Date In: 30 11/19-19:46	re Services	The state of the s	19170849		
1/11/01/10	Job descripti	on	Date &Time Completed	Doi	ne by
Ref No: 49 INCIGO21818/24	SAS e-filin	g			William Control
Veh No: 6214674	E-mail (with	ia 8hrs, AIC 2hrs)			
D.O.A: 27/14/19-10: 10	i-Motor Cl	aim Form	M7/1077603-001	30/14/10	10.00
OD . TP) ' Reporting Only	i-Motor W	O (Within: OD 2hrs			
OB . (17) Reporting Only	i-Photo Up	loaded			
TP Insurer:	Assessment/	Survey Report			
11 1100101.	Ass't Report	by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: Jkl	91162	. INC()/Non-INC()	14	
Owner / Driver: (-	Tel:)	
Policy No: () Pe	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. P: 80-1	00%]	
	Warranty: YES ()/NO()		
	000 ()/\$2,00	the second secon			
General Remarks:-				340 V	
() Walk-In Customer: Customer's info	rmation strictly Co	onfidential & Stri	ctly NO refer of repairer.		-
() Total Loss Case : to e-mail Insure			-		
Drive-In ()/ Towed-In (); Invoice			wing Co. (-	
// /ower in (); invoice	c. IES()/	10 ();10	wing Co: ()
Remarks;- (INC hotline: 6788 6616)			Date&Time Completed	Don	by
1) Apply for Transport Allowance ()/C	Courtesy Car ()	3 5		
2) QC Check / Post Repair Inspection	()	The state of the s		
3) Upload Resurvey Photo [Repair Cost > \$3	(0000)		- CONTRACT	
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Injury:	3000] (Invoice Prep: 1) AR: Accident R 2) DA: Damage As	nration Checklist.	Anic(S)	
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Injury: Date/Time Actions Navou0 Injury:	3000] (1) AR : Accident R 2) DA : Damage As 3) TF : Towing Fee 4) FT : Follow-Thre 5) FT : Follow-Thre For claiming aga 6) TR : Re-inspection	eporting (\$30); sessment (\$100); INC (\$80 \$40/ ough Survey \$ ough Survey (Resurvey) inst INC Only (wef 10 Jan 2005)	Ani((\$)) 19t Bill 345 120 330	Amt (3)
Date/Time Actions Na ~ 000 0 ~ numant's Particulars:- iver/Owner:	(((((((((((((((((((1) AR : Accident R 2) DA : Damage As 3) TF : Towing Fee 4) FT : Follow-Thre 5) FT : Follow-Thre For claiming again	eporting (\$30); esessment (\$100); INC (\$80 \$40/2 ough Survey \$ ough Survey (Resurvey) inst INC Only (wef 10 Jan 2005) on	Ani((5)) [5:Bill) 545 120 530	Amt (1)
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Date/Time Actions Na ~ 000 0 ~ Calmant's Particulars:- iver/Owner: ontact No: maged Portion:	((((((((((((((((((((1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Follow-Thre For claiming aga 6) TR: Re-inspectio 7) N1: Idao DA + S 8) NTUC Additiona OIL* *N5: Courtesy Co *N6: Repair Co-c *N7: Fost Repair *N8: DV / Collect	pration Checklist. seporting (\$30); sessment (\$100); INC (\$80 \$40/2) ough Survey \$200 \$300; sessment (\$100); INC (\$80 \$40/2) ough Survey \$300 \$300; sessment (\$100); INC (\$80 \$40/2) ough Survey \$300 \$300 \$300 \$300 \$300 \$300 \$300 \$30	Anic (\$) 15t Bill 15t Bill 120 130 15t Bill 120 15t Bill 1	Ami (\$)

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.	
Section of the Contract of the Contract of	ACCIDENT STATEMENT
Date Of Report	30/12/2019 09:46
Date Of Accident	27/12/2019 10:20
Exact Location Of Accident	TAMPINES AVE 10 TWDS BEDOK NORTH RD
Country/State of Loss	SINGAPORE
Allegan Titles in the same	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GZ1997Y
Insured/Policyholder	
Name Of Registered Owner	HOE GUAN DESIGN & GENERAL RENOVATION CONTRACTOR
Co Reg No	3XXXX800C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ISUZU
Model	NHR69E
Exact Purpose for which vehicle was being used a time of accident	t 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	THIRD PARTY
Fleet Policy	NO
Policy Number	5027666409-11
Cover Note Number	

-		1.			
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Dilvei	
Name of Driver	RAJKUMAR RAJESHKANNA
Passport No/FIN	GXXXX413U
Date Of Birth	30/06/1989
Occupation	OUTDOOR
Date Of Driving Pass	02/02/2015
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93559234
Fax Number	
Contact Number	OFFICE-93559234
EMail Address	NOEMAIL

Address

BLK 172 HOUGANG AVENUE 1

#12-1443

Postcode

530172

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

3

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO 2

Number of vehicles (including own vehicle)

involved in the accident

YES

Was any body injured in the Accident?

-

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

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

SKZ9116Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name

RAJKUMAR RAJESHKANNA

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

GZ1997Y

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesald.
- 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:
 - (i) 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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or (c) agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- 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.

HOT BUAN DESIGN & GENERAL RENOVATION CONTRA 28 DEFU LANE 4 SINGAPORE 509424 Policyholder's Signature

Driver's Signature

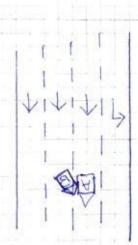
(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Date & Time:



Vehicle A. GZ1997Y Vehicle B: SKZ9116Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ī,	was travelling along Tampines Avenue 10 towards Bedok North Road Lodore
(c) M(c)	ner avenue of on my own lung on Suddenly I felt a have impact from
0	nes avenue don my own line. Do Suddenly I felt a hope impact from sinter side of my vehicle I got down and saw Vehicle 13(5KZ9116Z)
101	to ent cut the my has consider onto the driver size, middle
DI TIL	n of my vehicle.
- 500	
-	
25.55	
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DECLARATION

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

和原設計及裝修工程

Policyholder & GENERAL MENOVATION CONTRACTOR

Policyholder & Superior HE 03 0000G

Driver's Signature

Driver's Signature

Driver's Signature

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



ate of Accident ime of Accident	GZ1997Y Model/Make +502015020
ime of Accident	27/12/2019
	10:20am HRS
ocation of Accident	Tampines Avenue 10 (towards Bedok North Read) Letere tempin
xact purpose use during accid	
lame of Owner	
elephone No.	H/P: Home: Office:
IRIC	
ddress	
laim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTOC
ype of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	
Name of Driver	As Above If No, RAJKUMAR RAJESHKANNA
NRIC	G5166413v Any Passengers: N
Date of birth	30/06/1989
Occupation	Outdoor / Indoor
Oriving License Pass Date	02 Feb 2015
Gender	Male / Female
Contact No.	H/P: 9355 9234 Home: Office:
Address	172 Hougany avenue 1 # 12-1443 5(530172)
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If res, Who? KAJKUMAB RAJES HKANNA
Name And Contact No.	
Name And Contact No.	
Police Report	(No) If Yes, Where?
Vehicle B No.	SKE 9116 Z Any Passengers:
Name of Driver	Contact No.:
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact:
Accident Portion	
Camera Recorder	Yes / No

General							lClaim			
01						• Change	Languag	e • Chan	ge Password	· Log Out
Polic	cy Query									Ÿ
Notice of Loss Policy No.					Date o	of Accident		27/12/2019	10:20	-300
Vehicle	No.(For Motor)	GZ1997	7Y		Certific	cate Number				
				0	Search					
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5027666409- 11		HOE GUAN DESIGN & GENERAL RENOVATION CONTRACTOR	35554800C	GCV	Third Party	GZ1997y	GZ1997Y	18/01/2019	17/01/2020
	Policy N Vehicle Select	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. 5027666409- 11	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number 5027666409- 11	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Select Policy No. Certificate Number Select Policy No. Certificate Number Name HOE GUAN DESIGN 8 GENERAL RENOVATION	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Number Policyholder NRIC Name NRIC HOE GUAN DESIGN 8 GENERAL 11 RENOVATION 35554800C	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Number Folicyholder NRIC Search Sea	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Policyholder Name Number Name HOE GUAN DESIGN 8 GENERAL RENOVATION Solventia State of Accident Certificate Number Search Search	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Policyholder Name Name NRIC Froduct Cover Type No. Select Policy No. Select Policy No. Select Policy No. Certificate Number Name NRIC No. Soloz7666409- 11 Select Policyholder Name NRIC Froduct Cover Type No. O SOloz7666409- 11 RENOVATION RENOVATION RENOVATION Date of Accident Certificate Number Next Number NRIC Product Cover Type No. Yehicle No. Soloz7666409- 11 Select Policy No. Select Policy No. Select Policy No. Certificate Number NRIC No. Select Policy No. Select Policy No. Select Policy No. Certificate Number NRIC No. Select Policy No.	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Policyholder Name Name HOE GUAN DESIGN 8 GENERAL RENOVATION RENOVATION Date of Accident 27/12/2019 Certificate Number Search Search Vehicle No. Cover Type No. Object No. Object Froduct Cover Type No. Object October No. Object Search Searc	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Name NRIC Product Cover Type No. Object Date HOE GUAN DESIGN 8 GENERAL REMOVATION 35554800C GCV Third Party GZ1997Y GZ1997Y 18/01/2019

Sequen	ce Date of Endorsement		Endorsement	Туре	Endorsement	Status	Endorsement Content
	ements						
) Insure	d Object: GZ1997Y	2100,000					
Jnit No.		Relate Numb	d Policy er	5027666409-11			
Address 4			ss Type	Singapore address		Post Code	539485
Address 1	10 DEFU LANE 1	Addre	ss 2	DEFU INDUSTRIAL	ESTATE	Address 3	SINGAPORE 539485
→ Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
nsurance lag	No						
Co-	No						
Agent	JIN AUTO ENTERPRISE	Agent Tel.	62898126		GST Flag	Y	
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	/Inexperience Driver Excess
Additional Excess		OS Premium	0				
Third Party Excess	0	damage Excess	0		Windscreen Excess	0	
Excess Type		All Claims Excess Own					
Policy ssue Date	17/01/2019	Effective Date	18/01/2019	00:00	Expiry Date	17/01/2020 23	::59
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Address	10 DEFU LANE 1 DEFU INDUSTR	AL ESTATE S	INGAPORE 5	39485			
Certificate No.							
Policy No.	5027666409-11	Policyholder Name	HOE GUAN	DESIGN & GENERAL	Policyholder NRIC	35554800C	

ertificate No. olicyholder Name HO roduct Code CO ontact No. (Mobile) 0 mail Address FK ® ACD Protection No Accident Details	027666409-11 DE GUAN DESIGN & GENERAL RENOVATION OMMERCIAL VEHICLE INSURAI	CONTRACTOR Cover Type	GZ1997Y	GST Registration No. Policyholder NRIC
olicyholder Name HO oduct Code CO ontact No.(Mobile) 0 mail Address FK ® CD Protection No Accident Details				Policyholder NRN
oduct Code CO entact No.(Mobile) 0 nail Address K				Policyholder NRIC
ntact No.(Mobile) 0 nail Address K ® ID Protection No Accident Details	DMMERCIAL VEHICLE INSURAL	Cover Type		
nail Address K D Protection No Accident Details			Third Party	Loading
CD Protection No Accident Details		Contact No.(Office)	0	Contact No.(Home)
CD Protection No P Accident Details		Special Remark	2 3	eCode
Accident Details	No () Yes	TCA	® No ○ Yes	eCode Reason
		NCD Entitlement(%)	20	Private Hire
port Date 30				
	0/12/2019 09:57	Accident Report Within 24 hrs	Yes	Accident Type
ite of Accident 27	7/12/2019	Time of Accident hh:mm	10:20	Country of Accident
porting Centre		Orange Force		ICM No.
cident Location TA	AMPINES AVE 10 TWDS BEDOK NORTH RD			
7 Excess				
vn damage Excess	0.00	Additional Excess		Windscreen Excess
named Driver Excess		Outside Singapore OO Excess		
ird Party Excess	0.00	Outside Singapore TP Excess		
7 Benefits				
GST Registered Information	ñ			
T Registered	No		GST Registration Date	
T Registration No.			GST Status Verified	Yes
dification History	30/12/2019 09:58:55 System	changed GST Status Verified from	in NO ID FES	
Policyholder Mailing Addres		200		
	DEFU LANE 1	Address 2	DEFU INDUSTRIAL ESTATE	Address 3
dress 4		Address Type	Singapore address	Post Code
Ht No.		Related Policy Number	5027666409-11	
OI Driver Info		Yell Distance	100000000000000000000000000000000000000	
	nnamed Driver	Driver Type	Unnamed Driver	D DOD
	AJKUMAR RAJESHKANNA	Driver NRIC	GXXXX413U	Driver DOB
:	2/02/2015	Driver Age	30	Driving Experience
	3559234	Contact No.(Office)	0	Contact No.(Home)
Idress 1 BL	LK 172	Address 2	HOUGANG AVENUE 1	Address 3
Idress 4		Address Type	Singapore address	Post Code
	2-1443			
oes he own a Singapore ogistered car?	Yes ® No	Driver Vehicle No.		Driver Insurer Company
claration				
reathalyser or Blood Test 0 reading?	mg	Any injury?	Yes ○ No	
differation biletone				
diffication History				
Claim 001 New				
aim Type *	D-MX	Insured Name	HOE GUAN DESIGN & GENERAL	Insured NRIC
ontact No.(Mobile)		Contact No.(Home)		Contact No.(Office)
nail Address		OI Vehicle Number	GZ1997Y	TP Vehicle Number
	lease Select	Type of Benefit *	Please Select	
aimant Name *	>>	Claimant NRIC *		
	155			1
elmant Address	71007V / SV701167 ON 32 C 3010			Name of Preferred Worksh
	Z1997Y / SKZ9116Z ON 27 Dec 2019	NAME OF THE PARTY		J marrie or Presented Workshi
eferred Warkshap Contact		Insured Liability *	Not at Fault	
equire Finalisation Ye	ės 🗸	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report
ate Registered 30	0/12/2019 09:59	Claim Close Date		Date Received
eport Taken By	eckson			
ZI Print AK letter				

		Display in New Wind	iow	Scan and uploading	9		
	Uploaded By/Date Folder Date		File Name	e		9	Sou
						Or .	
-	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Dec 2019 09:59	Photos		Normal		Photos 201	9-12-30
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Dec 2019 09:59	Photos		Normal		Photos 201	9-12-30
	NAC_PAYA_UBI_BOD601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Dec 2019 09:59	Photos		Normal		Photos 201	9-12-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Dec 2019 09:59	Photos		Normal		Photos 201	9-12-30
200	NAC_PAYA_UBI_800501(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 30 Dec 2019 09:59	Photos		Normal		Photos 201	9-12-30
000	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Dec 2019 09:59	Photos		Normal		Photos 201	9-12-30
5	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Dec 2019 10:00	Photos		Normal		Photos 201	9-12-30
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Dec 2019 10:00	Photos	12	Normal		Photos 201	9-12-30
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60	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Dec 2019 10:00	SAS		Normal		5AS 2019	-12-30
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1000	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Dec 2019 10:00	NRIC/ Driving License	Y	Normal		NRIC/ Driving Licer	nse 2019-12-
	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Dec 2019 10:00	NRIC/ Driving License	Y	Normal		NRIC/ Driving Licer	nse 2019-12-
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