Date In: 1012 4-15:00	Job description	Wall and the same of the same	Date & Time Completed	Don	e by
D.CNI.	SAS e-filing				
HI4   NCIG 21344 24			-		
Veh No: 5743578X		in Shrs, AIC 2hrs)	1	1 1	
D.O.A: 19/1/19-18:30	i-Motor Cla		100-109 fc1 m	2011/19	12.7
OD TP Reporting Only		O (Within: OD 2hr:	s, TP 4hrs)		
	i-Photo Upl				
TP Insurer:		Survey Report	i i		
	Ass't Report	by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (				ax:	
TP Particulars: Veh No: FBP	nibis	. INC(	)/Non-INC( )		
Owner / Driver: (			Tel:	)	
	iod: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
			0%; P: 21-79%. F: 80-1	00%]	
	/arranty: YES (		)		
Excess: (\$ ) Loading: \$1,00	TA WELLOW MARKET		Comment of the Comment		
General Remarks.					
( ) Walk-In Customer: Customer's inform				Y	DCSS.W-E
( ) Total Loss Case : to e-mail Insurer	URGENTLY.				and the state of
Drive-In ( )/ Towed-In ( ); Invoice:	YES( )/1	NO ( ) ; To	owing Co: (		)
				NEW KIPPER CO	est pr
Remarks:- (INC hotline: 6788 6616)	CALESTON OF THE ACCUSE AND ADMINISTRA		Date&Time Completed	Done	by
1) Apply for Transfort Allowers (					
	urtesy Car (	)			
2) QC Check / Post Repair Inspection	(	)			
	(				
2) QC Check / Post Repair Inspection	(	)			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	(	)		FRIGHT 2 P	
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$30]	(	)		Marione	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	(	)			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	(	)		Konome	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	(	)		Romon et	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	(	)		Resion 18	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30]  Injury:  Date/Time Actions	(	)			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	(	)	aration Checklist.	Ant (S)	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30] Injury:  Date/Time Actions	(	Invoice Prep	Reporting (530);	fá Bill	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury :  Date/Time Actions  NAIG09500:  Lumant's Particulars :-	(	Invoice Prep  1) AR: Accident Property of the second of th	Reporting (\$30); ssessment (\$100); INC (\$8	f#Bill 0)	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	(	Invoice Prep  1) AR: Accident F  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-Thi	Reporting (\$30); assessment (\$100); INC (\$8 a \$40 rough Survey	fá Bill	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30]  Injury:  Date/Time Actions  Lumant's Particulars:	(	Invoice Prep  1) AR: Accident F  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-The  5) FT: Fullow-The	Reporting (\$30); assessment (\$100); INC (\$8 a \$40 cough Survey rough Survey (Resurvey)	76 Bill 0) 7545 1120 530	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Lumant's Particulars:-  priver/Owner: ontact No:	(	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Fullow-The For claiming age 6) TR: Re-inspect	Reporting (\$30); ssessment (\$100); INC (\$8 e	194 Bill 0) 75 45 5120 530 575	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:  Date/Time Actions  Laimant's Particulars:- river/Owner: ontact No:	(	Invoice Prep  1) AR: Accident I  2) DA: Damage A  3) TF: Towing Fer  4) FT: Follow-The  For claiming age  6) TR: Re-inspect  7) N1: Idae DA +	Reporting (\$30); ssessment (\$100); INC (\$8 e \$40 rough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005) ion SMRT Survey	754 Bill 7545 5120 \$30	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30)  Injury:  Date/Time Actions  Laimant's Particulars: river/Owner: ontact No: amaged Portion:	(	Invoice Prep  1) AR: Accident! 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition QD.*	Reporting (\$30); ssessment (\$100); INC (\$8 e	194 Bill 0) 0) 545 5120 530 575 5160	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:  Date/Time Actions    Actions	(	Invoice Prep  1) AR: Accident Prep  1) AR: Accident Prep  2) DA: Darmage A  3) TF: Towing Fe  4) FT: Follow-The For claiming age  6) TR: Re-inspect  7) N1: Idae DA +  8) NTUC Addition OD*  *N5: Courtesy Courtesy Courtesy Courtesy  *N5: Courtesy Courtesy Courtesy Courtesy  *N5: Courtesy Courtesy Courtesy Courtesy  *N5: Courtesy Courtes	Reporting (\$30); ISSESSMENT (\$100); INC (\$8  S 40  rough Survey  rough Survey (Resurvey)  pinst INC Only (wef 10 Jan 2005)  ion  SMRT Survey  al Services:-	194 Bill 0) 0) 5445 5120 530 575 5160	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30)  Injury:  Date/Time Actions  Ilaimant's Particulars:- river/Owner: ontact No: amaged Portion:  C Checked by (Engr-In-Charge):	(	Invoice Prep  1) AR: Accident! 2) DA: Damege A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition QD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair	Reporting (\$30);  ssessment (\$100); INC (\$8  cough Survey  rough Survey (Resurvey)  sinst INC Only (wef 10 Jan 2005)  ion  SMRT Survey  al Services:-  Car / Tpt Allowance  ordination  r Inspection	194 Bill  0)  7545  1120  \$30  \$75  1160  \$55  510  \$25	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30)  Injury:  Date/Time Actions  Repair Inspection  Actions  Liamant's Particulars:-  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):  uditors' Comments:-	(	Invoice Prep  1) AR: Accident 2) DA: Darnage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition OD*  *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Colle	Reporting (\$30); ISSESSMENT (\$100); INC (\$8  FOUGH SURVEY  FOUGH SURVEY (RESURVEY)  FOUGH RESURVEY (RESURVEY)  FOUGH RES	194 Bill 0) 75 45 5120 530 575 5160	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30)  Injury:  Date/Time Actions  Italiament's Particulars:- river/Owner: ontact No: amaged Portion:  C Checked by (Engr-In-Charge): uditors' Comments:-	(	Invoice Prep  1) AR: Accident 2) DA: Darnage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition OD*  *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Colle	Reporting (\$30); ssessment (\$100); INC (\$8 e \$40 rough Survey ! rough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005) ion SMRT Survey ! sal Services:- Cer / Tpt Allowance cordination r Inspection cet Excess Coordination Non INC) against INC	194 Bill  0)  7545  10120  530  575  1160  55  510  523  530  520  30	Amt.

### 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

	ACCIDENT STATEMENT
Date Of Report	20/12/2019 15:02
Date Of Accident	19/12/2019 18:30
Exact Location Of Accident	AYE (TUAS) BEFORE EXIT 7A
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU3528X
Insured/Policyholder	
Name Of Registered Owner	CARWAY LEASING & RENTAL
Co Reg No	5XXXX813K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67440777
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH 1.8 A
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
f No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5110752036
Cover Note Number	
Driver	
Name of Driver	YAP TIAN GEOK (YE TIANYU)
NRIC No	SXXXX893G

 NRIC No
 SXXXX893G

 Date Of Birth
 03/07/1972

 Occupation
 OUTDOOR

 Date Of Driving Pass
 13/11/1992

Driving Experience 27 YEARS AND 1 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-91802817

Fax Number

Contact Number OFFICE-91802817

EMail Address NOEMAIL

BLK 196C PUNGGOL FIELD Address

#16-485

823196 Postcode

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured OTHER - HIRER

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 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

NO

2

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:

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

FBP2261S

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature Date & Time:

SIN

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

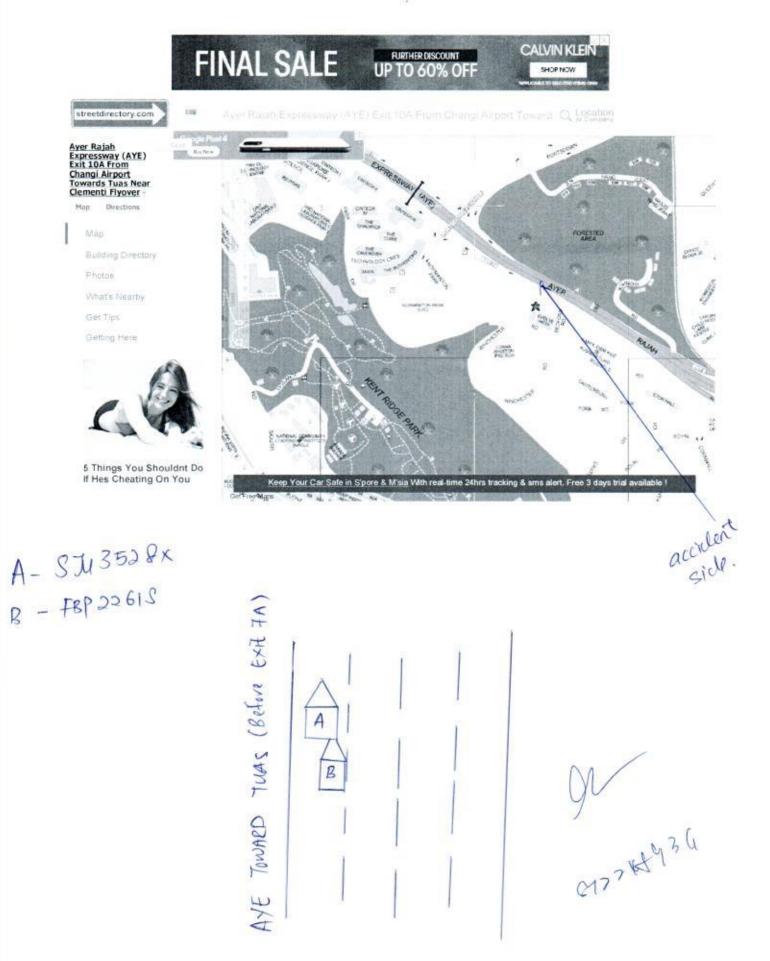
NRIC/FIN No .:

SKETCH PLAN						
	refor to	alfached	she tch	Plan-		
DESCRIBE CIRCUMSTANCES						
Refer to state	iment.					
						151
	- Henry Terminal					- 4
						- 12
/We declare the foregoing partic	culars are true in every	respect.			h	

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.:



# **Accident Statement**

On 19nd of Dec 2019 at around 1830Hrs, I was driving my vehicle (SJU3528X) along to AYE towards Tuas before Portsdown Exit 7A. I was driving along extreme left lane and the traffic was very heavy. Suddenly a motobike (FBP2261S) hit onto the back of my vehicle. My vehicle was damaged. I'm making a claim against third party.

Name: YAP TIAN GEOK

I/C: S7224893G

<b>eBao</b> Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601					Na Proposition and Proposition	• Change	Language	• Chan	ge Password	+ Log Out
My Desktop	Poli	cy Query									- 4
Notice of Loss	Policy No. 5110752036			- 1	Date of Accident			19/12/2019 18:30			
	Vehicle	No.(For Motor)	SJU3528	SJU3528X Certificate Number				E			50
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5110752036	5110752036- 000002	CARWAY LEASING & RENTAL	53264813K	GFM	Third Party, Fire & Theft	S3U3528X	SJU3528X	04/10/2019	26/06/2020
					C	Continue					

Policy No.	5110752036	Policyholder Name	CARWAY	LEASING & RENTAL	Policyholder NRIC	53264813K	
Certificate No.	5110752036-000002						
Address	53 UBI AVENUE 1 #03-01 PAYA	UBI INDUSTR	IAL PARK S	INGAPORE 408934			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	27/06/2019	Effective Date	27/06/20	19 00:00	Expiry Date	26/06/2020 23	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess			Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	INSMART (INSURANCE) AGENC	Agent Tel.	68420766	(	GST Flag	Y	
Co-							
	No						
Flag Open	No						
Flag Open Policy Info Certificate	No						
Flag Open Policy Info Certificate Info	No older Mailing Address						
Flag Open Policy Info Certificate Info Policyh		Addre	ss 2	#03-01 PAYA UBI	INDUSTRIAL	Address 3	SINGAPORE 408934
Flag Open Policy Info Certificate Info Policyh Address 1	older Mailing Address		ss 2 ss Type	#03-01 PAYA UBI Singapore address		Address 3 Post Code	SINGAPORE 408934 408934
insurance Flag Open Policy Info Certificate Info Policyt Address 1 Address 4 Unit No.	older Mailing Address	Addre	ss Type d Policy				
Flag Open Policy Info Certificate Info  Policyh Address 1 Address 4 Unit No.	older Mailing Address 53 UBI AVENUE 1	Addre Relate Numb	ss Type d Policy	Singapore address			
Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	03-01 d Object: 5110752036-000002	Addre Relate Numb	ss Type d Policy	Singapore address			
Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure	53 UBI AVENUE 1  03-01 d Object: 5110752036-000002	Addre Relate Numb	ss Type d Policy er	Singapore address			
Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure Endors Sequen	53 UBI AVENUE 1  03-01 d Object: 5110752036-000002	Addres Relate Numb	ss Type d Policy er	Singapore address 5104890605-01		Post Code	408934

	Claim Handling								
STATE   STAT	Accident MT/1076606								
State   Stat	Policy No.	5110752036	Vehicle No.	5)U3528X			GST Registration No.		
Control   Cont	Certificate No.	S1107S2036-000002					and the second second		
Mart							March Carlott State		PROGRAMMA.
Content No (Content No (Cont			Court Time	Third Sam	For A There				
Second   S									
March   Marc		0		57440777			Contact No.(Home)		0
March   Marc			Special Remark				eCode:		
### CONTROL	KPK	® No ○ Yes	TCA	® No ○	/es		eCode Reason		
March Bode   2012-001-001-001-001-001-001-001-001-001	NCD Protection	No	NCD Entitlement(%)	0			Private Hire		Yes
The part of the	<ul> <li>Accident Details</li> </ul>								
The part of the	Report Date:	20/12/2019 15:52	Accident Report Within 24 hrs.	Tes			Accident Tune		Collision - Mead to Bear
Content   Cont	Oaks of Residues								
Modern Common   Modern Commo		17/12/2017		19:30					Singapore:
## Procession   Pr	teparting Centre		Orange Force				JCM No.		
100   100	Accident Location	AVE (TUAS) BEFORE EXIT 7A							
100   100	▼ Total Excess Applicable								
Column   C	Excess Type	Per Accident	Windscreen Excess						
Column   C									
March   Command principation   Co.00   Total To Excess Approximate   Command principation   Co.00   Total To Excess Approximate   Command principation   Co.00   Total To Excess Approximate   Command principation   Co.00	00 Standard Excess		TP Standard Excess		1,500,00				
Marche	TEO DO Excess	0.00	VIED TP Excess				Driver is Covered?		
Mile Of Stream Applicate   File Of Stream Appl	Oddional Excess								
## 100 File   100 File		2.00	Table 70 F \$2.000.000						
## 1 Stageners   16		0.00	-oran in Excess Appocative						
This propersion   No									
\$\$ \$200 \$200 \$200 \$200 \$200 \$200 \$200 \$									
Address   2012/2019 13.54 0.3 year unberget 0075 Status verified from No 10 res   1		No		G5	Registration Date				
## Palisyhadder Naming Address  **Control Naming**  **Control Nam	ST Registration No.				Status Verified		Yes		
Address 2   AD USE APERINE   ADDRESS 29   ADD OIL PRINT WILD DOCUMENTAL   ADDRESS 3   SUNGAIONE 200934	locification History	20/12/2019 15:54:03 Syste	em changed GST Status Verified from	m No to Yes					
Address 2   33 USB ANTENIE   Address 2   400-01 Pinks USB INDUSTRIAL   Address 3   500 Antenies   400934									
Address Type   Singapore address   Polic Cade   Adj9564	Policyholder Mailing Ad	Idress							
Address Type   Singapore address   Point Code   Address Type   Singapore address   Point Code   Address Type   Singapore address   Point Code   Address Type   Point Code   Address Type   Point Code   Address Type   Point Code   Address Type	Address I	S3 UBI AVENUE 1	Address 2	#03-01 PA	YA UBI INDUSTRIAL I		Address 1		SINGAPORE 408934
March   10   10   10   10   10   10   10   1	Admirect of								
## District Table		1000					Post Code		408934
Description		03-01	Related Poscy Number	51048906	05-01				
Private Part   Private   Private Part   Private									
Driver Date of Driver Losses   03/11/992   Driver Age   47   Oniving Experience   27    Anderes 1   98/02/37   Condact No. (Diffice)   0   Confact No. (Passe)   0    But 196C   Address 2   PA/02/00. PIRLD   Address 3   0004/0018 223398    Address 4   Address 1/ye   Singapore   editions   Piret Code   22198    But 196C   Address 1/ye   Driver Insurer Company    Free No. 16-485   Driver Insurer Company    Free No. 16-485   Driver Insurer Company    Free No. 16-495   Driver Insurer Company    Free No. 1									
Contact No. (Miscole)   9180/2817   Contact No. (Official)   0	Innamed driver Name	YAP TIAN GEOK (YE TIANYU)	Driver MRIC	50000893	G		Driver DOB		03/07/1972
## State   Bux 196C   Address 3   Puls GOL, FELD   Address 3   State Code   823196   ## State   Address Type   Singapore address   Post Code   823196   ## State   Singapore   Other Vehicle No.	legister Date of Driver License	03/11/1992	Driver Age	47			<b>Driving Experience</b>		27
Address Type   Singapore address   Post Code   822165    Int No.   16-485   Post Code   Post Code   Post Code    Int No.   16-485	Contact No. (Mobile)	91802817	Contact No.(Office)	0			Contact No. (Home)		98
The Name of Preferred Workshop Correct No.  15-485  Driver Version No.  15-485  Driver Version No.  Driver Insurer Company  Selection  Or mg  Any injury?  Orea ® No.  150-485  Orea Any injury?  Orea ® No.  150-485  Orea No.	iddress i	BLK 1960	Address 2	PUNGGOL	FIELD		Address 3		SINGAPORE 823196
The Name of Preferred Workshop Correct No.  15-485  Driver Version No.  15-485  Driver Version No.  Driver Insurer Company  Selection  Or mg  Any injury?  Orea ® No.  150-485  Orea Any injury?  Orea ® No.  150-485  Orea No.	address 4		Address Type	Sincepore	andress		Bost Code		977195
Driver Insurer Company  statestation  restancy are Blood Test action 1855 v.  Claim 001 Noor	and No.	16-195							******
sclaration registered carry  Claim 001									
Testingward or Blood Test  Calling 031  New  Testing 031  New  Testing 031  Testing	Registered car?	○ Yes ( No	Driver Vehicle No.				Driver Insurer Compar	ty:	
Testingward or Blood Test  Calling 031  New  Testing 031  New  Testing 031  Testing									
Claim 001 New  Claim 1/ye * 00-WK	eclaration								
Claim GO1 New  Toward No. MT/1076606  Attachment  Claim GO2 New  Insured Name  CARWAY LEASING & RENTAL  Insured Name  Commack No. (Motion)  SUBSERV  TP vehicle Number  FBI2261S  TP vehicle	Freathalyser or Blood Test	0 mg	Any injury?	○ Yes (€)	No				
Claim 001 Next  Som Type * OQ-MX	reasing?								
Claim 001 Next  Som Type * OQ-MX									
Darm Type * OO-MX	fodification History								
Darm Type * OO-MX	AND STREET, ST								
Same And Nest No. (Mobile) 98627777 Contact No. (Home) Contact No. (Office) 657440777  mail Address  Di Venicle Number SU3528X TP Vehicle Number FBP22615  Dismant Type Claimant Type Claimant Type Claimant Type Claimant Type Claimant Type Claimant Type of Brante * Please Select V  Dismant Name *  Dism	Claim 001 New								
Same And Nest No. (Mobile) 98627777 Contact No. (Home) Contact No. (Office) 657440777  mail Address  Di Venicle Number SU3528X TP Vehicle Number FBP22615  Dismant Type Claimant Type Claimant Type Claimant Type Claimant Type Claimant Type Claimant Type of Brante * Please Select V  Dismant Name *  Dism									
Same And Nest No. (Mobile) 98627777 Contact No. (Home) Contact No. (Office) 657440777  mail Address  Di Venicle Number SU3528X TP Vehicle Number FBP22615  Dismant Type Claimant Type Claimant Type Claimant Type Claimant Type Claimant Type Claimant Type of Brante * Please Select V  Dismant Name *  Dism	Taken Tomas 4	OD MY	Inc. and Name	CARMIN II	ACTUAL A SERVICE		to and trace		Page 18190
DI Verlicie Number SU3528X TP Verlicie Number FBP22615  Daimant Type Commant Type * Prease Select		20000		DAKWAT LI	CASING & KENTAL				
Attachment  Attach	ontact No. (Mobile)	98627777	Contact No.(Home)				Contact No. (Office)		657440777
Date of Perferred Workshop Contact  Sulfszer / Empere / Sulfszer / Empere /	mail Address		DI Venicle Number	SJU3528X			TP Vehicle Number		FBP2261S
Altachment  Altachment  Altachment  Altachment  Altachment  Altachment  Altachment  Altachment  Altachment  Browse  Browse  Casar Presse Select  Altachment  Altachment  Browse  Casar Presse Select  Altachment  Altachment  Altachment  Browse  Casar Presse Select  Altachment  Browse  Casar Presse Select  Altachment  Browse  Casar Presse Select  Altachment  Altachment  Altachment  Altachment  Browse  Casar Presse Select  Altachment  Altachment  Altachment  Altachment  Browse  Casar Presse Select  Altachment  Altachment  Altachment  Altachment  Altachment  Browse  Casar Presse Select  Altachment  Altachment  Altachment  Browse  Altachment  Browse  Browse  Browse  Casar Presse Select  Altachment  Altachment	aimant Type Claimant Type *	Please Select	Type of Benefit *	Please Sel	ect v				
Takin Description    SJUSS28X   FBP22615 ON 19 Dec 2019   Insured Lability *   Not at Fault   V   Insured Lability *   Insured Lability *   Not at Fault   V   Insured Lability *   Insur	laimant Name *	2>	Cleimant NRIC +						
Insured Liability * Not at Fault V  Require Finalisation Yes V Preference Repair Option Preferred Workshop, Name unknown V GIA report Received V  ate Registered 20/12/2019 15:54 Claim Close Date Date Received 20/12/2019 00:00 Preferred Workshop, Name unknown V GIA report Received V  Attachment  Saive Submit  Attachment  Category * Confidential Urgency * Description  Path * Category * Confidential Urgency * Description  Blowse Cear Please Select V V Normal V	laimant Address								
Insured Liability * Not at Fault V  Preferend Workshop Contact  Insured Liability * Not at Fault V  Preferend Repair Option Preferred Workshop, Name unknown V GIA report Received V  atte Registered 20/12/2019 15:54 Claim Close Date Date Received 20/12/2019 00:00   Print AX letter  Attachment  Care Submit  Attachment  Category * Confidential Urgency * Description  Path * Category * Confidential Urgency * Description  Browse Clear Please Select V Nomenal V	laim Description	SJU3528X / FBP2261S ON 19 Dec 2019				- 1	Name of Preferred Wor	rkihop	
Preference Regain Option Preference Workshop, Name unknown V GIA report Received V Quit Z019 15:54 Claim Close Date Date Received 20/12/2019 00:00 Attachment  Save Submit  Attachment  Cident No. MT/L076606 Claim No. 001  Sex Doc. Received Pyes No Upload Date 20/12/2019 15:55  Path * Category * Confidential Urgancy * Description  Browse Clear Please Select V No Normal V  Browse Clear Please Select V No Normal V  Browse Clear Please Select V Normal V	referred Workshop Contact		Damaged Colores - 4	fine or ex-				3000	
ate Registered 20/12/2019 15:54 Claim Close Oate Date Received 20/12/2019 00:00 port Taken by Jackson  Print AK letter  Save Submit  Attachment  Cident No. MT/L076606 Claim No. 001  Set Doc. Received Press Ono Upload Date 20/12/2019 15:55  Path * Category * Confidential Urgency * Description  Browse Clear Please Select V N Normal V	0								
eport Taken dy Print AX letter  Save Submit  Attachment  Cident No. MT/L076606 Claim No. D01  sex Doc. Received ® yes. No upload Date 20/12/2019 15:55  Path * Category * Confidential Urgancy * Description  Browse Clear Please Select V No Normal V  Browse Clear Please Select V Normal V  Browse Clear Please Select V No Normal V  Browse Clear Please Select V Normal V  Browse Clear Please Select V Normal V		The same of the sa		Preferred t	Workshop, Name unknown	Y	GIA report		
Save   Submit	ate Registeres	20/12/2019 15:54	Claim Close Date				Date Received		20/12/2019 00:00
Attachment  Cident No. MT/1076606 Claim No. 001  Extident No. MT/1076606 Upload Date 20/12/2019 15:55  Path * Category * Confidential Urgency * Description  Blowse Cear Please Select V No Normal V Shows Normal V S	eport Taken by	Jackson							
Attachment  Cident No. MT/1076606 Claim No. 001  Extident No. MT/1076606 Upload Date 20/12/2019 15:55  Path * Category * Confidential Urgency * Description  Blowse Cear Please Select V No Normal V Shows Normal V S	Print AK letter	W. C.							
Attachment  Cation No. NT/1076606 CJsm No. 001  Extident No. NT/107660	MS00000000								
Attachment  Cation No. NT/1076606 CJsm No. 001  Extident No. NT/107660			1	Save Sub	mit				
Cate   Peace   Select   V   V   Normal   V	Attachment		8		- A				
Excident No. MT/L076606 Claim No. DD1  ast Doc. Received	ACCESSAGE AND THE								
Path *	9								
Path *	crident No.	MT/1076606	Claim No.		001				
Path *  Category * Confidential Urgency * Description  Browse  Browse  Browse  Dear Please Select V No V Normal V  Browse  Dear Please Select V No V Normal V  Browse  Dear Please Select V No V Normal V									
Browse Cear Please Select V Normal V	EN DOL RECEIVED		upload Date						
Browse   Cear   Please Select   V   V   Normal   V   Browse   Cear   Please Select   V   V   Normal   V   Browse   Cear   Please Select   V   V   Normal   V		Path *	-4/001.02_CT0L0		- Contract C	and the second	The second secon		y * Description *
Browse   Clear   Please Select   V   V   Normal   V    Browse   Clear   Please Select   V   V   Normal   V			Browse.	Clear	Please Select	V	No V N	ormal	V
Browse   Clear   Please Select   V   V   Normal   V   Browse   Clear   Please Select   V   V   Normal   V			Browse	Cear	Please Select	v	THE VIN	ormal	
Browse   Clear   Flease Select   V   Normal   V						200			20012
							100		
Browse   Clear   Please Select   V   No   Normal   V			Browse.			×	I V N	soma)	(Y)
A CONTRACTOR OF THE PARTY OF TH			Browse.	Clear	Please Select	V	199 V N	ormal	V

