NATIONAL Assessment Centre	Services 1st	' ' Janrodj	2°, 4			
Date In: 27/05/20	Job description .		Date &	Time Completed	. Done	pi.
Ref No. NA/INC20005973/13	SAS e-filing				!	
Veh No. GBH9671M.	E-mail (widen She	s, AlC 2hrs)				
D.OA: 25/05/20 /620	i-Motor Claim	Form .	1	MT/10933	2-001	
OD TP Reporting Only	i-Motor W/O (v		7'P 4lurs)	;·		
	Assessment/Surv	ey Report	i	Substation		
TP Insurer:	Ass't Report by	Fax / Hand to	Owner	Wksp		
Preferred Wksp / INC Assign Wksp / QW: ((Tol:		Fax:)
TP Particulars: Veli No: 50	150169.8	. INC(.)/N	n-INC()		
Owner / Driver: (Tel:)	
Policy No: () Perio	od: ()	Cover	Гуре: (
Confirmed by : (MANAGEMENT - AND MINES	Date:		Time:)	
Insured/Driver Liability: (%) [No	ote-Est. Status (W	O): N: 0-20)%; P:	21-79%. F: 8	0-100%]	
Year of Registration: () W	arranty: YES ()/NO()			
Excess: (\$) Loading: \$1,000)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
the series of th	TO HAVE WAR	and the same of the same				
() Walk-In Customer: Customers Inform	nation strictly Confi	idential & St	rictly NC	refer of repair	er.	
() Total Loss Case : to e-mail Insurer	URGENTLY.					
Drive-In () / Towed-In (); Invoice:	YES () / NO	N. 10 CO.	owing (THE RESERVE THE PERSON NAMED IN COLUMN 2 I)
Remarks: 40/(INC horling: 6788 6616)	and the state of		Dates	Tune Complete	Don Don	6.by
	ourtesy Car ()	Se Justilla, es have				
2) QC Check / Post Repair Inspection	()	1.000				
3) Upload Resurvey Photo [Repair Cost > \$30	0001 ()	Vananta and a second				
No. 20 Per service and the ser						
Injury:			· www.	WERGINETS O'M	Terr. 24 .	
Date/Time Actions A. Y. C.			湖湖鄉	TO STATE OF	12 10 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·
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NA2003046	989 KS	Invoice Pr	eparati	n Checklist	YPY Lift in	Add Bill
The Control of the Co	10.00	1) AR : Accide: 2) DA : Dameg	nt Reportin	g (530); ent (5100); In	(C (\$30)	
Obumant's Particulars:	22.6 pro Veni 312.114/19	3) TF : Towing	Foe		\$40/\$45	
Driver/Owner:		4) FT : Follow-	Through S	urvey (Resurvey)	230	
Contact No:		For claiming	ageinstit	CONTY (wef 10 Ja	n 2005) \$75	
Damäged Portion:		6) TR : Re-lust 7) N1 : Idao D.	A + SMRT	Survey	. \$160	-
- Innigor , other	*	8) NTUC Add	itional Ser	vices:-		
QC Checked by (Engr-In-Charge):		*NS: Courte	sy Car / T	Allowanue	\$5	
2. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.		*N6: Repair *N7: Post R	Co-ordina	tion	\$10 \$25	
Auditors Comments		*N8: DV /	College Exc	css Coordination	\$5 \$20	
Cat. 1:		TP (N11):	TP (Non I)	NC) against INC	30	
	••	Invoice dated		Fee Ch		AL STATE OF THE PARTY OF THE PA
Jat. 2/3:		Invalue dated		Fee Ch	arged II	244

SINGAPORE ACCIDENT STATEMENT

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.
- 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

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27/05/2020 16:32 Date Of Report Date Of Accident 25/05/2020 16:20 SWANAGE ROAD Exact Location Of Accident Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH9671M

Insured/Policyholder

JIE XUAN ENGINEERING PTE LTD Name Of Registered Owner

Co Reg No 2XXXXXX065W NOEMAIL Email Address

Mobile Phone No

Alternative Phone No OFFICE-97640515

Vehicle Particulars

TOYOTA Manufacturer HIACE

Exact Purpose for which vehicle was being used at COMMERCIAL USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY If No, Please state action to be taken Vehicle Category COMMERCIAL VEHICLE

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

5105317794-01 Policy Number

Cover Note Number

Driver

Name of Driver AUUIDAIKKANNU ARIVALAGAN

GXXXX502L Passport No/FIN Date Of Birth 20/07/1981 OUTDOOR Occupation 28/12/2004 Date Of Driving Pass

15 YEARS AND 4 MONTHS **Driving Experience**

Gender

(LOCAL) +65-91695114 Mobile Number

Fax Number Contact Number

EMail Address ARIVALAGAN83@GMAIL.COM

Page 1 of 14

Address 188-1B TANJONG KATONG ROAD

Postcode 436989

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 SIDE SWIPE 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

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

Vehicle Registration Number

SLJ2169P

DETAILS OF OTHER VEHICLE PROPERTY 1

NO

YES

NO

NO

NO

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR MR KELVIN LIEW Name of Driver

NRIC/Passport Number

Contact Number 90044128

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

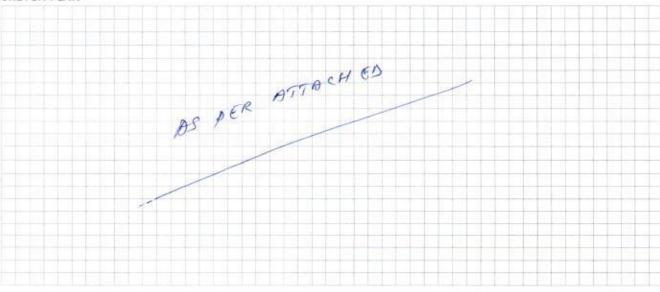
Date & Time:

27/05/2000

Report of Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was reversing my web from the carpork 107
at swanage Road. While reversing my weh
slightly touch the front right portion of uch
B that was parked outside the house no
GE.

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:

27/05/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

2

	DAOR NAMUD	
	House House	
	House	25/05/2020, 4:20PM
A-GBH9671M B-5253169P	House House	

ACCIDENT STATEMENT

ACCI	DENT DATE: 25 , 05/	2020)(DD/MM/YYYY)	, TIME: (4) : 20) (HH:M	IM)
LOCA	TION: Swana;	ge Road		(120)
Section 2000	b)INSURANCE COMPAN c)POLICY NUMBER: d)POLICY TYPE: (COMP e)MAKE & MODEL: f)TYPE:(SALOON / COUR g)VEHICLE CATEGORY: h)PURPOSE OF USING A I) ARE YOU CLAIMING UN IF NO, PLEASE STATE (TH INSURED / POLICY HOLD	REMENSIVE / THIRD PART REMENSIVE / THIRD PART PE / MPV / VAR / LORRY PRIVATE / COMMERCIA T ACCIDENT TIME: C NDER YOUR OWN INSUR HIRD PARTY CLAIM / REF	MOTORCYCLE / OTHERS) AL / MOTORCYCLE) OM MONORCYCLE) ANCE (YES/NO) PORTING ONLY)	FT)
	A)NAME:		CONTACT: 9769	0515
Ho of passenger (Including driver)	* CONTINUE TO 3.d IF DE DRIVER a) NAME: A LUR A CONTINUE TO 3.d IF DE DRIVER b) NRIC/FIN/PASSPORT: c) ADDRESS: 188 - 1	ikkannu Ariv	CONTACT: 916951	14
¥8	*d)DATE OF BIRTH: (20 e)OCCUPATION: (INDOC f)YEARS OF DRIVING EXP	OR / OUTDOOR)	M/YYYY)	_
5.	WAS DRIVER AN EMPLO IF NO, RELATIONSHIP (a) WEATHER CONDITION:	OYEE OF THE INSURED OF THE DRIVER WITH (CLEAR / RAINING / O)
6.	b)ROAD SURFACE: (DRY WAS ANYBODY INJURED a)REPORTED TO POLICE (IF YES, PLEASE STATE WI	(YES / 100) (YES / 100)		
this of passenger	THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME:	3L) 2/69 P	_MODEL:	
(_) 9. 1 *No ef passanger	 c) NRIC/FIN/PASSPORT: HIRD PARTY VEHICLE d) VEHICLE NUMBER: 		MODEL:	H 28
(Induding driver)	e) DRIVER'S NAME:		CONTACT:	_
94 G	Cina	d -		
	@ Iller	11 -		

fax =

VIDEO =

eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 25/05/2020 16:20 Vehicle No.(For Motor) GBH9671M Certificate Number Search Certificate Number Policyholder Name Policyholder Product Cover Type Vehicle No. Select Policy No. Insured Object Commence Expiry Date JIE XUAN ENGINEERING 200609065W PTE LTD Preferred Workshop GBH9671M GBH9671M 12/11/2019 11/11/2020 Plan O 5105317794-GCV

Continue



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

: 5105317794-01

The Policyholder

: JIE XUAN ENGINEERING PTE LTD 3018 BEDOK NORTH STREET 5

#03-34 EASTLINK SINGAPORE 486132

Period of Insurance

: 12 Nov 2019 To 11 Nov 2020

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: \$\$1,326.73

Interest Insured

Cover Type

: Preferred Workshop Plan

Make/Model

: TOYOTA/HIACE

Capacity

: 1.1 ton(s)

Number of Seater

: 2

Registration Number

: GBH9671M

Registration Date

: 12 Nov 2018

Chassis Number

; JTFHT02P200246141

Insure with COE

: Yes

Excess (Section 1) Excess (Section 2) : \$\$600

NCD Entitlement Loyalty Discount

: 20% : 5%

Windscreen Excess

: N/A

: S\$100

Hire Purchase Company : DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

Memo A: N/A

Endorsement Operative: M7

Agency

: GOLDEN PRIME INSURANCE AGENCY (00000613808)

Date of Issue

: 08 Oct 2019 21:18 hrs

DUTY OF DISCLOSURE

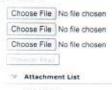
We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

Claim Handling Accident MT/1093302

Policy No.								
- GOLY ING.	5105317794-01	Vehicle No.	ΩВН9671М		GST Regi	stration No.		200609
Certificate No.	Walanda Transport Commission Comm				Parametro			
Policyholder Name	JIE XUAN ENGINEERING PTE LTD	OMBO COSTANO DO	Facility (Artistance)	COLUMN TOWN	Policyhok	ier NRIC		200609
Product Code Contact No.(Mobile)	COMMERCIAL VEHICLE INSURA	Cover Type	Preferred Worksho	op Plan	Loading	. Diam's		0
Contact No.(Mobile) Email Address	97640515	Contact No. (Office) Special Remark	0		Contact N eCode	o.(Home)		9
KFK	No Yes	TCA	. No Yes		eCode Re			No w
NCD Protection	No	NCD Entitlement(%)	20		Private H			No
Accident Details	.140	The Elicinetic to	20		3710000031	1400		100
Report Date	27/05/2020 16:52	Accident Report Within 24 hrs	Yes		Accident	Time		Side Sv
Date of Accident								
	25/05/2020	Time of Accident hh.mm	16:20			f Accident		Singapo
Reporting Centre Accident Location	SWANAGE ROAD	Orange Force			ICM No.			
Total Excess Applicable	SWANINGE RUNG							
Excess Type	Per Accident	Windscreen Excess		100.00				
OO Standard Excess	600.00	TP Standard Excess		0.00				
Y3ED OD Excess	0.00	YIED TP Excess		0.00	Driver is	Covered?		Covere
Additional Excess								
Total OD Excess Applicable	00.008	Total TP Excess Applicable		0.00				
₩ Benefits	v:26							
GST Registered Informat				a copic with				
GST Registered GST Registration No.	Yes 200609065W		GST Statu	stration Date		24/07/2006 Yes	100	
Modification History	27/05/2020 16:55:27 544	dem changed GST Registration No. from N	A to 200609065W			168		
10	27/05/2020 16:55:27 5y: 27/05/2020 16:55:27 5y:	tem changed GST Registration Date from item changed GST Status Ventiled from No	01/01/2015 to 24/07/. to Yes	2006				
Policyholder Mailing Add								
Address 1	3018 BEDOK NORTH STREET 5	Address 2	#03-34 EASTLINK		Address 3			SINGA
Address 4		Address Type	Singapore address		Post Code	ř.		48613
Unit No.		Related Policy Number	5108602745-01					
→ OI Driver Info								
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver					
Unnamed driver Name	AUUIDAIKKANNU ARIVALAGAN	Driver NRIC	GXXXX502L		Driver DO			20/07/
Register Date of Driver License	28/12/2004	Driver Age	38		Driving E			15
Contact No.(Mobile)	91695114	Contact No.(Office)	0		Contact N			0
Address 1	188-18 TANJONG KATONG ROA	Address 2	SINGAPORE 4369		Address 3			
Address 4		Address Type	Singapore address		Post Code			43598
0.0000000000000000000000000000000000000								
	Yes No	Driver Vehicle No.			Driver Inc	iurer Compa	ny	
Does he own a Singapore Registered car?	Yes @ No	Driver Vehicle No.			Driver In	iurer Compa	ny	
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test					Driver In	iurer Compa	ny	
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	Yes @ No	Driver Vehicle No. Any injury?	Yes in No		Driver In	iurer Compa	ny	
Declaration			Yes - No		Driver Ins	iurer Compa	ny	
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test			Yes w No		Driver In:	iurer Compa	ny	
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History			Yes w No		Driver In	iurer Compa	ny	
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?			Yes - No		Driver In:	iurer Compa	ny	
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New			yes # No					
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New			Yes - No	OD-MX	Insured Name		engineeri	WG PTE LT
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Claim Type *			Yes - No	OD-MX	Insured Name Contact No.			NG PTE LT
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Claim Type *			Yes - No	OD+MX	Insured Nome Contact No. (Home)			NG PTE LT
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)			Yes w No	OD-MX	Insured Name Contact No. (Home) OI Vehicle		ENGINEERI	NG PTE LI
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 w No		Insured Name Contact No. (Home) OI Vehicle Number	DE XUAN	ENGINEERI	NG PTE LI
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 w No	GBH9671M / SLJ2269P ON 25	Insured Name Contact No. (Home) OI Vehicle Number	DE XUAN	ENGINEERI	NG PTE LT
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	0 mg	Any injury?	Yes w No		Insured Name Contact No. (Home) OI Vehicle Number	DE XUAN	ENGINEERI	NG PTE LT
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 Southet No. No.	Insured Liability Preference Preference Preference Workshop,	Any injury?	Yes w No		Insured Name Contact No. (Home) OI Vehicle Number May 2020	DE XUAN	ENGINEERI	NG PTE LT
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. (Yes	Insured Liability Fully at F	Any injury?			Insured Name Contact No. (Home) OI Vehicle Number May 2020	DE XUAN	ENGINEERI	NG PTE LT
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. (Yes	Insured Liability Preference Preference Preference Workshop,	Any injury?		GBH9671M / SLJ2169P ON 25	Insured Name Contact No. (Home) OI Vehicle Number May 2020 Claim Close Date	SE XUAN	ENGINEERI	NG PTE LT
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Finalisation Ves. Date Registered	Insured Liability Preference Preference Preference Workshop,	Any injury?		GBH9671M / SLJ2169P ON 25	Insured Name Contact No. (Home) OI Vehicle Number May 2020	SE XUAN	ENGINEERI	NG PTE LI
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 Southet No. (Mobile)	Insured Liability Preference Preference Preference Workshop,	Any injury?		GBH9671M / SLJ2169P ON 25 27/05/2020 16:58	Insured No. Contact No. (Home) OI Vehicle Number May 2026 Claim Close Date Workshot	SE XUAN	ENGINEERI	NG PTE LI
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Finalisation Ves. Date Registered	Insured Liability Preference Preference Preference Workshop,	Any injury?		GBH9671M / SLJ2169P ON 25 27/05/2020 16:58	Insured No. Contact No. (Home) OI Vehicle Number May 2020 Claim Close Date Workshot	SE XUAN	ENGINEERI	NG PTE LI
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 Sontiet No. Yes Finalisation Date Registered Report Taken By	Insured Liability Preference Preference Preference Workshop,	Any injury?		GBH9671M / SLJ2169P ON 25 27/05/2020 16:58	Insured No. Contact No. (Home) OI Vehicle Number May 2020 Claim Close Date Workshot	SE XUAN	ENGINEERI	NG PTE LI
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 Sontiet No. Yes Finalisation Date Registered Report Taken By	Insured Liability Preference Preference Preference Workshop,	Any injury?	▼	GBH9671M / SLJ2169P ON 25 27/05/2020 16:58	Insured No. Contact No. (Home) OI Vehicle Number May 2020 Claim Close Date Workshot	SE XUAN	ENGINEERI	NG PTE LI
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 Softilist No. Finalisation Date Registered Report Taken By	Insured Liability Preference Preference Preference Workshop,	Any injury?		GBH9671M / SLJ2169P ON 25 27/05/2020 16:58	Insured No. Contact No. (Home) OI Vehicle Number May 2020 Claim Close Date Workshot	SE XUAN	ENGINEERI	NG PTE LT
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 Sontiet No. Yes Finalisation Date Registered Report Taken By	Insured Liability Preference Preference Preference Workshop,	Any injury?	▼	GBH9671M / SLJ2169P ON 25 27/05/2020 16:58	Insured No. Contact No. (Home) OI Vehicle Number May 2020 Claim Close Date Workshot	SE XUAN	ENGINEERI	NG PTE LI
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Attachment L	ist						
Attachment		ded By/Date	Category	9	Urgency	Descr	ption
A.		AL ASSESSMENT CENTRE SERVICES) on v 2020 16:58	NRIC/ Driving License	Y	Normal	NRIC/ Driving Lic	ense 2020-5-27
63	NAC_PAYA_UBI_800601[NATION 27 Ma	AL ASSESSMENT CENTRE SERVICES) on y 2020 16:58	SAS		Normal	SAS 202	0-5-27
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Video List							
	Uploaded By/Date	Folder Date	F	le Name		9	Source

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