NATIONAL Assessment Centre Services. | wet 1 Janos MNATONAL Date In: 13/3/12 - 17: 09 Done by Date &Time Completed Job description Ref No: SAS e-filing MA/ IN CW004366/24 Veh No: E-mail (within Shrs, AIC 2hrs) i-Motor Claim Form 23/3/20 15:14 D.O.A : M7 1089255-001 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD : (TP) ! Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: ( Fax: Veh No: 4259 2612 )/Non-INC ( TP Particulars: INC ( Owner / Driver: ( Tel: Cover Type: ( Policy No: ( Period: ( 1 Confirmed by : ( Time: Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: ( Warranty: YES ( )/NO( Excess: (\$ Loading: \$1,000 ( )/\$2,000( General Remarks: ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. ) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ( )/ Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( Date&Time Completed Done by Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ( ) / Courtesy Car ( 2) QC Check / Post Repair Inspection ) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury : Date/Time Amt (S) Amt (1) Invoice Preparation Checklist fu Bill Add Bill MALOURD 1) AR : Accident Reporting (\$30); Claimant's Particulars :-INC (\$80) 2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) 6) TR : Re-inspection Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge): \$5 \*NS: Courtesy Car / Tpt Allowance 510 \*N6: Repair Co-ordination \$25 \*N7: Post Repair Inspection Auditors! Comments :-\*N8: DV / Collect Excess Coordination 55 \$20 TP (N11): TP (Non INC) against INC Cat. 1: 9) N12: Idac Mobile Fee Charges Involce dated 2at. 2/3: Fee Charged Invoice dated

1 . per 45 1 . per

#### 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

aforesaid.	
The second secon	ACCIDENT STATEMENT
Date Of Report	23/03/2020 15:09
Date Of Accident	21/03/2020 15:00
Exact Location Of Accident	BLK 142 SERANGOON NORTH AVE 1 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB3388C
Insured/Policyholder	
Name Of Registered Owner	EASE LOGISTICS
Co Reg No	5XXXX885D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85945549
Alternative Phone No	OFFICE-85945549
Vehicle Particulars	
Manufacturer	LAND ROVER
Model	DEFENDER 90 2.4L PUMA
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?	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	5115505948
Cover Note Number	

#### Driver

EMail Address

Driver	
Name of Driver	CHONG WAN CHEONG
NRIC No	SXXXX067E
Date Of Birth	10/05/1977
Occupation	INDOOR
Date Of Driving Pass	30/11/1999
Driving Experience	20 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85712343
Fax Number	
Contact Number	OFFICE-85712343

NOEMAIL

BLK 142 SERANGOON NORTH AVENUE 1 Address

#03-317

550142 Postcode

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

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

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

0

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.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

SERANGOON NORTH NEIGHBOURHOOD POLICE POST Police Station Name

ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709 . POSTCODE: Police Station Address

550108 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2849999 - FAX NO: 63431742

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200321/2074.

Attachment(s)

Are accident photos available for attachment? YES YES

Was there any video captured by Car Camera? Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP5926R

Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name Nature Of Damage

### SKETCH PLAN

### IMPORTANT NOTICE

- 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:
  - 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.

EASE LOGISTICS

142 Policyholdens bignature/e 1 #03-317 Date & Minapore 550142

Contact: 85712343 Email: calvinwc@hotmail.com Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

SKETCH PLAN	
	BIC 142 Sergnandon Horth Ave 1
	1811c 144 Serangwon Horth Ave 1
	A: 6333388C
	3: 4p5926R
	Zeversed.
	1 3
	[A]

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2020022/1074.	
is a first the same of the sam	

DECLARATION

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

Policyholder's signature TICS 142 Sarangonn North Ave 1 #03-317 Singapore 550142

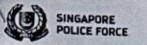
Contact: 85712343 Email: calvinwc@notinail.com

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

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No .:



Police Station Of Origin Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No. 1800-2849999



Report No. 1/20200321/2074

Date/Ti	me Report I 020 16:46	C ACCIDENT Made:	Vide Report No.	Station Diary No.
Inform	ant's Partic	ulars	AND THE PERSON NAMED IN COLUMN	ACCUPATION OF THE
CHONO	of Informant: S WAN CHE		Address APT BLK 142 SERANGOON N SINGAPORE 550142	WORTH AVENUE 1 #03-317
NRIC N	0/877130	67E	Contact No.: Home/Office:	Mobile: 85712343
Nationa	ity.		Email:	MODINE 657 12545
Sex: Male	Age: 42	Date of Birth: 10/05/1977	Type of informant:	
Race: Chinese	the state of the s		Language: English	Institution / School Name:
Occupation of the court of the			Driving Licence Information	Date of Europe

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 21/03/2020 15:20	Type of Location
carpark of bik Weather:	N NORTH AVENUE 1	avenue 1 Road Surface:		Road Speed Limit:
Clear	200	Traffic Control:		Traffic Volume:
Traffic Flow:	The second secon			CONTRACTOR OF THE PARTY OF THE

	ehicle Invo	Make	Model	Color	Condition	No of Passange
Vehicle No.	Туре		PERSONAL PROPERTY.	State		0
GBB3388C		\$55.00	THE PERSON			STATE OF THE PARTY
	and the second	9800	一般認识的問題		LINE CONTRACTOR	STATE OF THE PARTY
	All the City of the	No.	MANAGEMENT	SECTION AND ADDRESS.		
Details of P	erson invo	ved	See Purchase	THE RESERVE OF THE PERSON NAMED IN	SAME OF STREET	NAME OF TAXABLE PARTY.
Any Pedestr	an Involved	: No	MODE CONTRACTOR	- f Dadastria	n Crossing: NA	
	trians Injure		- SERVICE TO BE	on of Pedesuis	III CLOBONIE - IN	



Police Station Of Origin Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999



2 of 3 Report No. T/20200321/2074

CONTINUATION OF REPORT

Name	CHONG WAN CHEONG	SELECTION OF STREET	Section 1	
TO SEE VIII VERSE			ID No.	S7713067E
Related Vehicle	GBB3388C		San	
	0000000		Contact I	No. 85712343
Hospital/Clinic	NIL	SECTION SECTION		
			Class of Driving Licence &	
Date Treatment	NIL		Expiry Da	ate
No. of Days gran	and the second	Date Disch	harge N	
and dien	ed Medical Leave NIL	Degree of	Injury N	The state of the s

# Brief Details.

On 21.03.2020 at around 1330hrs, I had parked my company's vehicle GBB3388C at the open carpark of Blk 142 serangoon north ave 1. There were no vehicles parking near at that time. At around 1520hrs later, I headed back to my vehicle and discovered there were dent on the front left side bumper. I proceed to view my in car camera and saw a lorry bearing the registration plate number YP5926R had reversed and hit onto my front bumper. The lorry then left at 1502hrs. I am lodging this report for a case of hit and run incident.

SINGAPORE
POLICE FORCE

Police Stating on North NPP
106 Stranggoon North NPP
106 Stranggoon North Ave 1 #01-709
SINCAPORE 550108
Tel No. 1800-2849999

Sketch Plan
Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch plan

Informant is not able to provide sketch pla

<b>eBao</b> Tech				HE LIES HE	Diffe Co	Will to look				Genera	Claim
Hello, NAC_PAYA_UBI_80	0601						· Change I	Language	· Change	e Password	· Log Ou
My Desktop	Poli	cy Query									- 3
Notice of Loss	Policy N	ło.				Date	of Accident	21/	03/2020 15	:00	
	Vehicle	No.(For Motor)	GBB33	B8C		Certif	ficate Number				
					- 1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5115505948		LOGISTICS	53253885D	GCV	Comprehensive	GBB3388C	GBB3388C	16/01/2020	15/01/2021

Policy No.	5115505948	Policyholder Name	EASE LOGI	STICS	Policyholder NRIC	53253885D	
Certificate No.							
Address	BLK 142 #03-317 SERANGOON	NORTH AVENU	JE 1 SINGAP	ORE 550142			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy issue Date	16/01/2020	Effective Date	16/01/2020	00:00	Expiry Date	15/01/2021 23	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policyh	older Mailing Address						
Address 1	BLK 142 #03-317	Addres	s 2	SERANGOON NORT	H AVENUE 1	Address 3	SINGAPORE 550142
Address 4		Addres	s Type	Singapore address	33	Post Code	550142
Unit No.	03-317	Relate Number	d Policy er	5116261856			
AND LINES CAND	d Object: GBB3388C						
<b>▶</b> Insure							
▶ Insured ▼ Endors	ements						

cident MT/1089255		1-17/1-110	314,0000		
Ecy No.	5115505948	Vehicle No.	GBB3388C	GST Registration No.	
ertificate No.					
Nicyholder Name	EASE LOGISTICS			Policyholder NR1C	532538850
oduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	ô
ontact No.(Mobile)	85945549	Contact No.(Office)	0	Contact No.(Home)	•
nail Address		Special Remark		eCode	n(V)
PK .	® No ○Yes	TCA	® No ○Yes	eCode Reason	
Ob Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
eport Date	23/03/2020 15:26	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
ate of Accident	21/03/2020	Time of Accident hh:mm	15:00	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
codent Location	BLK 142 SERANGOON NORTH AVE 1 OP	EN SPACE CARPARK			
P Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
			2000		
D Standard Excess	600.00	TP Standard Excess	0.00		
ED OD Excess	0.00	VIED TP Excess		Driver is Covered?	
dditional Excess					
otal OO Excess Applicable	600.00	Total TP Excess Applicable			
y Benefits					
GST Registered Informa	stion				
T Registered	Yes		GST Registration Date	01/06/2015	
ST Registration No.	M903708053		GST Status Verified	Yes	
odification History	23/03/2020 15:28:19:59	stem changed GST Registered from N stem changed GST Registration No. fr stem changed GST Registration Date	om null to M903708057		
Policyholder Mailing Ad	dress				
ddress 1	8LK 142 #03-317	Address 2	SERANGOON NORTH AVENUE 1	Address 3	SINGAPORE \$50142
ddress 4		Address Type	Singapore address	Post Code	550142
nit No.	03-317	Related Policy Number	5116261856		
OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Oriver	10.00.00.00.00.00.00	
nnamed driver Name	CHONG WAN CHECKS	Driver NR3C	SXXXX067E	Driver DOB	10/05/1977
egister Date of Driver License	30/11/1999	Driver Age	42	Driving Experience	20
ontact No. (Mobile)	85712343	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 142	Address 2	SERANGOON NORTH AVENUE 1	Address 3	SINGAPORE 550142
					550142
		Address Type	Singapore address	Post Code	
	03-317	Address Type	Singapore address	Post Code	530145
init No. loes he own a Singepore	03-317 ○ Yes <b>®</b> No	Address Type  Driver Vehicle No.	Singapore address	Driver Insurer Company	330142
init No. loes he own a Singepore egistered car?			Singapore address		330,142
init No. loas he own a Singapore legistered car? sclaration legisterion Blood Test	○ Yes ® No	Driver Vehicle No.	Singapore address		039474
init No, loes he own a Singapore legistered car? eclaration					374176
iddness 4  John No. Joses he own a Singapore Jegistered car?  eclaration  preathalyser or Blood Test Jedding?	○ Yes ® No	Driver Vehicle No.			037474
init No. Does he own a Singapore legistered car? eclaration preatharyser or Blood Test	○ Yes ® No	Driver Vehicle No.			374176
int No, loss he own a Singapore legistered car? eclaration reathalyser or Blood Test eading? odification History	○ Yes ® No	Driver Vehicle No.			037476
nit No, oes he own a Singapore egistered cer? sclaration reathalyser or Blood Test eading? oddfication History	○ Yes ® No	Driver Vehicle No.			037476
not No.  Does he own a Singapore egistered car?  scharation  reathalyser or Blood Test eading?  odification History  Claim 001	○ Yes ® No 0 mg	Onver Vehicle No.  Any injury?	· • • • • • • • • • • • • • • • • • • •	Driver Insurer Company	
not No.  Does he own a Singapore egistered car?  scharation  reathalyser or Blood Test eading?  odification History  Claim 001	○ Yes ® No 0 mg	Oniver Vehicle No.  Any injury?  Insured Name		Driver Insurer Company Insured NRJC	53253885D
not No.  Does he own a Singapore egistered car?  sclaration  reathstyser or Blood Test eading?  Claim 001  Naw  Liam Type *	○ Yes ® No 0 mg	Onver Vehicle No.  Any injury?	· • • • • • • • • • • • • • • • • • • •	Driver Insurer Company  Insured NR3C Contact No. (Office)	53253885D N3L
net No.  Des he own a Singapore egistered car?  Inclaration  reathlyser or Blood Test  adding?  Claim 001 New  Warm Type *  entact No.(Mobile)	○ Yes ® No 0 mg	Oniver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number	· • • • • • • • • • • • • • • • • • • •	Driver Insurer Company Insured NRJC	53253885D
not No.  Does he own a Singapore egistered car?  Inclaration  reatharpser or Blood Test  addification History  Claim 001 Naw  Inclaration  Include the second secon	○ Yes ® No 0 mg  OD-MX  95712343	Oniver Vehicle No.  Any injury?  Insured Name  Contact No.(Home)  Of Vehicle Number  Type of Benefit +	○ Yes ® No  EASE LOGISTICS	Driver Insurer Company  Insured NR3C Contact No. (Office)	53253885D N3L
not No.  Does he own a Singapore egistered car?  Inclaration  reatharpser or Blood Test  addification History  Claim 001 Naw  Inclaration  Include the second secon	○ Yes ® No 0 mg  OD-MX  95712343	Oniver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number	○ Yes ® No  EASE LOGISTICS  G083388C	Driver Insurer Company  Insured NR3C Contact No. (Office)	53253885D N3L
nt No,  bes he own a Singapore claration  eatherser or Blood Test adding?  claim 001 Naw  arm Type *  intact No.(Mobile)  nail Address  armant Type Claimant Type *  armant Type Claimant Type *	O ves ® No  0 mg  OD-MX   8571,2343  Please Select   ≥≥	Oniver Vehicle No.  Any injury?  Insured Name  Contact No.(Home)  Of Vehicle Number  Type of Benefit +	○ Yes ® No  EASE LOGISTICS  G083388C	Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number	53253885D N3L
not No.  Does he own a Singapore signification  Claim 1001  Naw  Liam Type *  Bottact No. (Mobile)  mail Address  Lamant Type Claimant Type *  Lamant Name *  Lamant Address	O ves ® No  O mg  OD-MX  ### ### ############################	Oniver Vehicle No.  Any injury?  Insured Name  Contact No.(Home)  Of Vehicle Number  Type of Benefit +	○ Yes ® No  EASE LOGISTICS  G083388C	Driver Insurer Company  Insured NR3C Contact No. (Office)	53253885D N3L
not No.  cos he own a Singapore egistered car?  sclaration  reathalyser or Blood Test eading?  claim 001  New  larm Type *  ontact No.(Mobile)  mail Address larmant Type Claimant Type *  larmant Name *  larmant Name *  larmant Name *	O ves ® No  0 mg  OD-MX   8571,2343  Please Select   ≥≥	Oniver Vehicle No.  Any injury?  Insured Name  Contact No.(Home)  Of Vehicle Number  Type of Benefit +	○ Yes ® No  EASE LOGISTICS  G083388C	Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number	53253885D N3L
not No,  poes he own a Singapore egistered cor?  colaration  reatharpser or Blood Test eading?  colaration History  Claim 001 Naw  introd No. (Mobile)  mail Address lamant Type Claimant Type *  samant Address lamant Address	O ves ® No  0 mg  OD-MX   8571,2343  Please Select   ≥≥	Oniver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Clarmant NRJC *	Please Select	Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number	53253885D N3L
not No,  pes he own a Singapore epistered car?  colaration  reatharser or Blood Test eading?  Claim 001 New  laim Type *  contact No. (Mobile)  mail Address  laimant Type Claimant Type *  laimant Address  laimant Address  laimant Address  laimant Address  laimant Address  laimant Pape Contact  or of the Contact  or	O ves ® No  0 mg  OD-MX   85712343  Please Select   ≥≥  GBB33BSC / YP5925R ON 21 Mar 2020	Oniver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Clarmant NRIC +	EASE LOGISTICS  GB833BNC  Please Select  Not at Pault	Driver Insurer Company  Insured NR3C Contact No. (Office) TP Vehicle Number	53253885D N3L VP5926R
not No,  pas he own a Singapore egistered car?  sclaration  reatharser or Blood Test eading?  Claim 001 New  larm Type *  sontact No. (Mobile) mail Address larmant Name *  larmant Name *  larmant Address larmant Address larmant Address larmant Address larm bescription referred Workshop Contact to.  equare Finalisation ace Registered.	O res ® No  0 mg  OD-MX   85712343  Please Select   ≥≥  GBB33BSC / YP59258 ON 21 Mar 2020  Yes	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Clarmant NRIC +  Insured Liebility + Preference Repair Option	EASE LOGISTICS  GB833BNC  Please Select  Not at Pault	Driver Insurer Company  Insured NR3C Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	53253885D Nil. VPS926R
not No.  Does he own a Singapore spistered cor?  colaration  reatharpser or Blood Test reading?  Claim 001 Naw  Interest No. (Mobile)  mail Address Islamant Type Calmant Type *  samant Address Islamant Address	O res ® No  0 mg  OD-MX   85712343  Please Select   ≥≥  GBB33BSC / YP59258 ON 21 Mar 2020  Yes   23/03/2020 15:29	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Clarmant NRIC +  Insured Liebility + Preference Repair Option	EASE LOGISTICS  GB833BNC  Please Select  Not at Pault	Driver Insurer Company  Insured NR3C Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	53253885D Nil. VPS926R
not No.  Does he own a Singapore spistered cor?  colaration  reatharpser or Blood Test reading?  Claim 001 Naw  Interest No. (Mobile)  mail Address Islamant Type Calmant Type *  samant Address Islamant Address	O res ® No  0 mg  OD-MX   85712343  Please Select   ≥≥  GBB33BSC / YP59258 ON 21 Mar 2020  Yes   23/03/2020 15:29	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Clarmant NRIC +  Insured Liebility + Preference Repair Option	Preferred Workshop, Name unknown	Driver Insurer Company  Insured NR3C Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	53253885D Nil. VPS926R
not No.  Does he own a Singapore spistered cor?  colaration  reatharpser or Blood Test reading?  Claim 001 Naw  Interest No. (Mobile)  mail Address Islamant Type Calmant Type *  samant Address Islamant Address	O res ® No  0 mg  OD-MX   85712343  Please Select   ≥≥  GBB33BSC / YP59258 ON 21 Mar 2020  Yes   23/03/2020 15:29	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Clarmant NRIC +  Insured Liebility + Preference Repair Option	EASE LOGISTICS  GB833BNC  Please Select  Not at Pault	Driver Insurer Company  Insured NR3C Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	53253885D Nil. VPS926R
not No.  Does he own a Singapore spistered cor?  colaration  reatharpser or Blood Test reading?  Claim 001 Naw  Interest No. (Mobile)  mail Address Islamant Type Calmant Type *  samant Address Islamant Address	O res ® No  0 mg  OD-MX   85712343  Please Select   ≥≥  GBB33BSC / YP59258 ON 21 Mar 2020  Yes   23/03/2020 15:29	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Clarmant NRIC +  Insured Liebility + Preference Repair Option	Preferred Workshop, Name unknown	Driver Insurer Company  Insured NR3C Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	53253885D Nil. VPS926R
not No.  Des he own a Singapore etystered car?  Inclaration  reathalyser or Blood Test  adding?  Claim 001 New  Claim 001 New  Item Type *  Inclaration  Include the Claim of	O res ® No  0 mg  OD-MX   85712343  Please Select   ≥≥  GBB33BSC / YP59258 ON 21 Mar 2020  Yes   23/03/2020 15:29	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Clarmant NRIC +  Insured Liebility + Preference Repair Option	Preferred Workshop, Name unknown	Driver Insurer Company  Insured NR3C Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	53253885D Nil. VPS926R
not No.  cos he own a Singapore egistered car?  claration  reathalyser or Blood Test  eading?  Claim 001  New  Claim 001  New  Claim 001  New  Lam Type *  contact No. (Mobile)  mail Address  Lamant Type Claimant Type *  Lamant Name *  Lamant Name *  Lamant Name *  Lamant Address  Lamant Name *  Lamant Nam	O res ® No  0 mg  OD-MX  85712343  Please Select  ≥≥  GBB13BSC / YP59258 ON 21 Mar 2020  Yes  23/03/2020 15:29  Jackson	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Clarmant NRJC *  Insured Liebility * Preference Repair Option Claim Close Date	Preferred Workshop, Name unknown  Save Submit	Driver Insurer Company  Insured NR3C Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	53253885D Nil. VPS926R
not No,  pes he own a Singapore egistered car?  sclaration  reathalyser or Blood Test eading?  Claim 001 Naw  laim Type *  ontact No (Mobile)  mail Address  laimant Type Claimant Type *  laimant Address  laim Description referred Workshop Contact or  equire Finalisation ace Registered apport Taken By  Print AK letter  Attachment	O res ® No  0 mg  OD-MX   85712343  Please Select   ≥≥  GBB13BSC / YP59258 ON 21 Mar 2020  Yes   23/03/2020 15:29  Jackson  MT/1089255	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liebility * Preference Repair Option Claim Close Date	Please Select  Not at Pault  Preferred Workshop, Name unknown  Save Suzmt	Driver Insurer Company  Insured NR3C Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	53253885D Nil. VPS926R
not No,  pes he own a Singapore epistered car?  colaration  reathalyser or Blood Test eading?  Claim 001 Naw  laim Type *  ontact No. (Mobile)  mail Address  laimant Type Claimant Type *  laimant Address  laimant Address  laimant Address  laimant Paper Claimant Type *  garmant Name *  laimant Address  laimant Paper Claimant Type *  garmant Name *  laimant Address  laim Description  refored Workshop Contact  occurre Finalisation  ate Registered  apport Taken By  Print AK letter  Attachment	O res ® No  0 mg  OD-MX  85712343  Please Select  ≥≥  GBB13BSC / YP59258 ON 21 Mar 2020  Yes  23/03/2020 15:29  Jackson	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Clarmant NRJC *  Insured Liebility * Preference Repair Option Claim Close Date	Preferred Workshop, Name unknown  Save Submit	Driver Insurer Company  Insured NR3C Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	53253885D Nil. VPS926R
not No.  Does he own a Singapore egistered cor?  Inclaration  Inclaration  Inclaration  Inclaration  Inclaration  Inclaration  Inclaration  Inclaration  Inclaration  Include	O res ® No  0 mg  OD-MX   85712343  Please Select   ≥≥  GBB13BSC / YP59258 ON 21 Mar 2020  Yes   23/03/2020 15:29  Jackson  MT/1089255	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liebility * Preference Repair Option Claim Close Date	Please Select  Not at Pault  Preferred Workshop, Name unknown  Save Suzmt	Driver Insurer Company  Insured NR3C Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	53253885D Ntt. VPS926R Received 23/03/2020 00 00
nt No.  bes he own a Singapore gistered car?  claration eatherser or Blood Test eatherser or Blood Test eatherser or Blood Test eatherser  diffication History  Claim 001 Naw  arm Type *  intact No. (Mobile) nell Address aimant Type Claimant Type *  armant Address aimant Type Claimant Type *  armant Address aimant Type Claimant Type *  armant Address aiman	O res	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liebility * Preference Repair Option Claim Close Date	Preferred Workshop, Name unknown  Save Submit  Oos 23/03/2020 15:32 Category *	Insured NR3C Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report Date Received  Confidential Urger	53253885D Ntt. VPS926R Received 23/03/2020 00 00
nt No.  bes he own a Singapore gistered car?  claration eatherser or Blood Test eatherser or Blood Test eatherser or Blood Test eatherser  diffication History  Claim 001 Naw  arm Type *  intact No. (Mobile) nell Address aimant Type Claimant Type *  armant Address aimant Type Claimant Type *  armant Address aimant Type Claimant Type *  armant Address aiman	O res	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Clarmant NRIC *  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date	Please Select  Save Submit  Oos 23/03/2020 15:32 Cabspory *	Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report Date Received  Confidential Urger Inc. No. (Office) Inc. No. (Off	\$3253885D N3L VP5926R  Received 23/03/2020 00 00
not No,  pes he own a Singapore epistered car?  colaration  reathalyser or Blood Test eading?  Claim 001 Naw  laim Type *  ontact No. (Mobile)  mail Address  laimant Type Claimant Type *  laimant Address  laimant Address  laimant Address  laimant Paper Claimant Type *  garmant Name *  laimant Address  laimant Paper Claimant Type *  garmant Name *  laimant Address  laim Description  refored Workshop Contact  occurre Finalisation  ate Registered  apport Taken By  Print AK letter  Attachment	O res	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Clarmant NRIC *  Insured Liebility * Preference Repair Option Clarm Close Date  Clarm No. Upload Date  Browse	Please Select  Oos 23/03/2020 15:32 Cabspory *  Oear Please Select	Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report Date Received  Confidential Urger [NG V Normal	\$3253885D NOL VP5926R  Received 23/03/2020 00 00
int No.  Idea he own a Singapore egistered car?  eclaration  ireathalyser or Blood Test leading?  Claim 001  Nave  Claim 001  Nave  Claim 1001  Nave  Claim	O res	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Clarmant NRIC *  Insured Liebility * Preferend Repair Option Claim Close Date  Claim No. Upload Date  Browse Browse	Please Select  Oos 23/03/2020 15:32 Cabspory *  Oear Please Select  Dear Please Select  Dear Please Select  Dear Please Select	Insured NR3C Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report Date Received  Confidential Urger NSC Nermal NSC Nermal NSC Nermal	\$3253885D NOL  VPS926R  Received 23/03/2020 00 00

