|  |                 |  | NAINUUT 174  | 1  |          |
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|  | Jeb description | n  | Date & Time Completed  | Done   | e py.    |
| Res No: Ha Jucrosootisty   | SAS e-filing    |  |  |  |          |
| Veh No: GBD14077   | E-mail (within  | shrs, AIC 2hrs)  |  |  |          |
| D.O.A: (1)1/10-10:50   | i-Motor Cla     | im Form  | M711579677-201   | 13/1/20 11   | 128      |
| OD TP Reporting Only   | i-Motor W/0     | O (Within: OD 2hr:   |  |  |          |
| OB THE REPORTING ONLY  | i-Photo Uplo    | paded  |  |  |          |
| TP Insurer:  | Assessment/S    | urvey Report   |  |  |          |
|  | Ass't Report l  | by Fax / Hand t  | o Owner/Wksp   |  | ***      |
| Preferred Wksp / INC Assign Wksp / QW: (   |                 |  | Tol:   | Fax:   |          |
| TP Particulars: Veh No: 49394)   | ц .             | INC (  | )/Non-INC( )   |  | resident |
| Owner / Driver: (  | n               |  | Tel:   | )  |          |
| Policy No: ( ) Period:   | : (             | )  | Cover Type: (  | )  |          |
| Confirmed by : (   |                 | Date:  | Time:  | )  |          |
| Insured/Driver Liability: ( %) [Note   | -Est. Status (\ | WO): N: 0-20   | %; P: 21-79%. P: 80-   | 100%]  |          |
| Year of Registration: ( ) Warr   | ranty: YES (    | )/NO(  | )  |  |          |
| Excess: (\$ ) Loading: \$1,000 (   | )/\$2,000       | ( )  |  |  |          |
| General Remarks:-  | F               | and the same of the same   |  | 195 V  |          |
| ( ) Walk-In Customer : Customer's informati  | ing at interest |  |  |  | -        |
|  |                 | niidentiai & Str   | icuy NO rater di repatter.   |  |          |
| ( ) Total Loss Case : to e-mail Insurer Ul   |                 |  |  |  |          |
| Drive-In ( )/ Towed-In ( ); Invoice: YE  | ES ( ) / N      | 40 ( ) ; To  | owing Co: (  |  | )        |
| Remarks: (INC hotline: 6788 6616)  |                 |  |  | THE RESERVE AND ADDRESS OF THE PARTY AND ADDRE |          |
|  |                 |  | Date&Time Completed  | Done   | by       |
|  | esv Car (       | )  | Date&Time Completed  | Done   | by       |
| 1) Apply for Transport Allowance ( )/Court   | esy Car (       | )  | Date&Time Completed  | Done   | by       |
| Apply for Transport Allowance ( )/Court     QC Check / Post Repair Inspection  | ( )             | )  | Date&Time Completed  | Done   | by       |
| 1) Apply for Transport Allowance ( ) / Court 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  | ( )             | )  | Date&Time Completed  | Done   | by       |
| Apply for Transport Allowance ( )/Court     QC Check / Post Repair Inspection  | ( )             | )  | Date& Fime Completed   | Done   | by       |
| 1) Apply for Transport Allowance ( ) / Courts 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  | ( )             |  |  |  |          |
| 1) Apply for Transport Allowance ( ) / Courts 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  | ( )             | )  | Date& Fime Completed   |  |          |
| 1) Apply for Transport Allowance ( ) / Courts 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  | ( )             | )  |  |  |          |
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| 1) Apply for Transport Allowance ( ) / Courts 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions   | ( )             |  |  |  |          |
| 1) Apply for Transport Allowance ( ) / Courts 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions   | ( )             | Invoice Prep   | aration Checklist.   |  | Ami(S    |
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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 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,   |  |
|--|--|
| the second disease in the beautiful in the contract  | ACCIDENT STATEMENT                     |
| Date Of Report   | 13/01/2020 10:48                       |
| Date Of Accident   | 11/01/2020 10:50                       |
| Exact Location Of Accident   | LOR 23 GEYLANG                         |
| Country/State of Loss  | SINGAPORE                              |
| And the second s | DETAILS OF OWN VEHICLE                 |
| Vehicle Registration Number  | GBD1407J                               |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | FUYUAN FOOD & TRADING                  |
| Co Reg No  | 5XXXX782W                              |
| Email Address  | NOEMAIL                                |
| Mobile Phone No  |  |
| Alternative Phone No   | OFFICE-89999999                        |
| Vehicle Particulars  |  |
| Manufacturer   | ТОУОТА                                 |
| Model  | TOYOTA HIACE VAN TURBO 5 DR MANUAL     |
| 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  | 5076999566-03                          |
| Cover Note Number  |  |
| Driver   |  |

EMail Address

| Name of Driver       | LI ZHONGCHENG        |
|----------------------|----------------------|
| NRIC No              | SXXXX376C            |
| Date Of Birth        | 06/04/1972           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 16/03/2011           |
| Driving Experience   | 8 YEARS AND 9 MONTHS |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-90129751 |
| Fax Number           |                      |
| Contact Number       | OFFICE-90129751      |

NOEMAIL

Address

705 BEDOK NORTH ROAD

#09-3446

Postcode

470705

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

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)

NO

**Details of Police Action** 

Was the accident reported to the police?

NO

1

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

**YP394H** 

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver NRIC/Passport Number YONG XIAOFEI GXXXX318L

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 14

#### 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:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

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

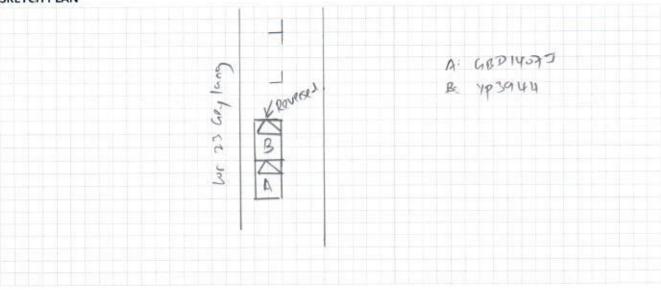
Lizhong Cheng

Date & Time:

Reporting Centre Personnel's Signature Name:

NO. O. C.

NRIC/FIN No.:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| refer to | slatement. |  |  |
|----------|------------|--|--|
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### DECLARATION

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

Policyholder's Signature Date & Time:

Li 2hong cheng Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY PARKED ALONG THE STATED VENUE. SUDDENLY VEHICLE B REVERSED AND HIT ONTO MY STATIONARY VEHICLE FRONT PORTION.

# ACCIDENT STATEMENT

| ACCIDENT DATE: (1) / 1/19 )(DD/MM/YYYY), TIME: (12:50) (HH:MM  |
|--|
| LOCATION: Loc 27 GRYLLING  |
| 1. DETAILS OF VEHICLE  |
| a) VEHICLE NUMBER: GEP 1407 1  |
| DINSURANCE COMPANY: NTO  |
| CIPOLICY NUMBER: 507 (995 66-01.   |
| dIPOLICY TYPE: (COMPREMENDED)  |
| d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)   |
|  |
| F)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)  |
| hippost of water Commercial, MOTORCYCLE  |
| A A A C I DENT TIME  |
| IF NO. PLEASE STATE (THIRD BARTY CONTINUE (YES/NO)-  |
| IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER   |
| AINAME EN MARIO GUARI & Tradica  |
| DINRIC/FIN/PASSPORT  |
| C)ADDRESS:CONTACT:_Qolv 9351   |
|  |
| * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER   |
| There are priver   |
| ( In al. I. I. OlNAME: 15 Thomas of the  |
| DINRIC/FIN/PASSPORTY JOAN [MALE / FEMALE]  |
| CIADDRESS:CONTACT:   |
|  |
| *d) DATE OF BIRTH: (6/4/197) (DD/MM/YYYY)  |
| OF COUNTY OF THE PROPERTY OF T |
| TYTEARS OF DRIVING EXPREDIENCE.  |
| 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO)  |
| TO THE DESIGNATION OF THE DESIGN |
| S. GIVEATHER CONDITION: (CITEAR / RAINING / OTHERS   |
| b)ROAD SURFACE: (DRY / WET / OTHERS  |
| 6. WAS ANYBODY INJURED (YES / 10)  |
| 7. a) REPORTED TO POLICE (YES / NO   |
| IF YES, PLEASE STATE WHICH POLICE STATION:   |
| No of passanger of VEHICLE NUMBER: 19394 17  |
|  |
| (1) DRIVER'S NAME: VONO XIGO FEI  C) NRIC/FIN/PASSPORT: GSIEVAIS CONTACT:  |
| C) NRIC/FIN/PASSPORT: 3 GS15V318 CONTACT:  |
| d) VEHICLE NILABED   |
| af passanger e) DRIVER'S NAME:   |
| A NORTH CANADA CONTRACT OF A NORTH CONTRACT OF |
| ( ) NRIC/FIN/PASSPORT:CONTACT:   |
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| eBaoTech                |         |                   |                       |                          |                      |         |               |                |                   | Genera           | lClaim      |
|-------------------------|---------|-------------------|-----------------------|--------------------------|----------------------|---------|---------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80  | 0601    |                   |                       |                          |                      |         | · Change L    | anguage        | + Change          | e Password       | • Log Ou    |
| My Desktop              | Poli    | cy Query          |                       |                          |                      |         |               |                |                   |                  | - 6         |
| Notice of Loss<br>Polic |         | No.               |                       |                          |                      | Date    | of Accident   | 11/            | 01/2020 10        | :50              |             |
|                         | Vehicle | No.(For Motor)    | GBD14                 | 073                      |                      | Certifi | cate Number   |                |                   |                  |             |
|                         |         |                   |                       |                          | 8                    | Search  |               |                |                   |                  |             |
|                         | Select  | Policy No.        | Certificate<br>Number | Policyholder<br>Name     | Policyholder<br>NRIC | Product | Cover Type    | Vehicle<br>No. | Insured<br>Object | Commence<br>Date | Expiry Date |
|                         | 0       | 5076999566-<br>03 |                       | FUYUAN FOOD<br>& TRADING | 53175782W            | GCV     | Comprehensive | GBD1407J       |                   |                  | 14/01/2020  |
|                         | 0       |                   |                       |                          |                      | GCV     | Comprehensive | GBD14073       | GBD1407J          | 15/01/2019       | 14/0        |

| Sequen                | ce Date of Endorsement     | 8                                       | Endorsement     | Type              | Endorsement          | Status       | Endorsement Content          |
|-----------------------|----------------------------|---|-----------------|-------------------|----------------------|--------------|------------------------------|
| □ Endors              | ements                     |   |                 |                   |                      |              |                              |
| ▶ Insure              | d Object: GBD1407J         |   |                 |                   |                      |              |                              |
| Jnit No.              | 09-3446                    | Relate<br>Numb                          | ed Policy<br>er | 5076999566-04     |                      |              |                              |
| Address 4             |                            |   | ss Type         | Singapore address |                      | Post Code    | 470705                       |
| Address 1             | BLK 705 #09-3446           | Addre                                   | ss 2            | BEDOK NORTH ROA   | AD                   | Address 3    | SINGAPORE 470705             |
| Policyh               | older Mailing Address      |   |                 |                   |                      |              | ALULANA AND HALLANDA         |
| Certificate<br>Info   |                            |   |                 |                   |                      |              |                              |
| Open<br>Policy Info   |                            |   |                 |                   |                      |              |                              |
| nsurance<br>Flag      | No                         |   |                 |                   |                      |              |                              |
| Co-                   |                            | 338000000000000000000000000000000000000 |                 |                   |                      | 100          |                              |
| DD Excess<br>Agent    | ABWIN PTE LTD              | TP Excess Agent Tel.                    |                 |                   | GST Flag             | Y            |                              |
| Outside<br>Singapore  |                            | Outside<br>Singapore                    |                 |                   |                      | Young        | g/Inexperience Driver Excess |
| Additional<br>Excess  |                            | OS<br>Premium                           | 0               |                   |                      |              |                              |
| Third Party<br>Excess |                            |   | 600             |                   | Windscreen<br>Excess | 100          |                              |
| Excess<br>Type        |                            | All Claims<br>Excess                    |                 |                   |                      |              |                              |
| Policy<br>ssue Date   | 19/12/2018                 | Effective<br>Date                       | 15/01/2019      | 00:00             | Expiry Date          | 14/01/2020 2 | 3:59                         |
| Product<br>Name       | COMMERCIAL VEHICLE INSURAI | Plan                                    | Nan             |                   | Group<br>Policy Flag | N            |                              |
| Address               | BLK 705 #09-3446 BEDOK NOR | TH ROAD SIN                             | GAPORE 470      | 705               |                      |              |                              |
| Certificate<br>No.    |                            |   |                 |                   |                      |              |                              |
| Policy No.            | 5076999566-03              | Policyholder<br>Name                    | FUYUAN FO       | OD & TRADING      | Policyholder<br>NRIC | 53175782W    |                              |

| Claim Handling   |                              |                                  |  |                         |  |   |                           |         |                   |                  |
|--|------------------------------|----------------------------------|--|-------------------------|--|---|---------------------------|---------|-------------------|------------------|
| Accident MT/1079697  |                              |                                  |  |                         |  |   |                           |         |                   |                  |
| Policy No.   | 5076999566-03                |                                  | Vehicle No.  | GBD1407                 |  |   | GST Registration          | No.     |                   |                  |
| Certificate No.  |                              |                                  |  |                         |  |   | STATE STATE OF THE SECOND |         |                   |                  |
| Policyholder Name  | FUYUAN FOOD & TRADING        |                                  |  |                         |  |   | Palicyholder NR3C         |         | 53175             | 782W             |
| Product Code   | COMMERCIAL VEHICLE INSUR     | IAI.                             | Cover Type   | Compreh                 | nsive                                    |   | Loading                   |         | 0                 |                  |
| Contact No.(Mobile)  | 0                            |                                  | Contact No.(Office)  | 0                       |  |   | Contact No CHome          | 2)      | D                 |                  |
| timas Address  |                              |                                  | Special Remark   |                         |  |   | eCode                     |         | -                 |                  |
| KFK  | ® No ○ Yes                   |                                  | TCA  | ® No ○                  | res                                      |   | eCode Reason              |         |                   |                  |
| NCD Protection   | No.                          |                                  | NCD Entitlement(%)   | 30                      |  |   | Private Hire              |         | No                |                  |
| → Accident Details   |                              |                                  |  |                         |  |   |                           |         |                   |                  |
| Report Date  | 13/01/2020 11:27             |                                  | Academ Report Within 24 hrs  | Yes                     |  |   | Accident Type             |         | Damag             | ed whilst parked |
| Date of Accident   | 11/01/2020                   |                                  | Time of Accident inhomin   | 10:50                   |  |   | Country of Acode          | nt      | Singap            | ore              |
| Reporting Centre   |                              |                                  | Grange Forte   |                         |  |   | ICM No.                   |         |                   |                  |
| Accident Location  | LOR 23 GEYLANG               |                                  |  |                         |  |   |                           |         |                   |                  |
| □ Excess   |                              |                                  |  |                         |  |   |                           |         |                   |                  |
| Own damage Excess  | 600.0                        | 00                               | Additional Excess  |                         |  |   | Windscreen Exces          | 5       | 100.00            | <u> </u>         |
| Unnamed Oriver Excess  |                              |                                  | Outside Singapore OD Excess  |                         |  |   |                           |         |                   |                  |
| Third Party Excess   | 0.1                          | 00                               | Outside Singagore TP Excess  |                         |  |   |                           |         |                   |                  |
| ⇒ Benefits   |                              |                                  |  |                         |  |   |                           |         |                   |                  |
| GST Registered Informa   |                              |                                  |  |                         |  |   |                           |         |                   |                  |
| SST Registered<br>SST Registration No.   | Yes<br>M903709240            |                                  |  |                         | T Registration Date<br>T Status Venified |   | 13/06/20<br>Yes           | 016     |                   |                  |
| Modification History   | 13/01/2020 1<br>13/01/2020 1 | 1:28:10 System<br>1:28:10 System | changed GST Registered from No.<br>changed GST Registration No. fro<br>changed GST Registration Date f   | o to Yes<br>om nus to M | 90370924P                                |   | 1,100                     |         |                   |                  |
| Policyholder Mailing Ad  | dress                        |                                  |  |                         |  |   |                           |         |                   |                  |
| Address 3  | BLK 705 #09-3446             |                                  | Address 2  | BEDOK N                 | DADR HTRO                                |   | Address 3                 |         | SINGA             | PORE 470705      |
| Address 4  |                              |                                  | Address Type   | Singapore               | address                                  |   | Post Code                 |         | 47070             | 5                |
| Unit No.   | 09-3445                      |                                  | Related Policy Number  | 50769995                | 56-04                                    |   |                           |         |                   |                  |
| ⇒ DI Driver Info   |                              |                                  |  |                         |  |   |                           |         |                   |                  |
| Driver Name  | Unnamed Driver               |                                  | Driver Type  | Unnamed                 |  |   |                           |         |                   |                  |
| Unnamed driver Name  | LI ZHONGCHENG                |                                  | Driver NRIC  | \$000037                | ic .                                     |   | Driver DOB                |         | 06/04/            | 1972             |
| Register Date of Driver License  |                              |                                  | Driver Age   | 47                      |  |   | Driving Experience        |         | 8                 |                  |
| Contact No.(Mobile)  | 90129751                     |                                  | Contact No.(Office)  | 0                       |  |   | Contact No. (Home         | 1)      | ¢                 |                  |
| Address 1  | BLK 705                      |                                  | Address 2  |                         | RTH ROAD                                 |   | Address 3                 |         |                   | PORE 470705      |
| Address 4  | 09-3446                      |                                  | Address Type   | Singapore               | andress                                  |   | Post Code                 |         | 470705            |                  |
| Unit No.  Does he own a Singapore.   |                              |                                  | 2000000000000  |                         |  |   |                           |         |                   |                  |
| Registered car?  | ○ Yes ® No                   |                                  | Driver Vehicle No.   |                         |  |   | Driver Insurer Cor        | npany   |                   |                  |
| Declaration  |                              |                                  |  |                         |  |   |                           |         |                   |                  |
| Breathalyser or Blood Test   | 0 mg                         |                                  | Any injury?  | ○ Yes (€)               | No                                       |   |                           |         |                   |                  |
| Reading?   | 153                          |                                  |  |                         |  |   |                           |         |                   |                  |
|  |                              |                                  |  |                         |  |   |                           |         |                   |                  |
| Modification History   |                              |                                  |  |                         |  |   |                           |         |                   |                  |
| Claim 001 New  |                              |                                  |  |                         |  |   |                           |         |                   |                  |
|  |                              |                                  |  |                         |  |   |                           |         |                   |                  |
| Claim Type *   | ОО-МК                        | 2                                | Insured Name   | P NI NE P               | OOD & TRADING                            |   | Insured NRIC              |         | 531757            | 1074             |
| Contact No.(Mobile)  | Tone and 12                  | 2                                | Contact No.(Home)  | FUTUANT                 | JOD & HOLDING                            |   | Contact No. (Office       |         | 531/5             | e5w              |
| Email Address  |                              |                                  | Of Whick Number  | G8D1407                 |  |   | TP Vehicle Numbe          |         | YP394r            |                  |
| Claimant Type Claimant Type *  | Please Select                | 7                                | Type of Benefit *  | Please Se               |  |   | ir renderance             |         | 11-2341           |                  |
| Claimant Name +  |                              | 22                               | Claimart NRIC *  | 170070 90               |  |   |                           |         |                   |                  |
| Claimant Address   |                              | 1.77                             | NORTH CONTRACTOR OF THE PARTY O |                         |  |   |                           |         |                   |                  |
| Claim Description  | GBD1407) / YP394H ON 11 Ja   | n 2020                           |  |                         |  | - | Name of Preferred         | Worksho | 0                 |                  |
| Preferred Workshop Contact<br>No.  |                              |                                  | Insured Liebrity *   | Not at Fac              |  |   |                           |         |                   |                  |
| Require Finalisation   | Yes                          | 7                                | Preferend Repair Option  | Preferred               | Workshop, Name unknown                   | Y | GIA report                |         | Receive           | ed v             |
| Date Registered  | 13/01/2020 11:28             |                                  | Claim Close Date   |                         | -10.00                                   |   | Date Received             |         | 13/01/0           | 2020 00:00       |
| Report Taken By  | Jackson                      |                                  |  |                         |  |   |                           |         |                   |                  |
| 2 Print AK letter  |                              |                                  |  |                         |  |   |                           |         |                   |                  |
|  |                              |                                  |  | Spinosen Water          | scionial                                 |   |                           |         |                   |                  |
|  |                              |                                  |  | Save Su                 | xmit.                                    |   |                           |         |                   |                  |
| Attachment   |                              |                                  |  |                         |  |   |                           |         |                   |                  |
| 9  |                              |                                  |  |                         |  |   |                           |         |                   |                  |
| Acodent No.  | MT/1079697                   |                                  | Claim No.  |                         | 001                                      |   |                           |         |                   |                  |
| Last Doc. Received   | ● Yes ○ No                   |                                  | Uplead Date  |                         | 13/01/2020 11:29                         |   |                           |         |                   |                  |
| SON THE SERVICE STATE OF THE S | Path *                       |                                  | 5700,47415   |                         | Category *                               |   | Confidential              | Urn     | ency +            | Description *    |
|  |                              |                                  | Browse.  | Clear                   | Piesse Select                            | ¥ |                           | Norma   | The second second |                  |
|  |                              |                                  | Browse.  | 1029130                 | Please Select                            | v |                           | -       |                   |                  |
|  |                              |                                  | Browse.  | -                       | Please Select                            | V | _                         | Norma   | - many            |                  |
|  |                              |                                  | Browse.  |                         | Please Select                            | V | _                         | -       |                   |                  |
|  |                              |                                  | Browse   |                         | Please Select                            | v |                           | Norma   |                   |                  |
|  |                              |                                  | Browse.  |                         | Please Select                            | 4 |                           | Norma   |                   |                  |
| The state of the s |                              |                                  |  | manual Manual Control   | Answere St                               | - |                           | 100000  | 100               | Send Message     |
|  |                              |                                  |  |                         |  |   |                           |         |                   |                  |
| ₩ Attachment List  |                              |                                  |  |                         |  |   |                           |         |                   | 32,919,000,000   |
|  |                              |                                  |  |                         |  |   |                           |         |                   | Msg Sent?        |

|            |  |   | Display in New Windo  | W        | Scan and uploading |               |                   |      |
|------------|--|---|-----------------------|----------|--------------------|---------------|-------------------|------|
|            | Uploaded By/Date   | Folder Date                                     | ,                     | lle Name |                    | ?             | Source            | Acto |
| Video List | CES) en 13   | Jan 2020 11:28                                  |                       |          |                    |               |                   |      |
| No. of     | NAC PAYA UBI 800601( NATIO   | ONAL ASSESSMENT CENTRE SERVI                    | Photos                |          | Normal             |               | s 2020-1-13       |      |
| 0.         | QES) on 13   | ONAL ASSESSMENT CENTRE SERVI<br>Jan 2020 11:28  | Photos                |          | Normal             | Photo         | s 2020-1-13       |      |
| 0          |  | DNAL ASSESSMENT CENTRE SERVI<br>Jan 2020 11:28  | Photos                |          | Normal             | Photo         | x 2020-1-13       |      |
| =          |  | ONAL ASSESSMENT CENTRE SERVI<br>Jan 2020 11:28  | Photos                |          | Normal             | Photo         | s 2020-1-13       |      |
| 1          |  | ONAL ASSESSMENT CENTRE SERVI-<br>lan 2020 11:28 | Photos                |          | Normal             |               | e 2020-1-13       |      |
| 1          | NAC_PAYA_UBJ_800601( NATIONAL ASSESSMENT CENTRE SERVI<br>CES) on 13 Jan 2020 11:28 |   | Photos                |          | Normal             | Photo         | s 2020-1-13       |      |
|            |  | ONAL ASSESSMENT CENTRE SERVI<br>Jan 2020 11:29  | Photes                |          | Normal             | Photo         | s 2020-1-13       |      |
|            |  | ONAL ASSESSMENT CENTRE SERVI<br>Jan 2020 11:29  | Photos                |          | Normal             | Photo         | s 2020-1-13       |      |
| THE PARTY  |  | ONAL ASSESSMENT CENTRE SERVI<br>Jan 2020-11-29  | Photos                |          | Normal             |               | s 2020-1-13       |      |
| 603        | NAC PAYA_UBI_800601[ NATIO<br>CES) on 13   | ONAL ASSESSMENT CENTRE SERVI<br>Jan 2020 11:29  | SAS                   |          | Normal             | SAS           | 2020-1-13         |      |
| #16 t      |  | ONAL ASSESSMENT CENTRE SERVI<br>Jan 2020 11 29  | NR3C/ Driving License | Ÿ        | Normal             | NRIC/ Driving | License 2020-1-13 |      |
| Utachment  |  | ed By/Date                                      | Category              | ?        | urgency            | 76.           | scription         |      |