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Owner / Driver: (NC 3311 K.	1 5	Tel:)	
Policy No: () Perio	od: () C	over Type: ()	
Confirmed by : (L	ate:	Time:)	
Insured/Driver Liability: (%) [No	ote-Est. Status (WO)	: N: 0-20%	P: 21-79% P:	80-100	%]	
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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 <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 aforesaid.

《多数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数	ACCIDENT STATEMENT
Date Of Report	09/12/2019 11:37
Date Of Accident	08/12/2019 21:10
Exact Location Of Accident	AIRPORT SLIP RD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMC2703Y
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93737667
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106937496
Cover Note Number	
Driver	
Name of Driver	SONG BENG HUAT
NRIC No	S1285427G
Date Of Birth	01/07/1958
Occupation	OUTDOOR
Date Of Driving Pass	22/04/1999
Driving Experience	20 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85119030
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 136 YISHUN RING ROAD #12-126

Postcode 760136

Was driver an employee of the Insured's Company NO

OTHER - HIRER 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

2

Weather Conditions CLEAR Road Surface DRY

Other Information

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? 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) NO soliciting/offering accident claims assistance. 1

Number of Passengers (Including Driver)

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

I WAS TRAVELLING AT THE AIRPORT WHILE APPROACHING SLIP RD, THE TAXI SUDDENLY STOP, I MANAGE TO STOP AND SWERVED TO LEFT TO AVOID, BUT STILL COLLIDED ONTO THE TAXI REAR LEFT PORTION.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

WITH DRIVER Remarks/ Reasons:

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SHC5514R Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

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.

Date & Time:

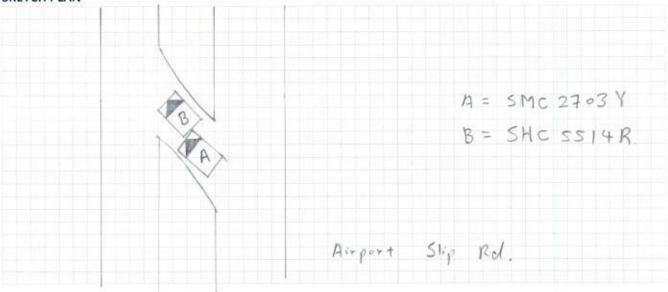
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Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

I/We declare the foregoing particulars are true in every respect.

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

NRIC/FIN No.:



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPE	NSATION) ACT (CHAPTER 189)				
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPE	NSATION) RULES, 1960				
ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)					
Certificate Number: 5106937496					
	Cover : drivo CLASSIC				
 Index mark and Registration Number of Vehicle Chassis Number 	: SMC2703Y				
Name of Policyholder	: GP71208030				
Effective Date of Insurance	: RELIABLE RIDES PTE LTD : 28 Jun 2019				
Expiry Date of Insurance	: 27 Jun 2020				
5. Persons or Classes of Persons entitled to drive#					
(a) The Policyholder.					
(b) Any other person who is driving on the Police	yholder'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 driv				
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#	and an artist of the control of the				
 Limitations as to Use# (a) Use for social domestic and pleasure purpos 	es and in connection with the Policyholder's or Hirer's business.				
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 Limitations as to Use# (a) Use for social domestic and pleasure purpos This Policy does not cover (a) Use for racing, pace-making, reliability trial or 	r speed-testing.				
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6. Limitations as to Use# (a) Use for social domestic and pleasure purpos This Policy does not cover (a) Use for racing, pace-making, reliability trial of (b) Use for the carriage of goods (other than same (c) Use for any purpose in connection with the Normal Humitations rendered inoperative by Section 21 Act (Chapter 189) and Section 95 of the Road headings. EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE EXCESS WAIVER PRIMARY DRIVER NAMED DRIVER (1) NAMED DRIVER (2)	r speed-testing. hples) in connection with any trade or business. Notor Trade. B of the Motor Vehicle (Third Party Risks and Compensation) I Transport Act, 1987 (Malaysia), are not to be included under these : \$\$2,000 : \$\$2,500 : \$\$100 : N/A : PLEASE REFER OVERLEAF : NO : YES : NO : NO : NO : NO : NO : NO : N/A : N/A : N/A				
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Am

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling Accident MT/1074828

Policy No.	5106937496	Vehicle No.	SHC2703Y		GST Regis	stration No.			
Certificate No.									
Policyholder Name	RELIABLE RIDES PTE LTD				Palicyhold	er NRIC	20	1611527N	
Product Code	FLEET INSURANCE	Cover Type	drivo CLASSIC		Loading		0		
Cornact No.(Mubile)	93737667	Contact No.(Office)			Contact N	o.(Home)	-	-	
Email Address KFK	+ No Yes	Special Remark	192		eCode		thic	9.*	
NCD Protection	No res	TCA NCO Entitlement(%)	= No Yes		eCode Re		Class		
▽ Accident Details	no.	ACD ENDLEMENT(N)	95		Private Pi	re	Yes	E.	
Report Date	09/12/2019 12:05	Accident Report Within 24 hrs	Yes		Accident 1	Tune	Col	Bision - Head t	e Rear
Date of Accident	08/12/2019	Time of Accident hh:mm	21:10		Country o			gapore	
Reporting Centre		Orange Force	21.10		1CM No.	Personalia	-	Sabore	
Accident Location	AIRPORT SLIP RD	and the same of th			167 90.				
⇒ Excess									
Own damage Excess	2,000.00	Additional Excess	0		Windscree	on Euross	10	0.00	
Unnamed Driver Excess	2,000,00	Outside Singapore OD Excess		4,000,00	Hilliand	III EXCESS			
Third Party Excess	2,500.00	Outside Singapore TP Excess		4,000,00					
w Benefits	27/320000	80008431.43803.00A3375		3.34.44.65.0					
GST Registered Informa	tion								
GST Registered	No		GST Regis	tration Date.					
GS7 Regestration No.			GST Statu	s Venfied		Yes			
Hodification History									
Baller Action 11									
Policyholder Mailing Add		2000000							
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-SO PREMIER 0	P KAKI BUKIT	Address 3			NGAPORE 4158	875
Address 4	CHENN	Address Type	Singapore address		Post Code		41	5875	
Unit No.	05-50	Related Policy Number	5106937496						
	14.00.00.22.00.00	200200							
Driver Name Unnamed driver Name	Unnamed Oriver SONG BENG HUAT	Driver Type Driver NRIC	Unnamed Driver		Driver DO			in the same	
Register Date of Driver License	22/04/1999	Driver Age	S1285427G 61		Driving Ex			/07/1958	
Contact No.(Mobile)	85119030	Contact No.(Office)	61		Contact N		20		
	BLK 136 #12-126	Address 2	YISHUN RING ROA	n'	Address 3		- 1514	NGAPORE 7603	176
Address 1	Committee of the Commit	Address Type	Singapore address		Post Code			0136	2.20
Address 1 Address 4									
	12-126	Αφωτεςς τγμε							
Address 4 Unit No. Does he own a Singapore	12-126 Yes = No	Driver Vehicle No.			Driver Ins	urer Company			
Address 4 Unit No.					Driver Ins	urer Company			
Address 4 Unit No. Does he own a Singapore					Driver Ins	urer Company			
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Roading?			Yes + No		Driver line	urer Company			
Address 4 Unit No. Does he own a Singepore Registered car? Declaration Broathalyser or Blood Test	Yes - No	Driver Vehicle No.	Yes # No		Driver Ins	urer Company			
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New	Yes - No	Driver Vehicle No.	Yes + No	пр-мо	, Insured			Insured	20161
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Roading? Modification History Claim 001 New Claim Type *	Yes - No	Driver Vehicle No.	Yes * No	OD-MX	• Insured	RELIABLE RIC		Insured NRIC Contact	1600
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New	Yes - No	Driver Vehicle No.	Yes * No	OD-MX	, Insured				1600
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Roading? Claim 001 New Claim Type * Contact No.[Mobile]	Yes - No	Driver Vehicle No.	Yes * No	OD-MX	Insured Name Contact No. (Home) OI	RELIABLE RIC		Contact No. (Office)	66351
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Roading? Modification History Claim 001 New Claim Type *	Yes - No	Driver Vehicle No.	Yes * No	OD-MX	V Insured Name Corract No. (frome)			Contact No. (Office) TP Vehicle Number	66351 SHC55
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Roading? Claim 001 New Claim Type * Contact No.[Mobile]	Yes - No	Driver Vehicle No.	Yes + No	OD-MX SMC2703Y / SMC55148	Insured Name Contact No., No., Intome) Of Vehicle Number	RELIABLE RIC		Contact No. (Office) TP Vehicle Number Name of Preferred	5HC55
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Roading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description	Yes + No	Driver Vehicle No.	Yes # No		Insured Name Contact No., No., Intome) Of Vehicle Number	RELIABLE RIC		Contact No. (Office) TP Vehicle Number Name of	5HC55
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop o	Yes + No O mg	Driver Vehicle No. Any injury?		SMC2703Y / SHC55148	Insured Name Contact No., No., Intome) Of Vehicle Number	RELIABLE RIC		Contact No. (Office) TP Vehicle Number Name of Preferred	5HC55
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Roading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Enaigt No. Treasactory Ves	Yes + No O mg Insured Lieblity Full	Driver Vehicle No. Any injury?		SMC2703Y / SHC55148	v Insured Name Contact No. (Home) OI Vehicle Number CON B Dec 2019	RELIABLE RIC		Contact No. (Office) TP Vehicle Number Name of Preferred Workshol	66351 SHC55
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 1ype * Contact No. [Mobile] Email Address Claim Description Preferred Workshop Declaration Trust State OF Trust	Ves + No O mg Insured Lieblity Proferred V Ropair Preferred Work	Driver Vehicle No. Any injury?		SMC2703Y / SMC5514# 09/12/2019 12:08	V Insured Name Contact No. (Home) OI Vehicle Number	RELIABLE RIC		Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	66351 SHC55
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Roading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Enaigt No. Treasactory Ves	Ves + No O mg Insured Lieblity Proferred V Ropair Preferred Work	Driver Vehicle No. Any injury?		SMC2703Y / SHC55148	Insured Name Contact No. (Home) OI Vehicle Number CON 8 Dec 2009 Claim Close	RELIABLE RIC		Contact No. (Office) TP Vehicle Number Name of Preferred Workshol	66351 SHC55
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test. Reading? Modification History Claim 001 New Claim Type * Contact No. [Mobile] Email Address Claim Description Preferred Workshop Daniek No. Test Report Texen By	Ves + No O mg Insured Lieblity Proferred V Ropair Preferred Work	Driver Vehicle No. Any injury?		SMC2703Y / SMC5514# 09/12/2019 12:08	Insured Name Contact No. (Home) OI Vehicle Number CON 8 Dec 2009 Claim Close	RELIABLE RIC		Contact No. (Office) TP Vehicle Number Name of Preferred Workshol	66351 SHC55
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Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 19pe * Contact No. [Mobile] Email Address Claim Description Preferred Workshop Email Address Claim Description Preferred Workshop Tinabaston Opte Registered Report Teken By Print AK letter Attachment	Ves + No O mg Insured Lieblity Proferred V Ropair Preferred Work	Driver Vehicle No. Any injury?	Save Submit	SMC2703Y / SMC5514# 09/12/2019 12:08	Insured Name Contact No. (Home) OI Vehicle Number CON 8 Dec 2019 Claim Close	RELIABLE RIC		Contact No. (Office) TP Vehicle Number Name of Preferred Workshol	66351 SHC55
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Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 19pe * Contact No. [Mobile] Email Address Claim Description Preferred Workshop Email Address Claim Description Preferred Workshop Email Address Claim Description Preferred Workshop Email Address Claim Description Preferred Report Texen By Print AK letter Attachment	O mg Insured Liability Preferred V Repair Option MT/1074828	Driver Vehicle No. Any injury? GIA Received report Received	Save Submit	SMC2703V / SHC5514# 09/12/2019 12:08 LIEW SHAN HUI	Insured Name Contact No. (Home) OI Vehicle Number CDN 8 Dec 2019 Claim Close Date	RELIABLE RIC		Contact No. (Office) TP Vehicle Number Name of Preferred Workshol	66351 SHC55 0 0
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 19pe * Contact No. [Mobile] Email Address Claim Description Preferred Workshop Email Address Claim Description Preferred Workshop Email Address Claim Description Preferred Workshop Email Address Claim Description Preferred Report Texen By Print AK letter Attachment	O mg Insured Liability Proferred Proferred Preferred Work Option MT/1074828 Pyes Np	Driver Vehicle No. Any injury? GIA Received report Received	Save Submit	SMC2703V / SHCS5148 09/12/2019 12:08 LIEW SHAN HUI	Insured Name Contact No. (Home) OI Vehicle Number CDN 8 Dec 2019 Claim Close Date	RELIABLE RIC	DES PTE LTO	Contact No. (Office) TP Vehicle Number Name Preferred Workshol	66351 SHC55 0 0
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 19pe * Contact No. [Mobile] Email Address Claim Description Preferred Workshop Email Address Claim Address Claim Description Accident No. Last Doc, Received	O mg Insured Liability Proferred Proferred Preferred Work Option MT/1074828 Pyes Np	Driver Vehicle No. Any injury? GIA Received report Received	Save Submit	SMC2703V / SHCS514# 09/12/2019 12:08 LIEW SHAN HUI 001 001 Category *	V Insured Name Contact No. (Intome) OI Vehicle Number CDN B Date 2019 Claim Close Date	RELIABLE RIC	DES PTE LTD	Contact No. (Office) TP Vehicle Number Name Preferred Workshol	66351 SHC55 0 0
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 19pe * Contact No. [Mobile] Email Address Claim Description Preferred Workshop Email Address Claim Description Attachment Attachment Choose File No file chosen	O mg Insured Liability Proferred Proferred Preferred Work Option MT/1074828 Pyes Np	Driver Vehicle No. Any injury? GIA Received report Received	Save Submit	SMC2703V / SHCS514# 09/12/2019 12:08 LIEW SHAN HUJ 001 007/12/2019 12:09 Category * Please Select	V Insured Name Contact No. (Intome) OI Vehicle Number Contact No. Claim Close Date Claim Close Date	RELIABLE RIC	DES PTE LTD Urgency * Vormal *	Contact No. (Office) TP Vehicle Number Name Preferred Workshol	66351 SHC55 0 0
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 1ype * Contact No. [Mobile] Email Address Claim Description Preferred Workshop Email Address Claim Description Preferred Workshop Email Address Claim Description Preferred Workshop Email Address Chair Registered Report Texen By Print AK letter Attachment Accident No. Last Doc, Received Choose File No file chosen Choose File No file chosen Choose File No file chosen	O mg Insured Liability Proferred Proferred Preferred Work Option MT/1074828 Pyes Np	Driver Vehicle No. Any injury? GIA Received report Received	Save Submit	SMC2703V / SHCS514# 09/12/2019 12:08 LIEW SHAN HUI 001 09/12/2019 12:09 Category * Please Select	Vinsured Name Contact No. (Home) OI vehicle Number Close Date Claim Close Date Con Vino No Vino Vino No Vino Vino Vino Vino Vino Vino Vino Vin	RELIABLE RICE SMC2703Y fidential V N V N	Urgency * Vormal *	Contact No. (Office) TP Vehicle Number Name Preferred Workshol	66351 SHC55 0 0
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Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test. Reading? Modification History Claim 001 New Claim 19pe * Contact No. [Mobile] Email Address Claim Description Preferred Workshop Email Address Claim Description Preferred Contact No. Last Doc, Received Choose File No file chosen	O mg Insured Liability Proferred Proferred Preferred Work Option MT/1074828 Pyes Np	Driver Vehicle No. Any injury? GIA Received report Received	Save Submit	SMC2703V / SHCS514s 09/12/2019 12:08 LIEW SHAN HUI 001 09/12/2019 12:09 Category * Please Select Please Select Please Select	V Insured Name Contact No. (Intome) OI Vehicle Number Con B Date 2019 Claim Close Date Con V No. V No. V No. V No. V No. V No.	Fidential Fidential V N V N V N	Urgency * iormal * iormal *	Contact No. (Office) TP Vehicle Number Name Preferred Workshol	66351 SHC55 0 0
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Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test. Reading? Modification History Claim 001 New Claim 1091 New Contact No. [Mobile] Email Address Claim Description Preferred Workshop Email Address Claim Description October No. Finalization Onte Registered Report Teken By Print AK letter Attachment Choose File No file chosen	O mg Insured Liability Proferred Proferred Preferred Work Option MT/1074828 Pyes Np	Driver Vehicle No. Any injury? GIA Received report Received	Save Submit Clear Clear Clear Clear Clear Clear	SMC2703V / SHCS514# 09/12/2019 12:08 LIEW SHAN HUI 09/12/2019 12:09 Category * Please Select Please Select Please Select Please Select	V Insured Name Contact No. (Intome) OI Vehicle Number Contact No. Claim Close Date Con V No.	Fidential Fidential V N V N V N	Urgency * Vormal * Vormal * Vormal * Vormal *	Contact No. (Office) TP Vehicle Number Name Preferred Workshol	5HC55

	Uploaded By/Date	Folder Date	File	Name	? Source
Video List					
1.	NAC_PAYA_UB1_600603(NATIONAL 09 Dec 20	ASSESSMENT CENTRE SERVICES) 0 019 12:09	Photos	Normal	Photos 2019-12-9
-		ASSESSMENT CENTRE SERVICES) 0 019 12:09	Photos	Normal	Photos 2019-12-9
	09 Dec 2	ASSESSMENT CENTRE SERVICES) 0 019 12:09	Photos	Normal	Photos 2019-12-9
		ASSESSMENT CENTRE SERVICES) o 019 12:09	Photos	Normal	Photos 2019-12-9
ND.	NAC_PAYA_USI_800601; NATIONAL 09 Dec 2	ASSESSMENT CENTRE SERVICES; o 019 12:09	Photos	Normal	Photos 2019-12-9
1		ASSESSMENT CENTRE SERVICES) o 019 12:09	Photos	Normal	Photos 2019-12-9
	NAC_PAYA_UBI_800601[NATIONAL 09 Dec 2	ASSESSMENT CENTRE SERVICES) o 019 12:09	Photos	Normal	Photos 2019-12-9
300	09 Dec 2	ASSESSMENT CENTRE SERVICES) o 019 12:09	Photos	Normal	Photos 2019-12-9
-	09 Dec 2	ASSESSMENT CENTRE SERVICES) D 019 12:09	Photos	Normal	Photos 2019-12-9
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Display in New Window Scan and uploading