LIGHT III	Jeb description	Date & Time Completed	Done by	
Date In:   In Ig - 13: TY	SAS e-filing			
Ref No: Ha He 19219505 py	E-mail (within Shrs, AIC 2hrs)			
Veh No: GIEWEIA	i-Motor Claim Form	M711069499-001	Ilulia Mill	
D.O.A: 1/11/19-07:45	i-Motor W/O (Within: OD 2h			
OD : TP ! Reporting Only	i-Photo Uploaded			
V	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
	Ass t Report by Pax 7 Mino		Fax:	
Preferred Wksp / INC Assign Wksp / QW: (	DUKA INC			-
TP Particulars: Veh No: 18	AARN	Tel:	)	
Owner / Driver: (	Desired (	Cover Type: (	)	5000000
Toney No. (	Period: (	Time:	)	
Confirmed by : (	Date:	The second secon	100%]	
Insured/Driver Liability: ( %	Note-Est. Status (WO): N: 0-	ZU70, F. Z1-7570. 1. 30.		-
Year of Registration: ( )		)		
Excess: (\$ ) Loading: \$	The second secon	en e	राक्षर एउट	7,7
General Remarks:-		Transferration of the second		
( ) Walk-In Customer: Customer's i		Strictly NO rater of repairer		
( ) Total Loss Case : to e-mail Ins	urer URGENTLY.			
Drive-In ( )/ Towed-In ( ); Invo	oice: YES( ) / NO( );	Towing Co: (		
Remarks:- (INC horline: 6788 6616		Date&Time Completed	Done h	y
AND A DESCRIPTION OF A PARTY OF THE PROPERTY OF THE PARTY	/ Courtesy Car ( )			
1) rippi) to rimer	( )			
2) QC Check / Post Repair Inspection	> \$3000] ( )		10	
3) Upload Resurvey Photo [Repair Cost	\$3000]			
Injury:	The state of the s			
				-,,-
		A. C. S. C. S.	New Carrie	
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-,
	ii ii	A STANCE OF THE STANCE	interiorist.	17-17-17-1
		<b>3</b>		- 7.0
	70000			
Date/Time Actions	Invoice F		Ant (5)	Amt (3
Date/Time Actions	100000, 2000 avenue 1000	reparation Checklist	Ant (5)	Amt (3 Add Bi
Halloguby	1) AR : Acei 2) DA : Dam	reparation Checklist  dent Reporting (\$30); age Assessment (\$100); INC	(\$80)	5
Na logo Vola	1) AR : Acei 2) DA : Dam 3) TF : Towi	reparation Checklist:  dent Reporting (\$30); age Assessment (\$100); INC ng Fee w. Through Survey	(\$80) \$40/\$45 \$120	5
Na log vous laimant's Particulars:- river/Owner:	1) AR : Acei 2) DA : Dam 3) TF : Towi 4) FT : Follo	reparation Checklist:  dent Reporting (\$30); age Assessment (\$100); INC ng Fee w-Through Survey w-Through Survey (Resurvey)	(\$80) \$40/\$45 \$120 \$30	5
Na log vous laimant's Particulars:-	1) AR : Acci 2) DA : Dam 3) TF : Towi 4) FT : Follo 5) FT : Follo For claims	reparation Checklist  dent Reporting (\$30); age Assessment (\$100); INC ag Fee w-Through Survey w-Through Survey (Resurvey) age against INC Only (wef 10 Jan 2	(\$80) \$40/\$45 \$120 \$30	5
Na log vous  laimant's Particulars:- river/Owner: ontact No:	1) AR : Acci 2) DA : Dam 3) TF : Towi 4) FT : Follo 5) FT : Follo For claim 6) TR : Re-in 7) N1 : Idao	reparation Checklist  dent Reporting (\$30);  age Assessment (\$100); INC  age Fee  w-Through Survey  w-Through Survey (Resurvey)  age against INC Only (wef 10 Jan 3  aspection  DA + SMRT Survey	(\$80) \$40/\$45 \$120 \$30 \$905)	5
Na look Volument's Particulars:- priver/Owner: ontact No:	1) AR : Acci 2) DA : Dam 3) TF : Towi 4) FT : Follo 5) FT : Follo For claim 6) TR : Re-in 7) N1 : Idac 8) NTUC Ac	reparation Checklist  dent Reporting (\$30); age Assessment (\$100); INC ng Fee w-Through Survey w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan 3	(\$80) \$40/\$45 \$120 \$30 \$905) \$75	5
Na Ino P 26 4  Italimant's Particulars:- priver/Owner: ontact No: amaged Portion:	1) AR : Acci 2) DA : Dam 3) TF : Towi 4) FT : Follo 5) FT : Follo For claim 6) TR : Re-ii 7) N1 : Idac 3 8) NTUC Ac	reparation Checklist.  dent Reporting (\$30); age Assessment (\$100); INC age Fee w-Through Survey w-Through Survey (Resurvey) age against INC Only (wef 10 Jan 2 aspection DA + SMRT Survey Iditional Services.	(\$80) \$40/\$45 \$120 \$30 \$200 \$75 \$160	
Na Ino & Volume  Na Ino & Volume  Claimant's Particulars:  Contact No:  Carnaged Portion:	1) AR : Acci 2) DA : Dam 3) TF : Towi 4) FT : Follo 5) FT : Follo For claim 6) TR : Re-it 7) N1 : Idac 3 8) NTUC Ac OD* *N5: Cou	reparation Checklist  dent Reporting (\$30); age Assessment (\$100); INC ag Fee w-Through Survey w-Through Survey (Resurvey) age against INC Only (wef 10 Jan 3 appention DA + SMRT Survey dittional Services:-  ricsy Car / Tpl Allowance eit Co-ordination	(\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160	5
Na Ino 8 264  Chairmant's Particulars: Contact No: Camaged Portion:  C. Checked by (Engr-In-Charge):	1) AR : Acci 2) DA : Dam 3) TF : Towi 4) FT : Follo 5) FT : Follo For claim 6) TR : Re-in 7) N1 : Idac 3 8) NTUC Ac OD.* *N5: Cou *N6: Rep *N7: Pos *N8: DV	reparation Checklist  dent Reporting (\$30); age Assessment (\$100); INC ag Fee w-Through Survey w-Through Survey (Resurvey) age against INC Only (wef 10 Jan 3 appention DA + SMRT Survey ditional Services:  rtesy Car / Tpl Allowance air Co-ordination Repair Inspection / Collect Excess Coordination	(\$80) \$40/\$45 \$120 \$30 \$905) \$75 \$160 \$25 \$5	5
Pate/Time Actions  Ha [ho g vb 4]  Claimant's Particulars:-  Contact No:  Carriaged Portion:	1) AR : Acci 2) DA : Dam 3) TF : Towi 4) FT : Follo 5) FT : Follo For claim 6) TR : Re-in 7) N1 : Idac 3 8) NTUC Ac OD.* *N5: Cou *N6: Rep *N7: Pos *N8: DV	reparation Checklist  dent Reporting (\$30); age Assessment (\$100); INC age Fee w-Through Survey w-Through Survey (Resurvey) age against INC Only (wef 10 Jan 3 aspection DA + SMRT Survey dittional Services: air Co-ordination Repair Inspection / Collect Excess Coordination : TP (Non INC) against INC	(\$80) \$40/\$45 \$120 \$30 \$905) \$75 \$160 \$5 \$10 \$25	5

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

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

geras donumi proglement miles to a	ACCIDENT STATEMENT
Date Of Report	01/11/2019 13:54
	01/11/2019 07:45
Exact Location Of Accident	HUME AVE
Country/State of Loss	SINGAPORE
DI	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE8461A
Insured/Policyholder	
Name Of Registered Owner	UNIQOOL ENGINEERING & SERVICES PTE LTD
Co Reg No	201604637M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Exact Purpose for which vehicle was being used at time of accident	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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108501565
Cover Note Number	
Driver	
Name of Driver	SANKARAN SAMPATH
Passport No/FIN	F8241917U
Date Of Birth	12/08/1976
Occupation	OUTDOOR
	02/07/2009

10 YEARS AND 3 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-81672785 Mobile Number

Fax Number

OFFICE-81672785 Contact Number

EMail Address NOEMAIL Address

615 GEYLANG ROAD

Postcode

389554

Was driver an employee of the Insured's Company YES

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 - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

DRY

### Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO

involved in the accident

2

Was any body injured in the Accident?

NO

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.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

GENDER: : MALE

# **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

REFER TO STATEMENT.

# Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

CB7415U

Vehicle Make/Model/Colour

Details Of Properties

BUS

Vehicle Category Name of Driver

SIM LIM OW

NRIC/Passport Number

S0916512F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 44

## 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 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:
  - 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.

UNIQUOL ENGINEERING & SERVICES PTE LTD

615 Geylang Road Singapore 389554 1 6893 2938 4. 9627 9987 E: engui Waunigool.com.sq

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 .:

GBE 8461/A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

			straigh						
B	come	out	from 1	tume Pa	# 2	Pril	ed to	stup a	, <del>†</del>
the	stop	line	collide	d unto	my	Jeh	cea/	1h p	urties.
0 6	plue to	the	strong	impact	my	lorry	test	contro	
hit	onto	the	Kerb 8	tree				-	
			41)			1			
									8
								(8)	
									8
					100				

615/We thense the dosign apport 1888 55 at a true in every respect.
T: 6893 2938 M: 9627 9987
E: enquiry@uniqool.com.so.

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.:

Personal Particulars
Date of Accident: 1 11.19 Time of Accident: 7-45am
Hime Ave
Owner's Name: Uniqued Engineering & Services Pte NRICNO: HP NO:
Delver's Name: Sykaran Sampath NRIC No: 1824-1114 AP No: 816/2/03
Date of Birth: 12 8 (976 Driving Licence Passing Date: 2 7 1009 Occupation: Indoor / Outdoor
Address: 615 (20 ylong Rcl (389554)
Relationship of Driver with Insured: Employ & Email Address:
Vehicle No: GBE 8461 A Make & Model: Noscon
Insurance Co: NTUC Coverage: Comprhus of Policy No:
*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
*Weather Condition ? Gear / Raining / Others: Wet / Ony / Others:
* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
A: 1 + 1 B. Many C: D:
*Was Anybody Injured ? (Yes / No) If yes,
Name / NRIC / In Vehicle:
*Was The Accident Reported To The Police ?
O No O Yes, Which Police Station?
*Does the Driver Own Any Other Vehicle?
No O Yes, Vehicle Registration No:insurer:
*Was any foreign vehicle involved? (Yes LHO) If yes, Vehicle No & Category:
*Was there any video captured by Car Camera? (Yes/No)
Third Party Driver's Particulars
Vehicle & No: CB 7415U Make & Model:
Driver's Name: Sim Lim ON NRIC No: S0916521FHP No:
Vehicle C No: Make & Model:
Driver's Name: NRIC No: HP No:
Witness Particulars
Name: NRIC No: HP No:

-

<b>eBao</b> Tech										Genera	ICIaim
Hello, NAC_PAYA_UBI_80	0601						+ Change I	anguage	• Change	Password	Log Ou
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	10.				Date	of Accident	01/	11/2019 07	:45	
	Vehicle	No.(For Motor)	GBE84	61A		Certif	ficate Number				-
					3	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108501565		UNIQUOL ENGINEERING & SERVICES PTE LTD	201604637M	GCV	Comprehensive	GBE8461A	GBE8461A	12/04/2019	11/04/2020
					- 5	Continue					

Seque	nce Date of Endorsemen	it	Endorsemen	t Type	Endorsemen	t Status	Endorsement Cont	ent
□ Endors	ements				1010011000			our.
) Insure	d Object: GBE8461A							
Unit No.		Relat	ed Policy ber	5108501565				
Address 4			ess Type	Singapore address		Post Code	389554	
Address 1	615 GEYLANG ROAD	Addr	ess 2	SINGAPORE 38955	4	Address 3	******	
▽ Policyl	older Mailing Address	552910		angeologic selectoris seveletoros		COAPEON DOX		
Certificate Info								
Open Policy Info								
Flag								
Co- insurance	No							
Agent	SONA INSURANCE AGENCIES	Agent Tel.	81131335		GST Flag	Y		
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Exces	S
Additional Excess		OS Premium	0					
hird Party excess	0	damage Excess	600		Excess	100		
уре	Per Accident	Excess Own			Windscreen	1000011		
ssue Date	28/03/2019	Date All Claims	12/04/2019	.00.00	Expliny Date	11/07/2000		
lame Policy	COMMERCIAL VEHICLE INSURAL	Effective	12/04/2019	20.00	Policy Flag  Expiry Date	11/04/2020 23	3159	
ddress Product	615 GEYLANG ROAD SINGAPORE				Group	N		
Certificate Io.		200554						
olicy No.	5108501565	Policyholder Name	UNIQUOL E	NGINEERING & SERV	Policyholder NRIC	201604637M		

cy No.	5108501565	Vehicle No.	GBE8461A	GST Registration No.	201604637M
oficate No.					
cyholder Name	UNIQUOL ENGINEERING & SERVICES PTE LTO			Policyholder NR3C	201604637M
	COMMERCIAL VEHICLE INSURAL	Cover Type	- seatifications	Loading	9
	0	Contact No.(Office)	0	Contact No.(Home)	0
air Address		Special Remark		eCode	11.5
	(¥) No ○ Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
port Date	01/11/2019 14:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
		Time of Accident Hh:mm	07:45	Country of Accident	Singaponé
te of Accident	01/11/5018		9,	ICM No.	
porting Centre		Orange Force			
cident Location	HUME AVE				
Total Excess Applicable					
сеза Туре	Per Accident	Windscreen Excess	100,00		
			0.00		
Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	
ED OD Excess	0.00	VIED TP Excess		Dilyar is Covered:	
adicional Excess					
tal OD Excess Applicable	600.00	Total TP Escess Applicable			
Benefits					
GST Registered Informa	tion			1000 1000	
T Registered	Yes		GST Registration Date	13/06/2016	
IT Registration No.	20160463794		GST Status Verified	Yes	
odification History	01/11/2019 14:11:16 System 01/11/2019 14:11:16 System	changed GST Registration Date changed GST Status Venfiel fro	from 24/02/2016 to 13/06/2016 im No to Yes		
Policyholder Hailing Ade				TANKA TAN	
doress 1	615 GEYLANG ROAD	Address 2	SINGAPORE 389554	Address 3	******
dovess 4		Address Type	Singapore address	Post Code	389554
init No.		Related Policy Number	5108501565		
OI Driver Info					
Iriver Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	SANKARAN SAMPATH	Oriver NR3C	F8241917U	Onver DDB	12/08/1976
nnamed driver Name. egister Date of Driver License		Onver Age	43	Driving Experience	10
	81672785	Contact No. (Office)	0	Contact No (Home)	0
ontact No. (Mobile)		Address 2	SINGAPORE 389554	Address 3	
ddress 1	515 GEYLANG ROAD		Singapore address	Post Code	389554
ddress 4		Address Type	Singapore address	7-041-0504	
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
init No. Joss he own a Singapore tegistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
loes he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
ioes he own a Singapore legistered car? eclaration ireathalyser or Blood Test	© Yes ® No 0 mg	Driver Vehicle No.  Any injury?	○ Yes ® No	Driver Insurer Company	
toes he own a Singapore kegistered car?			○ Yes ® No	Driver Insurer Company	
ious he dem a Singapore egistered car? eclaration reathalysier or Blood Test eading?					
toes he dem a Singapore registered car? eclaration treathalyser or Blood Test leading?			O Yes ® No  UNSQOOL ENGINEERING & SERY	Driver Insurer Company  Travered NRIC	201604637M
toes he own a Singapore agistered car? acianation reathalyser or Blood Test leading? Claim 605 New	ū mg	Any injury?			201604637N ND.
toes he own a Singapore agistered car? activation reathalyser or Blood Test leading? Claim 603 New Jaim Type * Comect No. (Mobile)	ū mg	Any injury?  Disures Name	UNIQUOL ENGINEERING & SEN	Insured NRIC	40000
cos he dem a Singapore agistered car?  activation irresthalyser or Blood Test edding?  Claim 605 New  Jaim Type *  Cornect No. (Mobile) Irrest Address	DID-MIX	Any injury?  Disures Name Contact No.(Home)	UNIQUOL ENGINEERING & SERY	Insured NRIC Contact No.(Office)	NBL
toes he own a Singapore agistered car?  actionation reathelyser or Blood Test testing?  Claim 905. New  Claim Type *  Cornect No. (Mobile) Imail Address  Islamant Type Claimant Type *	DID-MIX	Any Injury®  Discret Rame Cortact No. (Home) Of Venice Number	UNIQUOL ENGINEERING & SERY NO. ORE6461A	Insured NRIC Contact No.(Office)	NBL
cos he dem a Singapore agistered car? acianation reathslyser or Blood Test eoding? Claim 995: New Claim Type * Comact No. (Mobile) Imail Address Clemant Type Claimant Type * Claimant Type Claimant Type *	DO-MX V	Any injury?  Discret Name Contact No. (Home) Of Vehicle Number Type of Benefit +	UNIQUOL ENGINEERING & SERY NO. ORE6461A	Insured NRIC Contact No.(Office)	NBL
cos he own a Singapore agistered car? acianation reathalyser or Blood Test eoding? Claim 901 Nem  Claim Type * Comed: No. (Mobile) Imail Address Claimant Type Claimare Type * Itsiment Name *	DID-MIX V	Any injury?  Discret Name Contact No. (Home) Of Vehicle Number Type of Benefit +	UNIQUOL ENGINEERING & SERY NO. ORE6461A	Insured NRIC Contact No.(Office)	NBL
cos he own a Singapore egistered car?  aciaration ireathalyser or Blood Test eoding?  Claim 003 New  Claim 004 New  Jaim Type *  Comact No. (Mobile) Ireal Address Lisimant Name *  Claimant Name *  Claimant Name *	0 mg  OO-MX  ✓  Please Salact  >≥	Any injury?  Discret Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimant NRJC +	UNSQOOL ENGINEERING & SERY NOL OBEB461A Please Serioct	Insured NRIC Centact No. (Office) TP Vehicle Number	NBL
costs he own a Singapore registered car? eclaration ireathalyser or Blood Test reading? codification History Claim 605. New	0 mg  OO-MX  ✓  Please Salact  >≥	Any injury?  Disured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimant NRJC +	UNOQUOL ENGINEERING & SERY NOL ODEB461A Please Seriect  Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop	NIL CB7415U
coss he own a Singapore egistered car? eciaration irreathalysier or Blood Test teading? colaim 605. New Colaim 605. New Comect No. (Mobile) Irreathalysier or Blood Test Comect No. (Mobile) Irreathalysier or Blood Test Colaim 7 Type * Colaim 605. New Colaim 7 Type Colaimant Type * Claimant Name * Claimant Name * Claimant Address Claimant Address Claimant Madress	0 mg  OO-MX  ✓  Please Salact  >≥	Any injury?  Disures Name Contact No. (Hotte) Of Vehicle Number Type of Benefit + Claimant NRJC +  Insured Liability + Proferend Repair Option	UNSQOOL ENGINEERING & SERY NOL OBEB461A Please Serioct	Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	NBL CB7415U Received
coss he own a Singapore registered car?  eclaration  treathalyser or Blood Test reading?  Claim GOS: New  Claim Type *  Compact No. (Mobile)  Imail Address  Claimant Type Claimant Type *  Claimant Type Claimant Type *  Claimant Address  Claim Description  Preferred Workshop Contact V45.	DID-MIX  PINABE SELECT  PINABE SELEC	Any injury?  Disured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimant NRJC +	UNOQUOL ENGINEERING & SERY NOL ODEB461A Please Seriect  Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop	ND. CB7415U
cos he own a Singapore agistered car?  acianation  reathalyser or Blood Test coding?  Claim 005: New  Claim 105: New  Claim 205: New  Claim 20	D mig  DD-MX  Please Select  Please Select  RBEB461A / CB7415U ON 1 Nev J019  Yes	Any injury?  Disures Name Contact No. (Hotte) Of Vehicle Number Type of Benefit + Claimant NRJC +  Insured Liability + Proferend Repair Option	UNOQUOL ENGINEERING & SERY NOL ODEB461A Please Seriect  Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	NB. CB7415U Received
pes he deen a Singapore agistered car?  scianation reathalysier or Blood Test coding?  Claim 001 New  Claim 109 New  Laim Type * formet No. (Mobile) mail Address Laimant Type Claimant Type * Laimant Address Laimant Address Laimant Address Laimant Address Laimant Address Laimant Pescription Interferred Workshop Contact Legure Pinalisation Laide Registered Leport Taken By	0 mg  OD-MX  Please Select	Any injury?  Disures Name Contact No. (Hotte) Of Vehicle Number Type of Benefit + Claimant NRJC +  Insured Liability + Proferend Repair Option	UNOQUOL ENGINEERING & SERY NOL ODEB461A Please Seriect  Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	NB. CB7415U Received
coss he own a Singapore systemed Carl sclaration reathalyser or Blood Test coding?  Claim 601 New  Claim 790 *  Something to the control of the control search No. (Mobile) mail Address issmant Type Claimant Type *  Islamant Address Islamant Address Islamant Address Islamant Address Islamant Pescription referred Workshop Contact to equire Finalisation late Registered seport Taken By	0 mg  OD-MX  Please Select	Any injury?  Disures Name Contact No. (Hotte) Of Vehicle Number Type of Benefit + Claimant NRJC +  Insured Liability + Proferend Repair Option	UNIQUOL ENGINEERING & SERY NEL DEEB461A Please Seriot  Not at Fault Preferred Workshop, Name unknown	Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	ND. CB7415U
pes he deen a Singapore agistered car?  activation reathelyser or Blood Test coding?  Claim 001 New  Claim 1954 *  Comet No. (Mobile) Imail Address Claimant Type Claimant Type *  Laimant Type Claimant Type *  Laimant No. (Mobile) Imail Address Claimant Type Claimant Type *  Laimant Address Claimant Preferred Workshop Contact  Lo.  Legure Phalisabon Lote Registered Report Taken By  Phrit AK lietter  Attachment	DID-MIX  Please Select  Please Select  RA  GREB461A / CB7415U ON 1 Nev 2019  Yes  Val  O1/11/2019 14:111  Jackson	Any injury To State Stat	UNOQUOL ENGINEERING & SERY NOL ODEB461A Please Seriect  Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	ND. CB7415U
poss he down a Singapore agistered car?  activation reathalyses or Blood Test coding?  Claim 605 New  Claim 705 New  Claim 705 New  Laim Type *  comact No. (Mobile) mail Address laimant Type Claimare Type *  Laimant Address Laimant Address Laimant Address Laimant Address Laimant Address Laimant Address Laimant Registered Leport Taken By  Pint AK letter  Attachment  Scotdant No.	0 mg  OD-MX  Please Select  Please S	Any injury?  Discret Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimant NRJC +  Insured Liability + Preferend Repair Option Claim Close Date  Claim No.	UNDQOOL ENGINEERING & SERY NOL ODEB461A Please Seriect  Fireformed Workshop, Name unknown  Fireformed Workshop, Name unknown  Save Suzmit	Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	ND. CB7415U
poss he down a Singapore agistered car?  activation reathelyser or Blood Test coding?  Claim 905 Nem  Claim 905 Nem  Claim 1906 Nem  Claim 190	0 mg  DD-MX  Please Select  Please	Any injury?  Disures Name Contact No. (Home) Of Vehicle Number Type of Benefit + Clement NRJC +  Insured Liability + Preferens Repair Option Claim Close Date	UNDQOOL ENGINEERING & SERY NOL OBEB461A Please Seriect  Fireferred Workshop, Name unknown  Save Submit  OUI OU/11/2019 14:15	Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report Date Received	ND. CB7415U Received 01/11/2019 00:00
poss he down a Singapore agistered car?  activation reathelyser or Blood Test coding?  Claim 905 Nem  Claim 905 Nem  Claim 1906 Nem  Claim 190	0 mg  OD-MX  Please Select  Please S	Any injury?  Disured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NR3C *  Insured Liability * Proferend Repair Option Claim Close Date  Claim No. Upford Date	UNDQOOL ENGINEERING & SERY NOL ODEB461A Please Seriect  Fireformed Workshop, Name unknown  Saive Suzma:  001 01/11/2019 14/15 Category *	Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report Date Received	NB_ CB7415U Received 01/11/2019 00:00
poss he down a Singapore agistered car?  activation reathelyser or Blood Test coding?  Claim 905 Nem  Claim 905 Nem  Claim 1906 Nem  Claim 190	0 mg  DD-MX  Please Select  Please	Any injury?  Discret Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NR3C *  Insured Liability * Proferend Repair Option Claim Close Date  Claim No. Upfoad Date	UNSQUOL ENGINEERING & SERY NOL ODEB461A  Please Seriect  Fireferred Workshop, Name unknown  OUT OUT/11/2019 14:L5 Category * Cest Please Select	Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  Confidential Urget Normal	Received 01/11/2019 00:00
coss he own a Singapore systems (oxi) colaration reathalyser or Blood Test coding?  Claim 605 New   Claim 705 New   Itaim Type * omact No. (Mobile) mail Address issmant Type Claimark Type * issmant Type Claimark Type * issmant Name * issmant Address issmant Poscription referred Workshop Coreact to. equire Privalisation late Registered deport Taken By  Print AK letter  Attachment  Signapore  Signapo	0 mg  DD-MX  Please Select  Please	Any injury?  Discret Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NR3C *  Insured Liability * Proferend Repair Option Claim Close Date  Claim No. Upford Date	UNSQUOL ENGINEERING & SERY NOL  OBEB461A  Please Seriect  Not at Fault  Preferred Workshop, Name unknown  O1/11/2019 14/15  Category *  Cest Please Select	Insured MRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  Confidential Urge V Normal V Normal	Received 01/11/2019 00:00
claration reathalyser or Blood Test reathalyser or Blood Test reading?  Claim GOS New  Liam Type *  Somet New  Liam Type (Mobile) mail Address Liam Address Liam Description referred Workshop Coreact equite Pinalisation and Registered eport Taken By  Print AK letter  Attachment  Socident No.	0 mg  DD-MX  Please Select  Please	Any injury?  Discret Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NR3C *  Insured Liability * Proferend Repair Option Claim Close Date  Claim No. Upfoad Date	UNSQUOL ENGINEERING & SERY NOL DOCEMENT IN THE SERVER SERVER SERVER NOL DOCEMENT IN THE SERVER SERVER SERVER NOL DOCEMENT IN THE SERVER SERVER SERVER DOCEMENT IN THE SERVER DOCEMENT	Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  Confidential Urget Normal	Received 01/11/2019 00:00
claration reathalyser or Blood Test reathalyser or Blood Test reading?  Claim GOS New  Liam Type *  Somet New  Liam Type (Mobile) mail Address Liam Address Liam Description referred Workshop Coreact equite Pinalisation and Registered eport Taken By  Print AK letter  Attachment  Socident No.	0 mg  DD-MX  Please Select  Please	Any injury Tourist Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimant NR3C +  Insured Liability + Proferend Repair Option Claim Close Date  Claim No. Upload Date  Brows  Brows	UNSQOOL ENGINEERING & SERY NOL  DEEB461A  Please Seriect  V  Preferred Workshop, Name unknown  OUI  OU/11/2019 14:15  Category *  Clear Please Select  Se. Clear Please Select	Insured MRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  Confidential Urge V Normal V Normal	Received 01/11/2019 00:00
pes he deen a Singapore agistered car?  acianation reathsiyser or Blood Test coding?  Claim 001 New  Claim 102 New  Jaim Type *  Comact No. (Mobile) Imail Address Claimant Type Claimant Type *  Islamant Name *  Islamant Address Claim Description Intellered Workshop Contact do.  Intellered Workshop Contact do.  Intellered Registered Report Taken By  Pint AK letter  Attachment	0 mg  DD-MX  Please Select  Please	Any injury Tolling the Contact No. (Home) Of Vehicle Number Type of Benefit + Claimant NRJC +  Insured Liability + Preferend Repair Option Claim Close Date  Claim No. Upload Date  Brows  Brows	UNSQOOL ENGINEERING & SERY NOL  DEEB461A  Please Seriect  V  Preferred Workshop, Name unknown  OUI  D1/11/2019 14:15  Category *  Chear Please Select  Se Chear Please Select	Insured MRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  Confidential Urge V Normal V Normal Normal	Received 01/11/2019 00:00

tachment I	List		(76)		20000000000000	Mag Sent?
achment ( )	Uploaded By/Oake	Category	î	Urgency	Description NR3C/ Driving License 2019-11-3	(CO)
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 14:15	NRIC/ Driving License	٧	Normal		
1	NAC_PAYA_UBI_BOOBOLI NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 14:15	SAS		Norma)	SAS 2019-11-1	
43	NAC_PAYA_USI_000601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 14:14	Photos		Normal	Photos 2019-11-1	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 14:14	Photos		Normal	Photos 2019-11-1	
318	NAC_PAYA_UBI_BOOK01[ NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 14:14	Photos		Normal	Photos 2019-11-1	
1	NAC_PAYA_UBI_BD0601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 14:14	Photos		Normal	Photos 2019-11-1	
西川	NAC_PAYA_URI_RDD601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 14:14	Photos		Normal	Photos 2019-11-1	
E.	NAC_PAYA_UBI_BOOKO1  NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 14:14	Photos		Normal	Photos 2019-11-1	
- A	NAC_PAYA_UBE_BOOGOT[ NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 14:14	Photos		Normal	Photos 2019:11:1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 14:14	Photos		Normal	Photos 2019-11-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 14:14	Photos		Normal	Photos 2019-11-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVE CKS) on 01 Nov 2019 14:14	Photos		Normal	Photos 2019-11-1	
	NAC_PAYA_UB1_B00601[ NATIONAL ASSESSMENT CENTRE SERVI CES] on 01 Nov 2019 14:13	Photos		Normal	Photos 2019-11-1	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 14:13	Photos		Normal	Photos 2019-11-1	
	NAC_PAYA_UBI_BOOSO1( NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 14:13	Photos		Normal	Photos 2019-11-1	
P D L	NAC_PAYA_UBI_BO06011 NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 14:13	Photos		Normal	Photos 2019-11-1	
T	NAC_PAYA_UBL_B00601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 14:13	Photos		Normal	Photos 2019-11-1	
-	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 14:13	Photos		Normal	Photos 2019-11-1	
	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVI CES) on Q1 Nov 2019 14:13	Photos		Normal	Photos 2019-11-1	
HI-A	NAC_PAYA_UBI_800601[ NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 14:13	Photos		Normal	Photos 2019-11-1	
N	NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 14:13	Photos		Normal	Photos 2019-11-1	
N. P.	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVI CES  on 01 Nov 2019 14:33	Photos		Normal	Photos 2019-11-1	
V	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 14:13	Photos		Normal	Photos 2019-13-1	
B	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Nov 2019 14:13	Photos		Normal	Photos 2019-11-1	
V.	NAC_PAYA_UBI_8D0601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 14112	Photos		Normal	Photos 2019-11-1	
198	NAC_PAYA_UBI_BD0601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 14:12	Photos		Normal	Photos 2019-11-1	
	NAC_PAYA_UBI_BOOSO1( NATIONAL ASSESSMENT CENTRE SERVI CES) on O1 Nov 2019 14:12	Photos		Normal	Photos 2019-11-1	
	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 14:12	Photos		Normal	Photos 2019-11-1	
というということにはなっている。	NAC_PAYA_URL_800601( NATIONAL ASSESSMENT CENTRE SERVI	Photos		Normal	Pronos 2019-11-1	
	NAC_PAYA_UBI_ROBGI( NATIONAL ASSESSMENT CENTRE SERVICES) on OIL Nov-2019 14:12	Photos		Normal	Photos 2019-11-1	
	NAC PAYA_UBI_BODGOI ( NATIONAL ASSESSMENT CENTRE SERV	Photos		Normal	Photos 2019-11-1	
4	CES) on 91 Nov 2019 14:12  NAC_PAYA_UBL_RD0001( NATIONAL ASSESSMENT CENTRE SERV	1 Photos		Normal	Photos 2019-11-1	
NE S	CES) ON 01 NOV 2019 14:12  NAC PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERV			Normal	Photos 2019-11-1	
H	CES) on O1 Nov 2019 14:12  NAC PAYA_UBL_BOX601( NATIONAL ASSESSMENT CENTRE SERV					

	Uploaded By/Date Folder Date		Plia Name	P Source	Actio
AL MIC	NAC_PAYA_UBI_B00601( NAT)ONAL ASSESSMENT CENTR CES) on 01 Nev 2019 14:12	IE SERVI Photos	hormal	Photos 2019-11-1	
191	NAC_PAYA_UBI_B00601[ NATIONAL ASSESSMENT CENTR CES) on 01 Nov 2019 14:12	E SERVI Photos	Normal	Photos 2019-11-1	
S. W.	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTR CES) on 01 Nov 2019 14:12	E SERVI Photos	Normal	Photos 2019-11-1	
3	NAC_PAYA_UBJ_800601( NATIONAL ASSESSMENT CENTR CES] on 01 Nov 2019 14:12	E SERVI Protos	Normal	Photos 2039-11-1	
1	NAC_PAYA_UB2_BD0601( NATIONAL ASSESSMENT CENTR CES) on 01 Nov 2019 14:12	E SERVI Photos	Normal	Photos 2019-11-1	
D	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTR CES) on 01 Nev 2019 14:12	E SERVI Photos	Normal	Photos 2019-11-1	
	NAC_PAYA_UBI_SODSDI( NATIONAL ASSESSMENT CENTR CES) on 01 Nov 2019 14:12	E SERVI Photos	Normal	Photos 2019-11-1	
	NAC_PAYA_UB1_BD0601( NATIONAL ASSESSMENT CENTRI CES) on 01 Nov 2019 14:12	E SERVI Photos	Normal	Photos 2019-11-1	
195					