Date In: 13/2/20-13:49		MN41200-32036	
	Jeb description	Date & Time Completed	Done by
Res No: Majirtensos ser fry	SAS e-filing		
Veh No: Jugania	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 1/2/20-19:20	i-Motor Claim Form	10-68088 c1 [CM	13/3/20 14:00
by .	i-Motor W/O (Within: OD 2h		77-14-16
OD : TP ! Reporting Only	i-Photo Uploaded	<u> </u>	
	Assessment/Survey Report		
TP Insurer:	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (ax:
TP Particulars: Veh No: XR	TRYSIC INC (•••
Owner / Driver: (3 (3)	Tel:	<u> </u>
Policy No: ()	Period: (Cover Type: (
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	10%; P: 21-79%. P: 30-1	00%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$1		<u> </u>	
General Remarks:		2 manual (1864 185) (Bas as a second
() Walk-In Customer : Customer's int		aladi NO safa a afaa ahaa ahaa	S. 699 - 35 - 3
() Total Loss Case : to e-mail Insu		nctly NO refer of repairer.	
Enve-in ()/ / owed-in (); involu	ce: YES() / NO(); T	owing Co: (
Remarks: (INC hotline: 6788 6616)		Date&Turio Complets4	Done by
Apply for Transport Allowance ()/	Courtesy Car ()		12
The state of the s		*	
2) QC Check / Post Repair Inspection	()		
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > 5]	()		
3) Upload Resurvey Photo [Repair Cost > \$	()		
	()		
3) Upload Resurvey Photo [Repair Cost > \$ Injury:			
3) Upload Resurvey Photo [Repair Cost > \$ Injury:			
3) Upload Resurvey Photo [Repair Cost > \$ Injury:			
3) Upload Resurvey Photo [Repair Cost > \$ Injury:			
3) Upload Resurvey Photo [Repair Cost > \$ Injury:			
3) Upload Resurvey Photo [Repair Cost > \$ Injury:			
Date/Time Actions			
Date/Time Actions		paration Checklist.	Ant (5) Ant (5
Injury: Actions Actions	Invoice Pre	paration Checklist Reporting (\$30);	Anit (5) Anit (5)
Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions MA Lange 4 Limant's Particulars:	Invoice Pre 1) AR: Accident 2) DA: Damege	Daration Checklist. Reporting (\$30); Assessment (\$100); INC (\$80	Ant (5) Ant (5) Add Bil
Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions MA WOWIT	Invoice Pre 1) AR: Accident 2) DA: Damego 3) TF: Towing F 4) FT: Follow-Ti	Daration Chrcklist Reporting (\$30); Assessment (\$100); INC (\$80 ce \$40/00)	Amt (5) Amt (5) 15t Bill Add Bil 1545 120
Upload Resurvey Photo [Repair Cost > \$ Injury : Date/Time Actions MA Land 7 uimant's Particulars :- ver/Owner:	Invoice Pre 1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti	Paration Chrcklist Reporting (\$30); Assessment (\$100); INC (\$80 ce \$40/00) Arough Survey \$100 ce \$40/00 ce	Amt (5) Amt (5) Amt (5) Add Bil
MA Lamia Jament's Particulars: ver/Owner:	Invoice Pre 1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti	Daration Chrcklist Reporting (\$30); Assessment (\$100); INC (\$80 se \$40/ brough Survey \$ brough Survey (Resurvey) geinst INC Only (wef 10 Jan 2005)	Amt (5) Amt (5) 15t Bill Add Bil 1545 120
MA Lamia Jament's Particulars: ver/Owner:	Invoice Pred 1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming at 6) TR: Re-inspec 7) N1: Idae DA:	Daration Chrcklist Reporting (\$30); Assessment (\$100); INC (\$80 oe \$40/0 orough Survey \$ strough Survey (Resurvey) Rejust INC Only (wef 10 Jan 2005) tion SMRT Survey \$ \$	Ant (5) Ant (5) 13t Bill Add Bil 120 130
Opload Resurvey Photo [Repair Cost > S Injury: Oute/Time Actions	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Addition	Daration Chrcklist Reporting (\$30); Assessment (\$100); INC (\$80 oe \$40/0 orough Survey \$ strough Survey (Resurvey) Rejust INC Only (wef 10 Jan 2005) tion SMRT Survey \$ \$	Ant (5) Ant (5) 15t Bill Add Bil 120 130
MA Lamia Jament's Particulars: ver/Owner:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idae DA: 5) NTUC Additio	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$80 oe \$40/2 of the cough Survey (Resurvey) goinst INC Only (wef 10 Jan 2003) of the cough Survey (\$80 of the cough Survey \$80 of the cough Survey (\$80 of the cough Survey \$80 of the cou	Amit (5) Amit (5) 1st Bill Add Bil 1s45 120 130 160
Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Umant's Particulars: ver/Owner: ntact No: maged Portion:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idae DA: 5) NTUC Additio	Paration Chrcklist. Reporting (\$30); Assessment (\$100); INC (\$80 os \$40/0 or one) Arough Survey (Resurvey) Rejust INC Only (wef 10 Jen 2005) Ition SMRT Survey \$100 or one) SMRT Survey \$100 or one) SMRT Survey \$100 or one) The Allowance or ordination	Ant (5) Ant (5) [15t Bill Add
Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions MA Lange Actions umant's Particulars: ver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OI)* *N5: Courtesy *N6: Repair Cc *N7: Fost Repair	Paration Chrcklist Reporting (\$30); Assessment (\$100); INC (\$80 os \$40/000 os \$40/0000 os \$40/000 os \$40/000 os \$40/000	Ant (5) Ant (5) (5) Bill Add Bil (65) (60) (55) (60) (55)
Deload Resurvey Photo [Repair Cost > S Injury: Pate/Time Actions MA Lamia umant's Particulars: ver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge): ditors' Comments::	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Fellow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OD: *N5: Courtesy *N6: Repair Cc *N7: Fost Repair Cc *N7: Fost Repair Cc *N7: Fost Repair Cc	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$80 ee \$40/\$ Arough Survey (Resurvey) Rejust INC Only (wef 10 Jan 2005) Itolon SMRT Survey \$100 Jan 2005) Total Services: Car / Tpt Allowance I-ordination Int Inspection Rect Excess Coordination	Ant (5) Ant (5) (5) Bill Add Bil (60) (55) (50) (50) (50)
Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions MA Lange Actions umant's Particulars: ver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Fellow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OD: *N5: Courtesy *N6: Repair Cc *N7: Fost Repair Cc *N7: Fost Repair Cc *N7: Fost Repair Cc	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80 ee \$40/200); Paration Survey (Resurvey) Rejust INC Only (wef 10 Jan 2005); Rejust INC Only (Amt (5) Amt (5) 15t Bill Add Bil 1545 120 130 1575 160 155

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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,

By the lodgement of this report to the insurers, you hereby cons aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
建设设施 在14000000000000000000000000000000000000	ACCIDENT STATEMENT
Date Of Report	13/03/2020 13:49
Date Of Accident	12/03/2020 19:20
Exact Location Of Accident	SAMPAN PLACE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGU3123R
Insured/Policyholder	
Name Of Registered Owner	FAST CAR RENTAL PTE LTD
Co Reg No	2XXXXX918G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ESTIMA 2.4 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken PRIVATE HIRE Vehicle Category

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

THIRD PARTY Type Of Coverage

Fleet Policy NO

5109154819 Policy Number

Cover Note Number

Driver

ZAILAN BIN YAHYA Name of Driver

NRIC No SXXXX646I Date Of Birth 04/06/1979 Occupation OUTDOOR 07/12/2009 Date Of Driving Pass

10 YEARS AND 3 MONTHS Driving Experience

MALE

(LOCAL) +65-87429975 Mobile Number

Fax Number

OFFICE-87429975 Contact Number

NOEMAIL **EMail Address**

BLK 9 JALAN BATU Address

#04-41

431009 Postcode

Was driver an employee of the Insured's Company

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

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

0

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

XB5833K Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

83137063 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 18

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.
- 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 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:
 - (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 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) tor complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

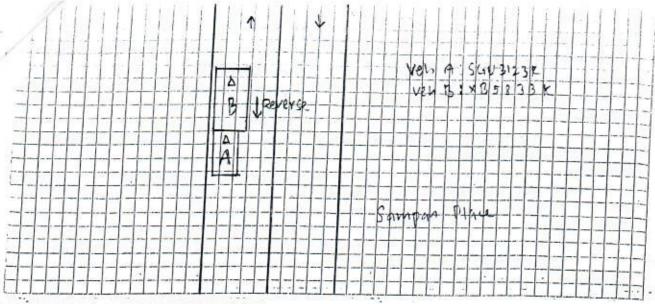
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personn s Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date,	
my car (Ven A: SGU 3123R) was parked at Sampan Place.	1
had just alighted my can when I heard a loud band. I no	16/16
a truck (Ven B: xB 5833K) had reversed and collided onto my	from
bumper. The long driver alignted to apologise and check for dam	616
As I do not have in - car camera, I requested Ven B's drive	ev .
to write down black and white admitting to his fault, which he ag	rood
and signed eff.	
The St.	
	-

DECLARATION

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

Policyholder menature

Date & Time:

Driver's Signature

(II driver is not the policyholder)

Date & Time:

Reporting Centre Personnel Signature

Name: NRIC/FIN No.:

STORE STANFFRANCISM XXX

I ME HENG-CHYE LAI REVERSE MY LORRY OF PLATE NO X3 5833K

AND HIT CAR PLATE NO SEU 3123 R FRONT BONNET. THERE IS A DEMAGE
INFRONT OF THE CAR. I ADMIT I AM WEONERY REPORTS REVERSING.

THENDENT: 12 MARCH 2020

= 7-20 PM

Koh-

Date of Accident	12/03/2020 Accident Time: 1920 (24-HR-Format)
Accident Place	: Sampan Place
Vehicle Reg. No. (Car Plate No.)	: SGU 3123 R
Vehicle Make/Model	: Toyota Estima
Insurance Company	: VTUL Policy No.
Owner or Company Name /IC No.	: Jun Express Groups Pte Hel 2014 207284
Owner or Company Contact No.	Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Zailan Bin Yanya 57 915646 Z
DRIVER'S Date Of Birth	: 04/06/1979 DRIVER'S License Pass Date 07/12/200
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Penta
DRIVER'S Address	: BLK 9 Jalan Batu #04-41 S(431009) .
DRIVER'S Contact No./ Alt No.	:1) 87429975 2)
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: ZAZLAN 4679 @ GMAZL. GM
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including D	Driver):O
Was there any video Captured by ca Exact purpose for which vehicle wa	ar camera: YES \NO s being used at the time of accident: Private use Work purpose
Other I	Party Driver's Particular (if any)
Vehicle Reg. No: XB 5833)	Vehicle Reg. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
	- 8313 7053 Driver's Contact & Add:

eBao Tech									题集建	Genera	alClaim
Hello, NAC_PAYA_UBI_800	0601					172231312121	• Chang	e Languag	e · Chan	ge Password	· Log Out
My Desktop Notice of Loss	Poli	cy Query									12
	Policy N	lo.				Date	of Accident	3	12/03/2020 1	9:20	
	Vehicle	No.(For Motor)	SGU31	SGU3123R		Certificate Number					
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109154819		FAST CAR RENTAL PTE LTD	201627918G	GPC	Third Party	SGU3123R	SGU3123R	29/04/2019	09/05/2020
				5.000	15	Continue	1				

Policy No.	5109154819	Policyholder Name			Policyholder NRIC	201627918G		
Certificate No.					,,,,,,			
Address	68 KAKI BUKIT AVENUE 6 #0	2-08 ARK@KB S	INGAPORE 417896					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy ssue Date	26/04/2019	Effective Date	29/04/2019 00:00		Expiry Date	09/05/2020 23:59		
xcess Type	Per Accident	All Claims Excess						
Third Party Excess	1500	damage Excess	0		Windscreen Excess	0		
Additional Excess		OS Premium	0					
Outside Singapore OD Excess	0 .	Outside Singapore TP Excess	1500			Your	g/Inexperience Driver Excess	
Agent	YAN XUDONG MAX	Agent Tel.	62221889		GST Flag	Y		
insurance Flag Open Policy Info Certificate Info	No nolder Mailing Address							
Address 1	68 KAKI BUKIT AVENU	E 6 Addre	ss 2 #02-0	8 ARK@KB		Address 3	SINGAPORE 417896	
ddress 4			Address Type Singapore addres			Post Code	417896	
Jnit No.	Pelated Policy		ed Policy 51129	10698		rost code	417030	
▶ Insure	d Object: SGU3123R	reding.						
▽ Endors	ements							
Sequen	ce Date of Endorsem	ent	Endorsement Type		Endorsement	Status	Endorsement Content	
1	29/04/2019 00:00	POI M		Endorse	ement Take Eff	ective [Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 29 Apr 2019 TO 28 Apr 2020	
2	01/11/2019 00:00	POI Ex	stension/Shorten	Endorse	ement Take Eff	rective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 29 Apr 2019 TO 09 May 2020 In view of this amendment, an additional premium of \$38.59 (inclusive of GST) is payable under your policy Please ignore this premium payment request if you have sinc made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC"	

Claim Handling					
Accident MT/1088087					
olicy Na.	5109154819	Vehicle No.	SGU3123R	GST Registration No.	
Dertificate No.					
Policyholder Name	FAST CAR RENTAL PTE LTD			Policyholder NR3C	201627918G
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No. (Home)	0
Email Address	2 - 2	Special Remark	00	eCode	N. V
CFK.	® No ○ Yes	TCA	No ○Yes	eCode Reason	
NCD Protection	No	NCD Enditlement(%)	0	Private Hire	Yes
 Accident Details 					
Report Date	13/03/2020 13:58	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	12/03/2020	Time of Accident hh;mm	19:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SAMPAN PLACE				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
3D Standard Excess	0.00	TP Standard Excess	1,500.00		
TED OD Excess	500.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	500.00	Total TP Excess Applicable			
♥ Benefits					
♥ GST Registered Informa	stion				
ST Registered	No		GST Registration Date		147-14
SST Registration No.			GST Status Verified	Yes	
fodification History	13/03/2020 13:59:20 System	changed GST Status Verified from	n No to Yes		
Policyholder Hailing Ad	dress				
Address 1	58 KAKI BUKIT AVENUE 6	Address 2	#02-08 ARK@KB	Address 3	SINGAPORE 417896
Address 4		Address Type	Singapore address	Post Code	417896
Unit No.	02-08	Related Policy Number	5112910698		
♥ OI Driver Info					
Oriver Name	Unnamed Driver	Driver Type	Unnamed Driver	Land Andrewson	
innamed driver Name	ZAILAN BIN YAHYA	Driver NRIC	50000646]	Onver DOB	04/06/1979
Register Date of Driver License	07/12/2009	Driver Age	40	Onlying Experience	10
Contact No.(Mobile)	87429975	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 9	Address 2	JALAN BATU	Address 3	DI TANJONG RHU
Address 4	SINGAPORE 431009	Address Type	Singapore address	Post Code	431009
Unit No.	D4-41				
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Registered car?	CHECK	Direct venicle iva.		omer stearer company	
Reclaration					
Breathalyser or Blood Test	* 245	T YOU TO SEE	○ Yes ® No		
Reading?	0 mg	Any injury?	U188 @ NO		
fodification History					
Barran Billion					
Claim 001 New					
Daim Type *	OD-MX	Insured Name	FAST CAR RENTAL PTE LTD	Insured NRIC	201627918G
Contact No.(Mobile)	61363333	Contact No.(Home)		Contact No.(Office)	NIL
Imail Address		Of Vehicle Number	5GU3123R	TP Vehicle Number	кв5833К
Swimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		10
Dalmant Name *	22	Claimant NR3C *			
Daimant Address	CONTRACTOR OF STREET	disposition and the			
Daim Description	SGU3123R / XB5833K ON 12 Mar 2020			Name of Preferred Workshop	
referred Workshop Contact		Innural Health A	Not at Fault		
10.		Insured Liability *		122.60000	
Require Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
ate Registered	13/03/2020 14:00	Claim Close Date		Date Received	13/03/2020 00:00
Report Taken By	Jackson				
Print AK letter					
			East East		
i			Save Submit		
Attachment					
₩					
	MT/1088087	Claim No.	001		
Accident No.					
Last Doc. Received	® Yes ○ No	Upload Date	13/03/2020 14:01		
	Pach *		Category *	Confidential Urgeni	
		Browse.	Clear Please Select	NO V Normal	
		Browse.	Dear Please Select	NO Y Normal	<u> </u>
	Harris of the second	Browse.	Clear Please Select	NO Y Normal	V
Kon - Jene		Browse.	Cear Please Select	NO V Normal	
					V
		Browse.	Clear Please Select	V Normal	

Video List	Uploaded By/Date	Folder Date		lie Name		9	Source	-	Act
	NAC_PAYA_UBI_B00601(NATI CES) on 13	ONAL ASSESSMENT CENTRE SERVI Mar 2020 14:00	Photos		Normal	,	Photos 2020-3-13		
题	NAC_PAYA_UBI_800601(NAT) CES) on 13	ONAL ASSESSMENT CENTRE SERVI Mar 2020 14:00	Photos		Normal	3	Photos 2020-3-13		
劉 ,	NAC_PAYA_UBI_800601(NAT) CES) on 13	ONAL ASSESSMENT CENTRE SERVI May 2020 14:00	Photos		Normal		Photos 2020-3-13		
9		ONAL ASSESSMENT CENTRE SERVI Mar 2020 14:00	Photos		Normal	9	Photos 2020-3-13		
		ONAL ASSESSMENT CENTRE SERVI Mar 2020 14:00	Photos		Normal	3	Photos 2020-3-13		
		ONAL ASSESSMENT CENTRE SERVI Mar 2020 14:00	Photos		Normali	,	Photos 2020-3-13		
	NAC_PAYA_UBI_800601(NATI CES) on 13	ONAL ASSESSMENT CENTRE SERVI Mar 2020 14:01	Photos		Normal	1	Photos 2020-3-13		
7		ONAL ASSESSMENT CENTRE SERVI Mar 2020 14:01	Photos		Normal	,	Photos 2020-3-13		
	NAC_PAYA_UBI_B00601(NATI CES) on 13	ONAL ASSESSMENT CENTRE SERVI Mar 2020 14:01	Photos		Normal	9	Photos 2020-3-13		
V		ONAL ASSESSMENT CENTRE SERVI Mar 2020 14:01	Photos		Normal	ä	Photos 2020-3-13		
		ONAL ASSESSMENT CENTRE SERVI Mai: 2020 14:01	Photos		Normal		Photos 2020-3-13		
1	NAC_PAYA_UBI_800601(NATION CES) on 13	ONAL ASSESSMENT CENTRE SERVI Mar 2020 14:01	Photos		Normal	1	Photos 2020-3-13		
100		ONAL ASSESSMENT CENTRE SERVI Mar 2020 14:01	Photos		Normal	,	Photos 2020-3-13		
1	NAC_PAYA_UBI_BD0601(NATIO	ONAL ASSESSMENT CENTRE SERVI Mar 2020 14:01	SAS		Normal		SAS 2020-3-13		
STORY BANK	NAC_PAYA_UB1_800601(NATIO CES) on 13	DNAL ASSESSMENT CENTRE SERVI Mar 2020 14:01	NRIC/ Driving License	٧	Normal	NRIC/ D	riving License 2020-3-13		
ttachment	Upload	ed By/Date	Category	9	Urgency		Description	Msg Sent? (CO)	