
Insured/Policyholder	
Name Of Registered Owner	NG JOON YEW (HUANG JUNYOU)
NRIC No	S9311663A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96396040
Alternative Phone No	OFFICE-96396040
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	NEW GOLF 1.4 AT 5K13G5
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097259227-01
Cover Note Number	
Driver	
Name of Driver	NG JOON YEW (HUANG JUNYOU)
NRIC No	S9311663A
Date Of Birth	05/04/1993
Occupation	OUTDOOR
Date Of Driving Pass	10/01/2013

6 YEARS AND 8 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-96396040 Mobile Number

Fax Number

OFFICE-96396040 Contact Number

NOEMAIL **EMail Address**

BLK 123 LORONG 1 TOA PAYOH Address

#03-501

Postcode 310123

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

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR 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?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

NAME: . .

YES

NO

YES

NO

2

: FEMALE GENDER:

Details of Police Action

Was the accident reported to the police?

NO

NO

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?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLT392X

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)

Name NG JOON YEW (HUANG JUNYOU) Approximate Age Injuries Sustain BODY Injured person in which vehicle? SLV2683H Were seat belts worn? YES Was this injured conveyed to hospital by ambulance? Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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</u> and <u>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.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

KETCH PLAN	
3 116	(A) SLV 2683 4.
\$ 14	(B) 847 392 x.
7 /19/	
3/2	
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ECCRIPE CIRCUMSTANCES OF THE ACCIDENT	
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
On 27/09/19 at (a ofoolis, I stopped my vehick
SLV 26834) along Lor 2 Toa	Payoh Fip rodd Into PIE
towards Changil, to give a	1
	at (SLJ 392X) from behand
collised anto the rear	porter of my vehicle.
contract the few	porter of the
The state of the s	
ECLARATION	
We declare the foregoing particulars are true in every respect.	$\sim \Lambda$
// /	
July July	Jan
licyMolder's Signature Driver's Signature	Reporting Centre Personnel's Signature

Date & Time:

(If driver is not the policyholder)

Date & Time:

U

Name:

NRIC/FIN No.:

Vehicle No.	SLV 2683 H. Model/Make Volkewagen Golf.
Date of Accident	27/09/19.
Time of Accident	O FOO HRS
Location of Accident	Lor 2 Toa Payoh Step Road Into PIE (Changi)
Exact purpose use during accid	
Name of Owner	Ng Joon Yew.
Telephone No.	H/P: 9639 6040 Home: Office:
NRIC	593/1663 A.
Address	BLK 123, Lorong 1 Toa Payoh #03-501 (8) 310123
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC.
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5097259327.
Name of Driver	As Above If No,
NRIC	Any Passengers:
Date of birth	05/04/1993. Remale passanger
Occupation	Outdoor / Indoor
Driving License Pass Date	10/01/2013-
Gender	Male D Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state Owner.
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	Ng Joon Yew. (A/P: 9639 6040)
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	S47 392 X Any Passengers:
Name of Driver	Contact No.:
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact: N-D.
Accident Portion	Rear Portion.
Camera Recorder	Yes / No
Email Address	joonyew_06 @ hotaxel.com.
PARTICULAR WORKSHOP	Twincar.
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	2: Ting
FAX NO	6741 0510
WORKSHOP EMAIL APDRESS	sales @ n51. com. 39



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5097259227

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

* SLV2683H

Chassis Number

: WVWZZZ1KZCW156433

2. Name of Policyholder

: NG JOON YEW

3. Effective Date of Insurance

: 15 Jan 2018

4. Expiry Date of Insurance

: 16 Jan 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

: N/A

EXCESS (SECTION 1) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : 5\$100 ADDITIONAL EXCESS

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE · NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : NG JOON YEW (HUANG JUNYOU)

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : MAYBANK

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: DICKSON AUTO AGENCY (00000614645)

Date of Issue

: 10 Jan 2018 16:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

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Hello, NAC_PAYA_UBI_800	601						Change	Language	' Chan	ge Password	• Log Ou
My Desktop	Poli	cy Query									10
Notice of Loss	Policy N	lo.				Date o	f Accident	2	7/09/2019 0	08:00	
	Vehicle	No.(For Motor)	SLV268	33н		Certific	ate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097259227- 01		NG JOON YEW (HUANG JUNYOU)	S9311663A	GPC	drivo CLASSIC	SLV2683H	SLV2683H	17/01/2019	16/01/2020

Policy No.	5097259227-01	Policyholder Name NG 3001		NG JOON YEW (HUANG JUNYOU Policyholder NRIC		S9311663A		
Certificate No.					2015/ZU			
Address								
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N.		
Policy issue Date	26/12/2018	Effective Date	17/01/201	9 00:00	Expiry Date	16/01/2020 2	3:59	
Excess Type		All Claims Excess						
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			Young	/Inexperience Driver Excess	
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Y		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
Policyh	older Mailing Address							
Address 1	BLK 123 #03-501	Addres	ss 2	LORONG 1 TOA PAY	ОН	Address 3	SINGAPORE 310123	
Address 4		Addres	ss Type	Singapore address		Post Code	310123	
Unit No.	03-501	Relate Numb	d Policy er	5097259227-01				
▶ Insure	d Object: SLV2683H							
▶ Insured	Carrier Section Control Control Control							

Continue Cancel

Claim Handling					
Accident HT/1064323					
Policy No.	5097259227-01	Vehicle No.	SLV2683H	GST Registration No.	
Cartificate No.					
Policyholder Name	NG JOON YEW (HUANG JUNYOU)			Policyholder NRIC	59311663A
Product Code Contact No.(Mobile)	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leading	0
Email Address	96396040	Contact No.(Office)	0	Contact No.(Home)	0
KFK	® No ⊜Yes	Special Remark TCA	® No ○Yes	eCode eCode Reason	Fit V
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No
♥ Accident Details		and distributed by		Private rice	NO
Report Date	27/09/2019 13:34	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
Date of Accident	27/09/2019	Time of Accident hin:mm	08:00	Country of Accident	Singapore
Reporting Centre		Orange Force	00.00	IOM No.	Singapore
Accident Location	SLIP RD LOR 2 TOA PAYOH TWOS PIE (20 0 m 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		PACT TWO	
Txcess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
V Benefits					
♥ GST Registered Inform	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
Policyholder Mailing As	dress				
Address 1	BLK 123 #03-501	Address 2	LORONG 1 TOA PAYOH	Address 3	SINGAPORE 310123
Address 4	1.200 1.000 1.000 1.000	Address Type	Singapore address	Post Code	310123
Unit No.	03-501	Related Policy Number	5097259227-01	ross code	310123
9 OI Driver Info					
Driver Name	NG JOON YEW (HUANG JUNYOU)	Driver Type	Main Driver		
Unnamed driver Name		Driver NR3C	59311663A	Driver DOS	05/04/1993
Register Date of Driver License	10/01/2013	Driver Age	26	Driving Experience	6
Contact No.(Mobile)	96396040	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 123	Address 2	LORONG 1 TOA PAYOH	Address 3	SINGAPORE 310123
Address 4		Address Type	Singapore address	Post Code	310123
Unit No.	03-501				
Does he own a Singapore Registered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
200101000					
Declaration Breathalyser or Blood Test	Q1500.1	0.0000000	2497200		
Reading?	0 mg	Any injury?	Yes ○ No		
Modification History					
Claim 001 New					
		- Haranes assument		4x1 _2xx560yr	
Claim Type *	00-MX	Insured Name	NG JOON YEW (HUANG JUNYOU	Insured NRIC	\$9311663A
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address Claimant Type Claimant Type *	Please Select	OI Vehicle Number	S,V2683H	TP Vehicle Number	SLT392X
Claimant Name *		Type of Benefit * Claimant NRIC *	Please Select		
Claimant Address	22	Comment Neuro -			
Claim Description	SLV2683H / SLT392X ON 27 Sept 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	E/4	A TOTAL TOTAL
Require Finalisation	Yes V	Preferered Repair Option	Preferred Workshop, Name unknown	♥ GIA report	Received
Date Registered	27/09/2019 13:35	Claim Close Date		Date Received	27/09/2019 00:00
Report Taken By	Jackson				
Print AK letter					
to the property of			Save Submit		
Attachment			Save Submit		
to to the control			Save Submit		
Attachment .	MT/1064321				
Attachment	MT/1064323	Claim No.	001		
Attachment .	MT/1064323 ® Yes ○ No Fath •		001 27/09/2019 13:36	Confidencial	N. Bernder
Attachment	● Yes ○ No	Claim No.	001	Confidential Urgen	
Attachment	● Yes ○ No	Claim No. Upload Date Browse.	001 27/09/2019 13:36 Category •	₩ Normal	V
Attachment	● Yes ○ No	Claim No. Upload Date	001 27/09/2019 13:36 Category * Clear Please Select Clear Please Select	V Normal	▼
Attachment	● Yes ○ No	Claim No. Upload Data Browse. Browse.	001 27/09/2019 13:36 Category * Clear Please Select Clear Please Select	▼ №0	V
Attachment	● Yes ○ No	Claim No. Upload Data Browse. Browse. Browse.	001 27/09/2019 13:36 Category * Clear Please Select Clear Please Select Clear Please Select Clear Please Select		2
Attachment	● Yes ○ No	Claim No. Upload Data Browse. Browse. Browse. Browse.	001 27/09/2019 13:36 Category * Clear Please Select	No	
Attachment	● Yes ○ No	Claim No. Upload Data Browse. Browse. Browse.	001 27/09/2019 13:36 Category * Clear Please Select		2 2

	Uploaded By/Date	Folder Date		ie Name		9	Source		Actio
Video List									
2	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Sep 2019 13:36		A_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI Photos Normal Photos 2019-9-27		e 2019-9-27				
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