NATIONAL Assessment Centre	Services (ner sorros)	3°, 42			
Date In: 07 /04/20	Jcb description	Date &	Time Completed	Done by	y
Rei Nu. NA/INC 2000 5006/12	SAS e-filing				
Veh No. SJK 670A .	E-mail (within Shrs, AliC Shrs	,			
D.OA: 06/04/20 2000	i-Motor Claim Form	1	mT/10910719	-001	
	I-Motor W/O (Within: OD	2hrs, TP 4hrs)			
OD . (TP) Reporting Only	1-I'hoto Uploaded	1			
TRANSPORT	Assessment/Survey Repor	t j			
TP Insurer:	Ass't Report by Fax / Har	nd to Owner	/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel;	Fax)
TP Particulars: Veli No:	SUPSISSEM . INC	()/N	on-INC()		
Owner / Driver: (Tel:			
Policy No: () Per	iod: () Cover	Гуре: ()	
Confirmed by : (Dates		Time:)	
Insured/Driver Liability: (%) [N	lote-Est. Status (WO): N:		21-79%. F: 80-100	0%]	
	Varranty: YES ()/NO ()			
	00 ()/\$2,000 ()	*** * * * * * * * * * * * * * * * * *			
General Remarks		(1) ASC 183	BARRIAN AND A	<u> </u>	
() Walk-In Customer : Customer's Infor		Strictly NC	refer of repairer.		
() Total Loss Case : to e-mail Insure					
Drive-In () / Towed-In (); Invoice		; Towing (
Remarks (INC horling: 6788 6616)		Sept Delex	Time Completed.	Done b	у
All the state of t	ourtesy Car ()				
2) QC Check/Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$3	000] ()				
Injury:	2/// 42 - 2 - 400				,
	Secretary (5000781520080)	DATE OF THE PARTY	THE SECRETARY AND A SECRETARY	4-375	
Date Time Actions		SHACAYATENE	Diskest (T.P.), Volke, W 5		
	7-14 November 2010 1810				
				1-21-4-2-C-10-10-	
1			HELL PRIMARY	Anit (S)	. Amil (\$)
NA200257	Invoice	Preparau	n Checklist		'Add Bill
2 1. VV . (V. V. L. V.	1) AR : A0	cident Reportin	£ (530);		
Chumant's Particulars :-	2) DA : Da 3) TF : Tov	mage Assessm	\$40/	545	
Driver/Owner:	4) FT : Fol	low-Through S	41141	\$30	
Contact No:	Forclair	ning against It	C Only (wef 10 Jan 2005)		
Damäged Portion:	6) TR : Re	o DA + SMRT		160	·
	8) NTUC	Additional Serv	(oos:-		
QC Checked by (Engr-In-Charge):	• N5: Co	urlesy Car / Tr	Allowande	\$5	
	*N6: Re	pair Co-ordina at Repair Inspe	tion	\$10 \$25	
Auditors Comments	*N8: D	V / Collect Exc	es Coordination	\$5	
Cat. 1:	TP (N1	1): TP (Non It	NC) against INC	30	
Dat. 2/3;	Invoice do		Fee Charged	1100	1.4.4.2
willing to find a	Involve de	ited	Fee Charged		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or 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.
- Any false reporting may be referred to the Police for investigation.
 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 consent to the archiving of this report at the centre and to copies of the report being made available
- aforesaid.

ACCI	DEVL	CTA		í
ACCI	DEN.	DIA	IEN	ш

Date Of Report 07/04/2020 12:37 Date Of Accident 06/04/2020 20:00

Exact Location Of Accident WOODLANDS AVE 12 TWDS SLE

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJK670P

Insured/Policyholder

UDRIVE Name Of Registered Owner Co Reg No 5XXXX531D

Email Address UDRIVE.ENQUIRY@GMAIL.COM

Mobile Phone No

Alternative Phone No OFFICE-93396833

Vehicle Particulars

TOYOTA Manufacturer Model ALLION Exact Purpose for which vehicle was being used at GRAB

Are you claiming under your own insurance policy for repair to your vehicle?

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

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage THIRD PARTY

Fleet Policy YES

5115482913 Policy Number

Cover Note Number

LI FUQIANG LAWRENCE Name of Driver

NRIC No SXXXX590G Date Of Birth 12/09/1986 Occupation OUTDOOR 28/04/2007 Date Of Driving Pass

Driving Experience 12 YEARS AND 11 MONTHS

Gender

(LOCAL) +65-87786771 Mobile Number

Fax Number Contact Number

NOEMAIL EMail Address

BLK 623 WOODLANDS DRIVE 52

730623 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - HIRER

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR DRY Road Surface

Other Information

Address

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

3

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO YES

NO

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

3

Number of Passengers (Including Driver) Passenger 1

NAME:

: PASSENGER

GENDER:

: FEMALE

Passenger 2

NAME:

: PASSENGER

MACPHERSON NEIGHBOURHOOD POLICE POST

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact

TEL NO: 1800-7449999 - FAX NO: 65476366

Was notice of intended Prosecution given?

YES

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING STRAIGHT ALONG WOODLANDS AVE 12 TWDS SLE ON THE EXTREME RIGHT LANE OF A3-LANES RD.INFRT OF MY VEH E-BRAKE AND I FOLLOW SUIT TO STOP WITHOUT ANY IMPACT TO THE FRT VEH.SUDDENLY I FELT THE IMPACT FROM MY REAR WHEN I CAME OUT I WAS INVOLVED IN A CHAIN COLLISION OF 3 VEH. VEH B MANAGED TO STOP ONTIME AND VEHIC HIT ONTO THE REAR PORTION OF VEHIB DUE TO THE IMPACT VEHIB BEING PUSHED FORWARD AND HIT MY VEH.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJP2239M

Vehicle Make/Model/Colour

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBG2514K

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

WONG WEISHENG

NRIC/Passport Number

SXXXX736C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

LI FUQIANG LAWRENCE Name

Approximate Age

BACK & NECK Injuries Sustain

SJK670P

Injured person in which vehicle?

Were seat belts worn? Was this injured conveyed to hospital by ambulance? YES

NO

Address

Postcode

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>.
- 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.
- 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.

aure

er's Signature

Policyholder's Signature Date & Time:

GIARMIC SketchPlanForm, V3.

of driver is not the policyholder)

Date & Time:

Reporting entre Personnel's Signature

Name:

NRIC/FIN No.:

1-51×670P	I	
A-SJK670P B-SJAW39M C-GBGJS14K	44	WOODLANDS AV
6-37833977	A	
C-GBG2514K		
	I	
	i lê l	
	AAIA	
IBE CIRCUMSTANCES OF THE ACCIDENT	TTP	
0/0 101 1 4.	of towner t	
Ols repr to the.	so grennen	
1		

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

Name: NRIC/FIN No.:

GIARMC SketchPlanForm_V3

Policyholder & Date & Time:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A)		RSON MAKING THE AMENDMENT		
	Original Report No :	MNA120040829	Vehicle Registration No:	51K670P
	Name(as shownin NRIC) :	LI FURIANG LAWRE	<i>NC E</i> NRIC/FIN/Passport No:	5xxxx5906
		nicle Owner) (*) Please delete as a		2.0.19
	Address :	BLK 623 WOODLAN	OS DR 52 #11-1	4 Singapore(730623
	Contact (Tel) :		Mobile No. : &77	\$6771
	Email Address :			
	Date of Accident :	06 104/20	Time of Accident :	20:00
	Place of Accident :	WOODLANDS AU	IE IZ TWAS S	c e.
	Insurance Company:	NTUC		
/p\		MATION / AMENDMENTS:		
	I have made a report make the following ar	on the above mentioned accident mendments:	and would like to include a	dditional information or
	ADD IN	POLICE REPORT	1. 7/2020040	07/2063
	97			-
	Ç			
	Series 4			
	1	1		
	Court	7 .	Sym	07/04/20
	11/	s Signature	Reporting Centre Per	sonnel's Signature
/	Date:		NRIC/FIN No.:	
-			Date:	





1 of 4

Report No. T/20200407/2063

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.: Station Diary No.: 39

Informant's Particulars Address: Name of Informant: APT BLK 623 WOODLANDS DRIVE 52 #11-14 SINGAPORE LI FUQIANG, LAWRENCE 730623 ID Type / ID No .: Contact No .: Mobile: 87786771 NRIC NO / S8626590G Home/Office: Email: -Nationality: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: 12/09/1986 Driver Male 33 Institution / School Name: Language: Race: Chinese Driving Licence Information: Occupation: Date of Expiry: Class: 3 Grab Driver

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/04/2020 20:00	Type of Location Straight Road
Location: Along Road 1 WOODLAND Weather: Clear	S AVENUE 12	Road Surface:	24	Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - World	king	Traffic Volume: Heavy
Type of Collis				Anyone conveyed by ambulance:

Details of Volume Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBG2514K	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	Grey	20 / 7 (B)	0
SJK670P	Car	TOYOTA	ALLION 1.5 A	Blue		2
SJP2239M	Car	HONDA	STREAM 1.8X A	Grey		1





Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

2 of 4 Report No. T/20200407/2063

CONTINUATION OF REPORT

Details of Perso	n Involved			OF REAL PROPERTY.		
Any Pedestrian Ir	rvolved: No	Others amonto Co.				
No. of Pedestrian	s Injured: NIL		Use of Peo	destrian	Cross	ing: NA
Driver	THE CHARLES S	HALL BELLEVIOLE				Bally a party of the
Name	WONG WEISHENG			ID No.		S8129736C
Related Vehicle	GBG2514K (Van)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Driving Licence Expiry	g e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		C 1 (2) (3) (4) (2) (3)	
	ted Medical Leave	NIL	Degree of			
Driver Driver	The second course				TO SER	
Name	LI FUQIANG, LAWRENCE			ID No		S8626590G
Related Vehicle	SJK670P (Car)		9.	Conta	ct No.	87786771
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	07/04/2020		Date Disc			/2020
	ted Medical Leave	04	Degree of			
Driver					13-120	
Name	MOHAMMAD SAZA	LI BIN HAM	ID	ID No		S8520686I
Related Vehicle	SJP2239M (Car)			Conta	ct No.	NIL
Hospital/Clinic ·	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On the 06/04/2020 at about 2000hrs, I was at driving along Woodlands Avenue 12, while driving the vehicle infront of me braked all the sudden.

I managed to brake on time, but however the vehicle (GBG2514K) did not maange to brake on time and subsequently hit onto the vehicle (SJP2239M) who is directly behind of me.

As such, due to the impact SJP2239M was pushed forward and subsequently hit onto the rear of my vehicle.





Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

3 of 4 Report No. T/20200407/2063

CONTINUATION OF REPORT

We then got off our vehicles, and exchanged our particulars. I would like to state that there were no visible injuries on them during the point of time.

On the 07/04/2020, I went to seek medical attention due to the pain on both my neck and back and was given 4 days of MC from the 07/04/2020 to the 10/04/2020.





Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999

4 of 4 Report No. T/20200407/2063

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 ANG YI FENG, ELSON	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/04/2020 15:42
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK	Classification Of Case:
Contact No.: 65476436 Authentication Stamp	GAPORE LICE FORGE
	SIGNATURE

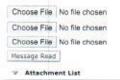
eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password My Desktop **Policy Query** Notice of Loss Policy No. 5115482913 Date of Accident 06/04/2020 20:00 Vehicle No.(For Motor) 53K670P Certificate Number Search Certificate Number Policyholder Name Policyholder Product Cover Type Vehicle NRIC No. Commence Expiry Date Select Policy No. 5115482913 5115482913-0000001 UDRIVE 53308531D GFM Third Party SJK670P SJK670P 15/01/2020 14/01/2021

Claim Handling

Policy No.					
	5115482913	Vehicle No.	53K670P	GST Registration No.	
Certificate No.	5115482913-000001				
Policyholder Name	UDRIVE			Policyholder NRIC	£2200£31
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	53308531
Contact No.(Mobile)	93396833	Contact No.(Office)	10	Contact No.(Home)	0
Email Address		Special Remark	25	eCode	No *
KFK	* No Yes	TCA	* No Yes	eCode Reason	No *
NCO Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
				Prince III	res
Report Date	08/04/2020 09:58	Accident Report Within 24 hrs	Yes	The state of the s	***********
Date of Accident	06/04/2020	Time of Accident hh: mm		Accident Type	Chain Coll
Reporting Centre	34,444,0	Orange Force	20-00	Country of Accident	Singapore
Accident Location	WOODLANDS AVE 12 TWDS SLE	Grange Porce		ICM No.	
▼ Total Excess Applicable					
The second secon					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess		TP Standard Excess	0.000000000		
VIED OD Excess	2.00		1,500.00	Service Control of Control of	
Additional Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Total OD Excess Applicable	0.00	Total TR C Conference	75/250150		
▽ Benefits	8.00	Total TP Excess Applicable	1,500.00		
₩ GST Registered Informa	Man				
GST Registered	elicio.				
GST Registration No.	No		GST Registration Date GST Status Verified	92/7	
Modification History	08/04/2020 10:05:09 Sv	stem changed GST Status Verified from No		Yes	
CONTRACTOR OF THE PROPERTY.	05.32.25.33.35.35.35.35.35.35.		10.702		
	fress				
Address 1	33 UBI AVENUE 3	Address 2	#01-45 VERTEX	Address 3	Water care
Address 4		Address Type			SINGAPOR
Unit No.	01-45		Singapore address	Post Code	408868
♥ OI Driver Info	MATTER	Related Policy Number	5116965037		
Driver Name	Unnamed Driver				
Unnamed driver Name	LI FUQIANG LAWRENCE	Driver Type Driver NRIC	Unnamed Driver	2000002200	
Register Date of Driver License	28/04/2007		SXXXX590G	Driver DOB	12/09/1986
Contact No.(Mobile)	87786771	Driver Age	33	Driving Experience	12
Address 1		Contact No.(Office)	0	Contact No.(Home)	0
	BLK 623	Address 2	WOODLANDS DRIVE 52		SINGAPORE
				Address 3	100 1000
Address 4		Address Type	Singapore address	Post Code	730623
Address 4 Unit No.	*11-14	Address Type			
Address 4	#11-14 © Yes # No				
Address 4 Unit No. Does he own a Singapore Registered car?		Address Type		Past Code	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration		Address Type		Past Code	
Address 4 Unit No. Does he own a Singapore Registered car?		Address Type		Past Code	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	○ Yes # No	Address Type Driver Vehicle No.	Singapore address	Past Code	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	○ Yes ≠ No	Address Type Driver Vehicle No.	Singapore address	Past Code	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	○ Yes ≠ No	Address Type Driver Vehicle No.	Singapore address	Past Code	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	○ Yes ■ No 0 mg	Address Type Driver Vehicle No.	Singapore address	Past Code	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History	○ Yes ■ No 0 mg	Address Type Driver Vehicle No.	Singapore address	Past Code	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX	○ Yes ■ No 0 mg	Address Type Driver Vehicle No.	Singapore address	Post Code Driver Insurer Company	730623
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX	○ Yes ■ No 0 mg	Address Type Driver Vehicle No.	Singapore address	Past Code	730623
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 OD-MX New Claim Type *	○ Yes ■ No 0 mg	Address Type Driver Vehicle No.	Singapore address * Yes No	Post Code Driver Insurer Company Insured UDRIVE Contact	730623
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 OD-MX New Claim Type *	○ Yes ■ No 0 mg	Address Type Driver Vehicle No.	Singapore address * Yes No	Post Code Driver Insurer Company Insured Jungtive Contact No. (Home)	730623
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 0D-MX New Claim Type * Contact No.(Mobile)	○ Yes ■ No 0 mg	Address Type Driver Vehicle No.	Singapore address * Yes No	Post Code Driver Insurer Company # Insured UDRIVE Contact No. (Home) OI	730623
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 0D-MX New Claim Type * Contact No.(Mobile)	○ Yes ■ No 0 mg	Address Type Driver Vehicle No.	Singapore address * Yes No	Post Code Driver Insurer Company Insured Name Contact No. (Home) OI	730623 In: NF CO Nc Ve
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address	○ Yes ■ No 0 mg	Address Type Driver Vehicle No.	■ Yes □ No OD-MX	Post Code Driver Insurer Company Insured UDRIVE Name Contact No. (Home) OI. Vehicle Number	730623
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Claim Type * Contact No. (Mobile) Email Address Claim Description	O mg	Address Type Driver Vehicle No.	■ Yes □ No OD-MX	Post Code Driver Insurer Company Insured Name Contact No. (Home) OI Vehicle SIK670P	730623
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop	O mg Insured Liability Not at Fa	Address Type Driver Vehicle No. Any injury?	■ Yes ■ No OO-MX SJK670P / SJP223	Post Code Driver Insurer Company Insured UDRIVE Name Contact No. (Home) OI. Vehicle Number	730623
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred	O mg Insured Liability Not at Fa Preferred Repair Preferred Workshop,	Address Type Driver Vehicle No. Any injury?	■ Yes □ No OD-MX	Post Code Driver Insurer Company Insured UDRIVE Name Contact No. (Home) OI Vehicle Number 39M ON 6 Apr 2020	730623 In In Ne Pri
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX Mex Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Zewark No. Tress Preferred Workshop Tess Te	O mg Insured Liability Not at Fa	Address Type Driver Vehicle No. Any injury?	■ Yes ■ No OO-MX SJK670P / SJP223	Post Code Driver Insurer Company Insured Uprive Name Contact No. (Home) OI Vehicle Number 39M ON 6 Apr 2020 Claim 9 Close	730623 In
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX Mex Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Respirate No. Finalization Date Registered	O mg Insured Liability Not at Fa Preferred Repair Preferred Workshop,	Address Type Driver Vehicle No. Any injury?	Singapore address * Yes No OO-MX SJK670P / SJP223	Post Code Driver Insurer Company Insured UDRIVE Contact No. (Home) OI Vehicle Number 39M ON 6 Apr 2020 Claim 9 Close Date	730623 Jin. NF Co. Nc. (O TP Ve NI. Ne Pr WK
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop	O mg Insured Liability Not at Fa Preferred Repair Preferred Workshop,	Address Type Driver Vehicle No. Any injury?	Singapore address * Yes No OO-MX SJK670P / SJP223	Post Code Driver Insurer Company Insured UDRIVE Name Contact No. (Home) OI Vehicle Number 39M ON 6 Apr 2020 Claim Glose Date Workshop	730623 Inn NF Co NC (O TP Ve NI Ne Pr W To Da Re To
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX Mex Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Respirate No. Finalization Date Registered	O mg Insured Liability Not at Fa Preferred Repair Preferred Workshop,	Address Type Driver Vehicle No. Any injury?	© No	Post Code Driver Insurer Company Insured UDRIVE Contact No. (Home) OI Vehicle Number 39M ON 6 Apr 2020 Claim 9 Close Date	730623 In: NF CO NC (C) NC (C
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Rowser No. Finalisation Date Registered Report Taken By	O mg Insured Liability Not at Fa Preferred Repair Preferred Workshop,	Address Type Driver Vehicle No. Any injury?	© No	Post Code Driver Insurer Company Insured UDRIVE Name Contact No. (Home) OI Vehicle Number 39M ON 6 Apr 2020 Claim Glose Date Workshop	730623 Inn NF Co NC (O TP Ve NI Ne Pr W To Da Re To
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX Mex Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Respirate No. Finalization Date Registered	O mg Insured Liability Not at Fa Preferred Repair Preferred Workshop,	Address Type Driver Vehicle No. Any injury?	© No	Post Code Driver Insurer Company Insured UDRIVE Name Contact No. (Home) OI Vehicle Number 39M ON 6 Apr 2020 Claim Glose Date Workshop	730623 Inn NF Co NC (O TP Ve NI Ne Pr W To Da Re To
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Rowser No. Finalisation Date Registered Report Taken By	O mg Insured Liability Not at Fa Preferred Repair Preferred Workshop,	Address Type Driver Vehicle No. Any injury?	# Yes No No OO-MX SJK670P / SJP223	Post Code Driver Insurer Company Insured UDRIVE Name Contact No. (Home) OI Vehicle Number 39M ON 6 Apr 2020 Claim Glose Date Workshop	730623 Inn NF Co NC (O TP Ve NI Ne Pr W To Da Re To
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Ropher No. Finalisation Date Registered Report Taken By	O mg Insured Liability Not at Fa Preferred Repair Preferred Workshop,	Address Type Driver Vehicle No. Any injury?	© No	Post Code Driver Insurer Company Insured UDRIVE Name Contact No. (Home) OI Vehicle Number 39M ON 6 Apr 2020 Claim Glose Date Workshop	730623 Inn NF Co NC (O TP Ve NI Ne Pr W To Da Re To
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Ropher No. Finalisation Date Registered Report Taken By	O mg Insured Liability Not at Fa Preferred Repair Preferred Workshop,	Address Type Driver Vehicle No. Any injury?	# Yes No No OO-MX SJK670P / SJP223	Post Code Driver Insurer Company Insured UDRIVE Name Contact No. (Home) OI Vehicle Number 39M ON 6 Apr 2020 Claim Glose Date Workshop	730623 In In RF Co Co C C C C C C C
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX Mex Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Description Yes Finalisation Yes Finalisation Yes Report Taken By Print AK letter	O mg Insured Liability Not at Fa Preferred Repair Preferred Workshop,	Address Type Driver Vehicle No. Any injury?	# Yes No No OO-MX SJK670P / SJP223	Post Code Driver Insurer Company Insured UDRIVE Name Contact No. (Home) OI Vehicle Number 39M ON 6 Apr 2020 Claim Glose Date Workshop	730623 In In RF Co Co C C C C C C C
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX Mex Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Description Yes Finalisation Yes Finalisation Yes Report Taken By Print AK letter	O mg Insured Liability Not at Fa Preferred Repair Preferred Workshop,	Address Type Driver Vehicle No. Any injury?	# Yes No No OO-MX SJK670P / SJP223	Post Code Driver Insurer Company Insured UDRIVE Name Contact No. (Home) OI Vehicle Number 39M ON 6 Apr 2020 Claim Glose Date Workshop	730623 In In RF Co Co C C C C C C C
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX Mex Claim 7ppe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Repare No. Finalisation Date Registered Report Taken By ** Print AK letter Attachment	O mg Insured Liability Not at Fa Preferred Repair Preferred Workshop,	Address Type Driver Vehicle No. Any injury?	Singapore address * Yes No OD-MX SIK670P / SIP223 OB/04/2020 10:09 ROSLINDA	Post Code Driver Insurer Company Insured UDRIVE Name Contact No. (Home) OI Vehicle Number 39M ON 6 Apr 2020 Claim Glose Date Workshop	730623 In In RF Co Co C C C C C C C
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX Mex Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Repart Taken By ** Print AK letter Attachment ** Accident No.	O mg Preferend Liability Not at Fa Preferend Workshop. Option MT/1091879	Address Type Driver Vehicle No. Any injury? dit V SIA Received	Singapore address * Yes No OD-MX SJK670P / SJP223 OB/04/2020 10:09 ROSLINDA Save Submit	Post Code Driver Insurer Company Insured UDRIVE Name Contact No. (Home) OI Vehicle Number 39M ON 6 Apr 2020 Claim Glose Date Workshop	730623 Inn NF Co NC (O TP Ve NI Ne Pr W To Da Re To
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX Mex Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Repart Taken By ** Print AK letter Attachment ** Accident No.	O mg Preferenced Preferenced Repair Option MT/1091879 Yes No	Address Type Driver Vehicle No. Any injury? GIA Received Claim No.	# Yes No OD-MX SJK670P / SJP223 ** OB/04/2020 10:09 ROSLINDA 001 08/04/2020 00:00	Post Code Driver Insurer Company Insured Luprive Contact No. (Home) OI Vehicle Number 39M ON 6 Apr 2020 Claim Close Date Date Workshop Repairer	730623 In In No.
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX Mex Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Date Registered Report Taken By Print AK letter Attachment Y Accident No. Last Doc. Received	O mg Preferend Liability Not at Fa Preferend Workshop. Option MT/1091879	Address Type Driver Vehicle No. Any injury? GIA Received Claim No.	# Yes No OD-MX SJK670P / SJP223 ** OB/04/2020 10:09 ROSLINDA 001 08/04/2020 00:00 Catego	Post Code Driver Insurer Company Insured UDRIVE Contact No. (Home) OI Vehicle Number 39M ON 6 Apr 2020 Claim Close Date Date Date Ory * Confidential Urgen	730623 In In NF Co Nc
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX Hex Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Date Registered Report Taken By Print AK letter Attachment Ye Accident No. Last Doc. Received Choose File No file chosen	O mg Preferenced Preferenced Repair Option MT/1091879 Yes No	Address Type Driver Vehicle No. Any injury? GIA Received Claim No.	# Yes No OD-MX SJK670P / SJP223 ** OB/04/2020 10:09 ROSLINDA 001 08/04/2020 00:00 Catego Clear Please Select	Post Code Driver Insurer Company Insured LUDRIVE Contact No. (Home) OI Vehicle Number 39M ON 6 Apr 2020 Claim Close Date Date Workshop Repairer T NO T Normal	730623 In I
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX Mex Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Date Registered Report Taken By Print AK letter Attachment Y Accident No. Last Doc. Received	O mg Preferenced Preferenced Repair Option MT/1091879 Yes No	Address Type Driver Vehicle No. Any injury? GIA Received Claim No.	# Yes No OD-MX SJK670P / SJP223 ** OB/04/2020 10:09 ROSLINDA 001 08/04/2020 00:00 Catego	Post Code Driver Insurer Company Insured UDRIVE Contact No. (Home) OI Vehicle Number 39M ON 6 Apr 2020 Claim Close Date Date Date Ory * Confidential Urgen	730623 In In NF Co Nc

Uploaded By/Date

Folder Date





Please Select		NO.	*	Normal	*
Please Select	*	NO	•	Normal	٠
Please Select		NO	*	Normal	*

Attachment	Uploaded By/Date	Category	?	Urgency	Description
ATTS -	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on O8 Apr 2020 10:09	NRIC/ Driving License	Y	Normal	NRJC/ Driving License 2020-4-8
19	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on O8 Apr 2020 10:08	SAS		Normal	SAS 2020-4-8
2	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:08	Photos		Normal	Photos 2020-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on O8 Apr 2020 10:08	Photos		Normal	Photos 2020-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:08	Photos		Normal	Photos 2020-4-8
· O	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:08	Phatos		Normal	Photos 2020-4-8
4	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on DB Apr 2020 10:08	Photos		Normal	Photos 2020-4-8
3 12	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on DB Apr 2020 10:08	Photos		Normal	Photos 2020-4-8
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on OB Apr 2020 10:08	Photos		Normal	Photos 2020-4-8
1/2	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:08	Photos		Normal	Photos 2020-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on O8 Apr 2020 10:08	Photos		Normal	Photos 2020-4-8
62	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:08	Photos		Normal	Photos 2020-4-8
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:08	Photos		Normal	Photos 2020-4-8
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:07	Photos		Normal	Photos 2020-4-8
	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on D8 Apr 2020 10:07	Photos		Normal	Photos 2020-4-8
17	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:07	Photos		Normal	Photos 2020-4-8
Tanana.	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:07	Photos		Normal	Photos 2020-4-8
100	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:07	Photos		Normal	Photos 2020-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2020 10:07	Photos		Normal	Photos 2020-4-8

Display in New Window Scan and uploading

9

Source