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Tr Particulars: Veh No: 53	12 6344	L INC(	)/Non-INC(	).		
Owner / Driver: (			Tcl:		)	
Policy No: ( ) Perio	d: (	)	Cover Type: (		)	
Confirmed by : (		Date:	Time:		)	
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Drive-In ( )/ Towed-In ( ); Invoice: Y	ES( )/	NO(); Tov	viug Co: (	r)		)
Central (Incanante oran coron)		Mark Variables		TP/8/12/23	ENTER CO	Evin
Apply for Transport Allowance ( ) / Cour	organism desires	20/4/20/20/20/20/20/20/20/20/20/20/20/20/20/	Sure terminos sarina	Election (Sept.	Mindinous	ру
2) QC Check / Post Reprir Inspection	nesy Car (	3		· .	V/	
1) Upload Resurvey Photo [Repair Cost > \$3000	,( '	)			7 7	
- 7 opposite resulting repair Cost > \$5000	0] (	)		-		
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ntact No:		5) PT : Follow-Throu	gh Burvey (Resurvey)	200		
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ditors Communiscs		*N5: Courtesy Car *N5: Repair Co-est *N7: Fost Repair In *N8: DV / Collect I	lination repeation Expess Coordination	510 \$25 53 \$20 30	ESTES (FISA	AND YEAR

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.
- 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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Date Of Report	05/06/2020 12:09
Date Of Accident	06/05/2020 13:40
Exact Location Of Accident	BLK 151 YISHUN ST 11 CARPARK
Country/State of Loss	SINGAPORE
THE RESERVE OF THE PERSON OF T	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF3978D
Insured/Policyholder	
Name Of Registered Owner	UNION ENERGY PTE, LTD.
Co Reg No	2XXXXX207Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98621148
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5113967306
Cover Note Number	
Driver	
Name of Driver	TAN KAR SOOK
NRIC No	SXXXX247I
Date Of Birth	27/03/1956
Occupation	OUTDOOR
Date Of Driving Pass	22/12/1976
	43 YEARS AND 4 MONTHS
Name of the last o	MALE
A CONTRACTOR OF THE CONTRACTOR	(LOCAL) +65-93711618
Fax Number	7
Contact Number	

NOEMAIL

Address

526 HOUGANG AVE 6 #08-147

Postcode

530526

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

COLLIDED INTO PARKED VEHICLE

Weather Conditions

CLEAR DRY

Road Surface Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

HOUGANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT T/20200605/2008

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 Vehicle Make/Model/Colour

SJL6344L

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

### **IMPORTANT NOTICE**

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) 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 Name:

NRIC/FIN No.:

# SKETCH PLAN GBF 3978 D 63441

BIK 151 Yishun

Reter	to	Police	Report	7120200605/2008
		4575	1	

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:

carpark

NRIC/FIN No.:





Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

1 of 3 Report No. T/20200605/2008

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/06/2020 10:56		Made:	Vide Report No.:	Station Diary No.	
Informa	nt's Partic	ulars			
	f Informant: R SOOK	11	Address: APT BLK 526 HOUGANG 530526	S AVENUE 6 #08-147 SINGAPORE	
ID Type / ID No.: NRIC NO / S1171247I		471	Contact No.: Home/Office: Mobile: 93711618		
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 64	Date of Birth: 27/03/1956	Type of Informant:		
Race: Chinese			Language:	Institution / School Name:	
Occupat Delivery			Driving Licence Informatio	Date of Expiry:	

General Infor	mation of the Accide	nt		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/05/2020 13:40	Type of Location: Car Park
Along Road 1 YISHUN STR		((unknown lot number)		
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collis Moving Vehic	sion: ele Against - Parked Ve	ehicle		Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBF3978D	Lorry					0
SJL6344L	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





202000012000

2 of 3

Report No. T/20200605/2008

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999 CONTINUATION OF REPORT

Driver						
Name	TAN KAR SOOK			ID No	3	S1171247I
Related Vehicle	GBF3978D (Lorry)			Conta	ct No.	93711618
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

#### Brief Details.

On 06/05/2020 at 1344hrs, I am the driver of vehicle registration plate number GBF3978D and I was turning out of a carpark lot located at Blk 151 Yishun Street 11 carpark. I turned left to exit my vehicle lot and discovered I had collided with another vehicle SJL6344L front portion which is parked beside me. My vehicle sustain dent and scratches on my front left mudguard while the other vehicle sustain damages on his vehicle front portion.

I then left as there is no driver inside the said vehicle and I also forgotten to leave any notes on the said vehicle.

There is in-vehicle CCTV in my vehicle.





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

3 of 3 Report No. T/20200605/2008

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: F /	
Sgt 2 TAI YOONG CHAN DOMINIOUE	

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / HRT / SI NOR AFFENDY BIN JAFFAR Contact No.: 65476368

Authentication Stamp NP168 Signature Of Informant:

Date/Time:

05/06/2020 10:56

Classification Of Case:

Signature

Dam

Singapura Police Force



# Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5113967306-000065

Cover : Third Party

1. Index mark and Registration Number of Vehicle

GBF3978D

Chassis Number

2. Name of Policyholder

: JTFAT35Y10K206855

: UNION ENERGY PTE. LTD.

3. Effective Date of Insurance

: 01 Jan 2020

4. Expiry Date of Insurance

: 31 Dec 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive

the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

N/A

EXCESS (SECTION 2)

: 551,000

INSURE WITH COE

: N/A

HIRE PURCHASE COMPANY

: N/A

SUM INSURED

: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: JARDINE LLOYD THOMPSON PTE LTD (00000690216)

Date of Issue

: 26 Dec 2019 22:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

# ACCIDENT STATEMENT

ACCIE	DENT DATE: 6 / 5 /20 )(DD/MM/YYYY), TIME: (13 :40	)(HH:MM)
	TION: DUK 151 418hm & 11 Carport	20
		<del>1000-100</del> 0 18
1.	DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: G87 39410	
e	b)INSURANCE COMPANY: Union CAS De Ltd.	
	CJPOLICY NUMBER:	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY F	IRE &THEFT)
	e)MAKE & MODEL:	
	f)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE /	OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE	
	h) PURPOSE OF USING AT ACCIDENT TIME: WORK	3.0
	1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	Compan
2.	INSURED / POLICY HOLDER	also "
	A)NAME: Jan Yay Sook [MALE /	FEMALE), O
	b)NRIC/FIN/PASSPORT:CONTACT:9	7711618 /9862114
	c)ADDRESS:	1 - 02/14
20 20 20		<u>** 10 </u> , 3
w. 1	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	70 P
Hic of passangs	DRIVER	
CINCINCINO MENTE	a)NAME:(MALE / I	FEMALE)
(1)	b)NRIC/FIN/PASSPORT:CONTACT:	the same and
-1	c)ADDRESS:	- P
	*d)DATE OF BIRTH: / / / VDD/WW 20000	
	*d)DATE OF BIRTH: (/)(DD/MM/YYYY)  e)OCCUPATION: (INDOOR (OUTDOOR)	7
	f)YEARS OF DRIVING EXPRERIENCE:	
	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY?	(ES.) NO.
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	ies / NO)
5.	a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS	1
	b)ROAD SURFACE (DRY / WET / OTHERS	
	WAS ANYBODY INJURED IXES (NO)	
7. (	a)REPORTED TO POLICE (YES & NO)	16
	OREPORTED TO POLICE (YES AND)  IF YES, PLEASE STATE WHICH POLICE STATION: HOUSEN	N-P.C.
the of passenger	a) VEHICLE NUMBER: STL 636 & L MODEL:	
(Induding driver)	b) DRIVER'S NAME:	
( )	c) NRIC/FIN/PASSPORT:CONTACT:	
7. 1	HIRD PARTY VEHICLE	*
A 140 OF DATE STATE	d) VEHICLE NUMBER:MODEL:	
(Indudion delias)	e) DRIVER'S NAME:	7 7
C. Taray	f) NRIC/FIN/PASSPORT:CONTACT:	
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	carolheng @ Uni.	
		3
	: email = borg Sigt Lim & union	995. Jum. Sy.
· ·	Cimail = Durgoige Com	0
20	fax =	18
€6		

#### Claim Handling

CST Register Ann. No. 200809207Z GST Status Verified Ves Modification Initiatory  **V***Policyholder Mailling Address**  Address 1 3 LORONG BAKAR RATU Address 2 #07-04 UNION INDUSTRIAL CE Address 3 Address 4 Address 5 Pest Code Unite No. 08-00 Related Policy Number \$113967306  **Policyholder Name	ACCIDENT #1/1092383						
Contribute No.   Siji Sept 2006-200965   Protect Code   Code   Type   Third Florry   Contribute No.   Protect Code   Code   Type   Third Florry   Contribute No.   Contribute	Policy No.	5113967306	Vehicle No.	GBF3978D		GST Reg	istra
Product Code	Certificate No.	5113967306-000065				V-30330-	
Contest No.	Policyholder Name	UNION ENERGY PTE, LTD,				Policyhol	der f
Context No. (Context No. (Conte	Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party			
Secure   S	Contact No.(Mobile)	NA	Contact No.(Office)			0.5	No.(t
NED Profescion No No No Designament (%) 0 Private New	Email Address		Special Remark				
Mode	KFK	■ No Yes	TCA	No Yes		eCode Re	asor
### Accident Section	NCD Protection	No	NCD Entitlement(%)	0			
Management   Secretary   Sec	Accident Details					GASTATORIS.	DP.
Date of Accident	Report Date	08/05/2020 15:22	Accident Report Within 24 hrs	Yes		Accident	Type
Reporting Center  Accident Lucation  A Contract Mode (Mobile)  Per Accident  Center Style  Center Style  Center Style  Center No.  Center No.  Center Style  Center No.  Center Style  Center No.  Center No.  Center Style  Center No.  Center Style  Center No.  Center Style  Center No.  Center	Date of Accident	06/05/2020	Time of Accident hh:mm				
March   Marc	Reporting Centre						
Decision Type	Accident Location	NA				San Maria	
Distandard Excess	▽ Total Excess Applicable						
TITLE DO DE Excess   1,000,00   Tetal TP Excess Applicable   1,000.00   Tetal	Excess Type	Per Accident	Windscreen Excess		0.00		
### Address 1   1,000.00   Total TP Excess Applicable   1,000.00	OD Standard Excess	0.00	TO Standard Survey		. D. Liminger		
Address 2 gor-ear flyes applicable 1,000.00 Total TF Excess Applic	YIED OD Excess	0.00			1,000.00		
Total OF Excess Applicable   0.00   Total TF Excess Applicable   1,000.00    *** Benefits**  *** 637 Registrated Information**  637 Registrated No.   2006/09/2072   GST Registration Date   01/ Yes  *** 637 Registration No.   2006/09/2072   GST Registration Date   01/ Yes  *** Modification History*  *****  ******  *******  ********  ****			TIED IP Excess			Driver is (	Cove
## 63T Registeral Information  ## 63T Registeration flow  ## 63T Registeration flow  ## 63T Registeration flow  ## 63T Registeration flow  ## 63T Status Verified  ## 72		0.00	T				
VES		0,00	local IP Excess Applicable		1,000.00		
SST Registration No. 2008092072 SIX No. 2008092072		tion					
Modification History  ***Policyholder Mailing Address**  Address 1 3 J.DR.DNG BAKAR BATU Address 2 #07-04 UNION INDUSTRIAL CE Address 3 Address 4 Address 1 Post Code  ***Policyholder Mailing Address**  Address 1 Post Code  ***Policyholder Mailing Address**  Address 1 Address 1 Address 1 Post Code  ***Policyholder Mailing Address**  **Policyholder Mailing Address**  Address 4 Address 1 Singapore address Post Code  Driver Name  Address 2 Address 3 Address 3 Address 4 Address 1 Post Code  William Name  Modification History  Claim 002 Max    Mail   Mail	The State of the S	Yes		GST Regist	ration Date		01/
Address 1 Address 3 Address 3 Driver Name		2008092072		GST Status	Verified		Yes
Address 1 3 LORING BAKAR BATU Address 2 #07-04 UNION INDUSTRIAL CE Address 3 Address 4 Address Type Singapore address Pest Code Unit No.	Modification History						
Address 4 Address Type Singapore address Address Type OD-tiver Info  Driver Name OFFICE OFFIC	▽ Policyholder Mailing Add	ress					
Address 4 Address Type Singapore address Post Code Unit No.	Address 1	3 LORONG BAKAR BATU	Address 2	#07-04 UNION INC	WISTRIAL CE	Address 2	8
Both No.   08-00   Related Policy Number   5113967306	Address 4				OSTRIAL CE		
Driver Name Post Code Driver Name Driver N	Unit No.	08-00				Post Code	
Unit Modification History  Claim Type *  Contact No.(Mobile)  Contact No.(Mobile)  Contact No.(Mobile)  Contact No.(Mobile)  Contact No.(Mobile)  Address 1  Address 7ype Foreign address  Port Code  Unit No.  Claim 002  Naw  Claim 002  Naw  Contact No.(Mobile)  Solution No.  Contact No.(Mobile)  Solution No.  Contact No.(Mobile)  Contact No.(Mobile)  Solution No.  Contact No.(Mobile)  No.  Contact No.(Mobile)  Solution No.  Contact No.(Mobile)  No.  Solution No	♥ OI Driver Info		The state of the s	5113907306			
Unamed driver Name Register Date of Driver License Driver Age Address 1 Address 2 Address 3 Address 4 Address 7ype Foreign address Post Code Driver Vehicle No. Driver	Driver Name		Driver Type				_
Register Date of Driver License  Contact No.(Mobile)  Contact No.(Office)  Contact No.(Office)  Address 2  Address 3  Address 4  Address 7ype  Foreign address  Post Code  Unit No.  Driver Vehicle No.  Driver Vehicle No.  Driver Vehicle No.  Driver Insurer  Claim 002  New  Claim 199 *  Contact No.(Mobile)  Contact No.(Mobil	Unnamed driver Name					Driver DO	В
Contact No.(Office) Contact No.(Office) Address 1 Address 2 Address 3 Address 3 Post Code Unit No. Does he own a Singapore Registered car?  Claim 002 New  Claim 002 New  Claim 005 Claim Description Preferred Workshop Prefe	Register Date of Driver License		Driver Age				
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Unit No.  Registered car?  Ves No Driver Vehicle No.  Driver Insured  DD-MX Insured  DD-MX Name  Contact No. (Mobile)  Contact No. (Mobile)  Contact No. (Mobile)  Email Address  Claim Description  Claim Description  Deferred  Workshop  Preferred  Workshop  Preferred  Workshop  Preferred Workshop, Name unknown Preferred  Workshop  Date Registered  Do-MX Insured  Contact No. (Home)  (Home)  (Home)  (Received Preferred Workshop, Name unknown Preferred Workshop, Name unknown Preferred  Save Submit	Address 4		Address Type	Foreign address			
Modification History  Claim 002 New  Claim 7ype *  Contact No. (Mobile)  Email Address  Claim Description  Freferred Workshop  Preferred Workshop, Name unknown V report  Report Taken By  Print AK letter  Driver Venicle No.  OD-MX  Insured University  Contact No. (Mobile)  Gentlet No.  Venicle Gentlet No.  Gentlet No.  Gentlet No.  Venicle Gentlet No.  Gentlet No.  Gentlet No.  Venicle Gentlet No.  Gentlet No.  Gentlet No.  Gentlet No.  Venicle No.  Gentlet No.  Gentl	Unit No.			V.010401748254944459			
Modification History  Claim 002 New  Claim Type *  Contact No.(Mobile)  Claim Description  Preferred  No. Vehicle Number  GBF3976D / S3L6344L ON 6 May 2020  Preferred  No. Versions Sation  Preferred Workshop, Name unknown Versions Claim  Option  Claim Occupant Received  Preferred Workshop, Name unknown Versions Claim  Option  Save Submit	Does he own a Singapore	Yes No	Driver Vehicle No				
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Accident No. MT/1092383 Claim No. 002 Last Doc. Received ⊕ Yes ○ No Upload Date 05/06/2020 17:38 Path \* Category \* Confider Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select ¥ Choose File No file chosen Clear Please Select v NO Choose File No file chosen Clear Please Select ٧ NO Choose File No file chosen Clear Please Select v NO Choose File No file chosen Clear V Please Select NO Attachment List Attachment Uploaded By/Date Category Urgency NAC\_PAYA\_UBI\_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Jun 2020 17:38 SAS Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Jun 2020 17:38 NRIC/ Driving License Hib C Normal NRIC/ Dri NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Jun 2020 17:38 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Jun 2020 17:38 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Jun 2020 17:38 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Jun 2020 17:38 Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Jun 2020 17:38 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Jun 2020 17:38 Photos Normal Video List Uploaded By/Date Folder Date File Name

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