Date In: 11/22-15 245	Jeb description	on	Date & Time Completed	Don	e py			
Ref No: LIA [IN CZOUGT873 /ZN	SAS e-filing	2						
Veh No: 6877760		ia Shrs, AIC 2hrs)						
D.O.A: 21/2-11:43	i-Motor Cla	aim Form	M7/1093028-001	21/20	12:13			
CONTRACTOR	i-Motor W/	W/O (Within: OD 2hrs, TP 4hrs)						
OD / TP-/ Reporting Only	i-Photo Upl	oaded						
	Assessment/S	Survey Report						
TP Insurer:	Ass't Report	by Fax / Hand t	o Owner/Wksp					
Preferred Wksp / INC Assign Wksp / QW: (				Fax:				
TP Particulars: Veh No: SURY	1375E	INC (	)/Non-INC( )					
Owner / Driver: (			Tel:	)				
Policy No: ( ) Pe	riod: (	)	Cover Type: (	)				
Confirmed by : (		Date:	Time:	)				
Insured/Driver Liability: ( %)	Note-Est. Status (	WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]	7			
	Warranty: YES (		1					
Excess: (S ) Loading: \$1,0					-			
	77 \$2,000	J ( )	A sousseled & Tolk of the Land					
General Remarks;-				score to	0 40			
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Drive-In ( )/ Towed-In ( ); Invoice	: YES ( ) / 1	NO( ); To	owing Co: (		)			
Remarks: (INC horline: 6788 6616)	· · · · · · · · · · · · · · · · · · ·		Date&Time Completed	Done	Shir.			
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1) Apply for Transport Allers		1	A STATE OF THE STA					
1) Apply for Transport Allowance ( )/C	ourtesy Car (	)						
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2) QC Check / Post Repair Inspection	(	)	*					
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$30]	(	)						
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## SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 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.	to the edy consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	21/05/2020 15:45
Date Of Accident	21/05/2020 11:40
Exact Location Of Accident	SLIP RD UBI RD 2 TWDS KPE
Country/State of Loss	SINGAPORE
<b>全是这个人的是一个人的是一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的</b>	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD7366D
Insured/Policyholder	
Name Of Registered Owner	CERTOSA EXPRESS (PTE) LTD
Co Reg No	2XXXXX428N
Email Address	NOEMAIL

Alternative Phone No Vehicle Particulars

Mobile Phone No

Manufacturer NISSAN

Model NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5

Exact Purpose for which vehicle was being used at

time of accident

WORKING

OFFICE-89999999

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken REPORTING ONLY

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 5108442409-01

Cover Note Number

Driver

Name of Driver QIU SHUIFU, CHARLIE

 NRIC No
 SXXXX818G

 Date Of Birth
 17/12/1976

 Occupation
 OUTDOOR

 Date Of Driving Pass
 07/12/2018

Driving Experience 1 YEAR AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92224994

Fax Number

Contact Number OFFICE-92224994

EMail Address NOEMAIL

BLK 125 YISHUN STREET 11 Address

#12-393

Postcode 760125

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

NO

NO

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

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number **SLR4375E** 

Vehicle Make/Model/Colour MAZDA CX3

**Details Of Properties** 

PRIVATE CAR Vehicle Category

LIP KUO WEI Name of Driver SXXXX398C NRIC/Passport Number

96909435

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# 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 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:

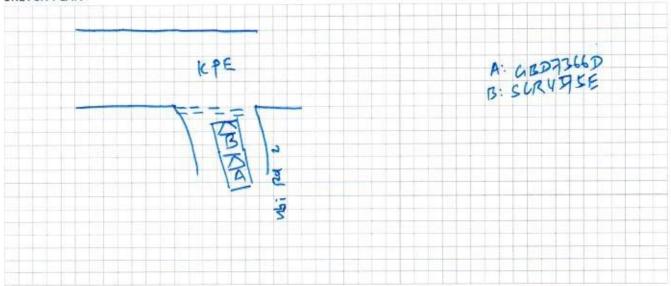
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature

NRIC/FIN No .:



On.	stated	l da	te	and	time	, 1	was	exit!	ig th	e sli	p ro	1 - 1
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ehi C	le B	rear	por	tion .								

DECLARATION

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

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIE	DENT DATE: (21 / 05 / 20 )(DD/MM/YYYY).	TIME: (11:42)(HH:MM)
	TION: SLIP ROAD , to EPE Tunnel	
1.	DETAILS OF VEHICLE  GEORGE  GE	a I a
29	HINSURANCE COMPANY: NTOC	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PART	Y / THÍRD PARTY FIRE &THEFT)
	SIMAKE & MODEL : NISAN NV 200	
	f)TYPE:(SALOON / COUPE / MPV WAN LORRY g)VEHICLE CATEGORY: (PRIVATE / COMMERCIA	T/ MOTORCYCLE)
	h) PURPOSE OF USING AT ACCIDENT TIME:	Delivery.
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REF	ORTING ONLY)
2.	INSURED / POLICY HOLDER	
	AINAME: CERTOSA EXPRESS	(MALE / FEMALE)
	DINRIC/FIN/PASSPORT: TO LANG 3 #01-18	CONTACT:
20 E	- ALIS DEIVED ALSO BOLICY HOL	DED
M 110 a P 3	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDRIVER	DER
Ho of passanga	GINAME GIN SYMIPA (MOVIE	CONTACT: 92224994
(Including driver)	b)NRIC/FIN/PASSPORT: S764(X1)X9	_CONTACT: 92224974
$(\underline{1})$	c) ADDRESS:	
	*d) DATE OF BIRTH: (17/12/1976) (DD/N	MM/YYYY)
596	e OCCUPATION: (INDOOR / OUTDOOR)	3 (8)
	f) YEARS OF DRIVING EXPRERIENCE:	DIC COMPANYS (VEC) NO
4.	WAS DRIVER AN EMPLOYEE OF THE INSURE IF NO, RELATIONSHIP OF THE DRIVER WITH	INSURED:
5.	alWEATHER CONDITION: (CLEAR / RAINING / C	THERS
	b)ROAD SURFACE: DRY / WET / OTHERS	
	WAS ANYBODY INJURED (YES / VIC)	
7.	a) REPORTED TO POLICE (YES (NO)	10
	IF YES, PLEASE STATE WHICH POLICE STATION:	
the al passages	OL VEHICLE NUMBER. SLA TOTOL	MODEL: MAZDA CX3
( Including disease)	PI DDIVEBICNAME. TIP FOR	- Experience state and the state of the stat
( )	C) NRIC/FIN/FASSFORT.	_CONTACT: 96909435_
9.	THIRD PARTY VEHICLE	HODEL
4 No of passenger	d) VEHICLE NUMBER:	_MODEL:
	f) NRIC/FIN/PASSPORT:	CONTACT:
(_)	The state of the s	ONE PART TO LIKE THE TENTE
Series and		7

email = queshuisulegmail.com.

fax =

VIDEO =



# 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 – 1

Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

 $\underline{\textbf{IMPORTANT NOTE:}} \quad \text{Please submit the completed Addendum form to the } \underline{\textbf{same}} \quad \text{Authorised Reporting Centre with whom you submitted the Original Report.}$ 

		ADDEND	DUM
(A)	PARTICULARS OF PE	RSON MAKING THE AMENDMENT	rs:
	Original Report No	: MNA120047345	Vehicle Registration No: GBD7366D
	Name(as shownin NRIC)	: CERTOSA EXPRESS (PTE) LTD	NRIC/FIN/Passport No: 2XXXXX428N
	(*Vehicle Driver/Ve	ehicle Owner) (*) Please delete as a	ppropriate
	Address		Singapore(
	Contact (Tel)	4	Mobile No.:
	Email Address	i <u></u>	
	Date of Accident	21/05/2020	Time of Accident : 11:40
	Place of Accident	SLIP RD UBI RD 2 TWDS KP	
	Insurance Company	: NTUC Income Insurance Co-	operative Ltd
в)	ADDITIONAL INFOR	MATION / AMENDMENTS:	
	Amend name of re	amendments:	and would like to include additional information or
8			
1	Policyholder / Driver	c Cignoture	Booting State D. Amag
	Policyholder / Driver' Date:	s signature	Reporting Centre Personnel's Signature Name: NRIC/FINNo.;

Date:



# THE SCHEDULE

# Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M90372806G

Policy Number

: 5108442409-01

The Policyholder

: CERTOSA EXPRESS (PTE) LTD

50 UBI AVENUE 3 #01-18 FRONTIER SINGAPORE 408866

Period of Insurance

: 31 Mar 2020 To 30 Mar 2021

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: S\$1,419.33

Interest Insured

Cover Type Make/Model : Comprehensive

: NISSAN/NV200

Capacity

: 0.71 ton(s)

Number of Seater

: 2

Registration Number

: GBD7366D

Registration Date

: 31 Mar 2015

Chassis Number

: VSKYBAM20Z0092558

Insure with COE NCD Entitlement

: Yes : 10%

Excess (Section 1)

: S\$600

Excess (Section 2)

: N/A

Windscreen Excess

: S\$100

Hire Purchase Company

: N/A

Memo A: N/A

Endorsement Operative: N/A

Agency

: DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue

: 02 Mar 2020 11:14 hrs

### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

Hello, NAC_PAYA_UBI_8006	01						· Change	Language	+ Change	Password	· Log Ou
My Desktop	Policy Query										
Notice of Loss	Policy I	Vo.					of Accident	21/	05/2020 11		
	Vehicle	No.(For Motor)	GBD7366D			Certificate Number					
						Search	É				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108442409- 01		CERTOSA EXPRESS (PTE) LTD	200105428N	GCV	Comprehensive	GBD7366D	GBD7366D	31/03/2020	30/03/2021

Policy No.	5108442409-01	Policyholder Name	CERTOSA E	EXPRESS (PTE) LTD	Policyholder NRIC	200105428N	
Certificate No.		ONE NOTES			333435		
Address	50 UBI AVENUE 3 #01-18 FRON	TIER SINGAPO	RE 408866				
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy issue Date	02/03/2020	Effective Date	31/03/2020	0.00:00	Expiry Date	30/03/2021 2	3:59
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	g/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	50 UBI AVENUE 3	Addres	s 2	#01-18 FRONTIER		Address 3	SINGAPORE 408866
Address 4		Addres	s Type	Singapore address	33	Post Code	408866
Unit No.		Relate	d Policy er	5108442409-01			
) Insure	d Object: GBD7366D						
♥ Endors	ements						

ccident MT/1093028					
Policy No:	5108442409-01	Vehide No.	G8073660	GST Registration No.	200105428N
Certificate No.					
okcyholder Name	CERTOSA EXPRESS (PTE) LTD			Policyholder NRIC	200105428N
reduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loeding	ò
omact No. (Mobile)	0	Contact No. (DMice)	0	Contact No. (Home)	0
nail Address		Special Remark	10.2203.03400.00	eCode	ne 🗸
**	® No ○Yes	TCA	® No ○Yes	eCode Reason	
D Protection	No .	NCD Entitlement(%)	10	Private Hire	No
P Accident Details					
port Cate	21/05/2020 15:53	Accident Report Within 24 hrs	Yes	Acadent Type	Collision - Head to Rear
ne of Accident	21/05/2020	Time of Accident hhomm	11:40	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	SLIP RD UBI RD 2 TWDS KIFE				
Total Excess Applicable					
ess Type	Per Accident	Windscreen Excess	100.00		
Standard Excess	600.00	TP Standard Excess	0.00		
D OD Excess	1000.00	YIED TP Excess	-	Driver is Covered?	
Ditional Excess				priver is covered.	
a) OD Excess Applicable	1600.00	Total TP Excess Applicable			
Benefits					
GST Registered Inform	ation				
Registered	Yes		GST Registration Date	24/09/2001	
Registration No.	2001054284		GST Status Verified	Yes	
ification History	21/05/2020 15:54:31 5y 21/05/2020 15:54:31 5y	stem changed GST Registration Date fi stem changed GST Status verified from	rom 01/01/2015 to 24/09/2001		
		A STATE OF THE STA	No. of the last of		
Policyholder Mailing Ad					
Wess 1	50 UBI AVENUE 3	Address 2	#01-18 FRONTIER	Address 3	SINGAPORE 408866
iress 4		Address Type	Singapore address	Post Code	408866
t No.		Related Policy Number	5108442409-01		
OI Driver Info	387752				
er Name named driver Name	Unnamed Driver	Driver Type	Unnamed Driver	1720777253	
ster Date of Driver License	QIU SHUIFU, CHARLIE 07/12/2018	Driver NRIC	\$00008186	Driver DDB	17/12/1976
tect No.(Mobile)	92224994	Driver Age Contact No.(Office)	43	Driving Experience	1
ress 1	BLK 125	Address 2	O CONTRACTOR IN	Contact No.(Home)	0
ress 4	SINGAPORE 760125	Address Type	YISHUN STREET 11	Address 3 Post Code	CHONG PANS VIEW
l No.	12-393	Hotelan 19pe	Singapore address	Post Code	760125
as he own a Singapore				200 80 60	
es he own a Singapore pistered car?	○ Yes ® No	Oriver Vehicle No.		Driver Insurer Company	
pistered car?		Driver Vehicle No.		Driver Insurer Company	
istered car? aration athelyser or Blood Test	○ Yes ® Na		Úvec@No	Driver Insurer Company	
pistered car? Paration athelyser or Blood Test		Driver Vehicle No.  Any injury?	○ Yes ® No	Driver Insurer Company	
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pistered car? laration athelyser or Blood Test iding?	○ Yes ® Na		○ Yes ® No	Driver Insurer Company	
istered car?  aration  athalyser or Blood Test  ding?	○ Yes ® Na		○ Yes ® No	Driver Insurer Company	
istered car?  aration  athalyser or Blood Test  ding?	○ Yes ® Na		○ Yes ® No	Driver Insurer Company	
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eracion  chalyser or Blood Test drig?  fication History  wirm 001 Name  n Type *  cact No. (Mobile)  if Address mant Type Claimant Type * mant Address in Description cered Workshop Contact	O res ® No  O mg  OD-MX   97878780  Please Select   ≥≥  GB073660 / SLR4375E ON 21 May 2020	Any injury?  Insured Name Contact No.(Home) OI Vehicle Number Type of Senefit * Cleimant NRIC *	CERTOSA EXPRESS (PTE) LTD	Insured MRIC Contact No. (Office) TP Vehicle Number	67427454
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estered car?  aration  athalyser or Blood Test ding?  fication History  fair 001 New  Type *  fact No. (Mobile)  fi Address  mant Type Claimant Type *  mant Address in Description  erred Workshop Contact uire Finalisation  it Registered  port Taken By  Print AK letter  tachment	O mg  Ong  Ong  Ong  Ong  Ong  Ong  S7878780  Please Select   ≥≥  S8D73660 / SLR4375E ON 21 May 2020  Yes  21/05/2020 15:55  Jackson	Any injury?  Insured Name Comact No.(Home) OI Vehicle Number Type of Benefit * Cleimant NRIC *  Insured Liability * Preferend Repair Option Claim Close Date	CERTOSA EXPRESS (PTE) LTD  OBD73660  Please Select  Fully at Fault  Preferred Workshop, Name unknown  Save   Suemit	Insured MRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	67427454 SLR4375E
stered car?  wation  chalyser or Blood Test ding?  fication History  alm 001 New  In Type *  act No. (Mobile)  if Address  nant Type Clamant Type *  nant Address  to Description  prod Workshop Contact dire Finalisation  Registered  et Taken By  Print AK letter  tachment	O mg  O mg  OD-MX	Any injury?  Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Cleimart NRIC *  Insured Liability * Preferend Repair Option Claim Close Date	CERTOSA EXPRESS (PTE) LTD  OBD73660  Please Select  Fully at Fault  Preferred Workshop, Name unknown  Seve Submit  001  21/05/2020 15:56	Insured MRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received	67427454 SLR4375E  Received  21/05/2020 00:00
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es he own a Singapore pistered car?  deration institution of Blood Test adorg?  Sheation History  Stalim 001 New  Im Type *  Mack No. (Mobile)  all Address Imant Type Claimant Type * Imark Address Imant Type Claimant Type * Imark Address Imant Address Im	O mg  O mg  OD-MX	Insured Name Comact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date  Browse Browse	CERTOSA EXPRESS (PTE) LTD  OBD73660  Please Select  Fully at Fault  Preferred Workshop, Name unknown  O01  21/05/2020 15:56  Category *  Clear Please Select  Clear Please Select	Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  Confidencial Urgeno Y Normal Y No. Normal	Received  21/05/2020 00:00   Description *

Attachment	Uploade	d By/Date	Category	9	Organcy	Des	cription	Msg Sent? (CO)
51 NW 47 10	NAC_PAYA_UB1_800601( NATIO CES) on 21 P	INAL ASSESSMENT CENTRE SERVI	NRIC/ Driving License	Y	Normal	NRIC/ Driving	License 2020-5-21	
63		NAL ASSESSMENT CENTRE SERVI Nay 2020 15:56	SAS		Normal	SAS 2	020-5-21	
		DNAL ASSESSMENT CENTRE SERVI May 2020 15:56	Photos		Normal	Photos	2020-5-21	
		ONAL ASSESSMENT CENTRE SERVI May 2020 15:56	Photos		Normal	Photos	2020-5-21	
		NAL ASSESSMENT CENTRE SERVI May 2020 15:56	Photos		Normal	Photos	2020-5-21	
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1		ONAL ASSESSMENT CENTRE SERVI May 2020 15:55	Photos		Normal	Photos	2020-5-21	
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3		INAL ASSESSMENT CENTRE SERVI May 2020 15:55	Photos		Normal	Photos	2020-5-21	
50		ONAL ASSESSMENT CENTRE SERVI May 2020 15:55	Photos		Normal	Photos	2020-5-21	
Date .	NAC_PAYA_USI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 May 2020 15:55				2020-5-21			
-	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 May 2020 15:55		PAYA_UBI_BD0601( NATIONAL ASSESSMENT CENTRE SERVI Photos Normal CES) on 21 May 2020 15:55		Normal	Photos 2020-5-21		
Video List	Uploaded Sy/Date	Folder Date		ile Name		Ŷ	Source	-