Date In: 27712-14:18	Jeb description	Date & Time Completed	Done l	•
D. CN	SAS e-filing			
MALING MODE PAR	E-mail (within Shrs, AIC 2	hrs)		.,
NDALLIE	i-Motor Claim Form		22/2/20 1	1:29
D.O.A: 16/3/2-15:30	i-Motor W/O (Within:		211112	
OD / (P) Reporting Only	i-Photo Uploaded			
	Assessment/Survey Re	port		
TP Insurer:	Ass't Report by Fax / I			
Preferred Wksp / INC Assign Wksp / QW: (			Fax:	
	T Marcon A	NC( )/Non-INC( )		
TP Particulars: Veh No: JA	IEA MIS .	Tel:	)	
	Period: (	) Cover Type: (	)	-
Confirmed by : (	Date:		)	
		N: 0-20%; P: 21-79%. P: 30	100%]	
	Warranty: YES ( )/NO			
Year of Registration: ( )				
Excess: (\$ ) Loading: \$	1,000 ( )7 \$2,000 ( )	ENGERAL BARRES IN SCIENCE		
General Remarks:-				- F
( ) Walk-In Customer: Customer's in	nformation strictly Confidentia	& Strictly NO refer of repairer	<u> </u>	
( ) Total Loss Case : to e-mail Ins	urer URGENTLY.			
Drive-In ( )/ Towed-In ( ); Invo	ice: YES ( ) / NO (	); Towing Co: (		)
000)		Date&Time Completed	Done	by
Remarks: (INC horline: 6788 6616		- L	100000	-
	/ Courtesy Car ( )			~
2) QC Check / Post Repair Inspection	( )			
<ol> <li>Upload Resurvey Photo [Repair Cost &gt;</li> </ol>	\$3000] ( )			
Injury:				_
arrystr p. v.			The second secon	
		Company of the section		1000
		· 一个一个		./= 3
	A service of the serv			
	1			
	1			Ami (
Date/Time Actions	Inveit	e Preparation Checklist	Ant (5). fit Bill	100
Nanoxy6	1) AR :	e Preparation Checklist.	Ant(S)	100
Date/Time Actions	1) AR : A 2) DA :	e Preparation Checklist.  Accident Reporting (\$30);  Damege Assessment (\$100); INC	Ant (5) fit Bill (\$80)	100
NAZOSTICULARS:-	1) AR : A 2) DA : 3) TF : I 4) FT : E	e Preparation Checklist:  Accident Reporting (530);  Damege Assessment (5100); INC  owing Fee follow-Through Survey	Anit (\$) [5: Bill (\$80) \$40/\$45 \$120	1
Navosus  Inimant's Particulars:	1) AR : A 2) DA : 1 3) TF : T 4) FT : E 5) FT : E	e Preparation Checklist:  Accident Reporting (\$30);  Damage Assessment (\$100); INC  owing Fee follow-Through Survey  follow-Through Survey (Resurvey)	(\$80) (\$40/\$45 \$120 \$30	1
NAZOSTIC  Inimant's Particulars:- river/Owner:	1) AR : 2) DA : 3) TF : T 4) FT : F 5) FT : F	e Preparation Checklist  Accident Reporting (\$30);  Damage Assessment (\$100); INC  owing Fee  follow-Through Survey  follow-Through Survey (Resurvey)  eiming against INC Only (wef 10 Jan 20)	(\$80) (\$40/\$45 \$120 \$30	1
NAZOSTIC  Laimant's Particulars:- river/Owner:	1) AR : 2) DA : 3) TF : T 4) FT : F 5) FT : F For el 6) TR : T 7) N1 : I	e Preparation Checklist.  Accident Reporting (\$30);  Damage Assessment (\$100); INC  owing Fee  follow-Through Survey  follow-Through Survey (Resurvey)  eiming against INC Only (wef 10 Jan 20  Re-inspection  dae DA + SMRT Survey	Anit (\$) [\$1 Bill   (\$80) \$40/\$45 \$120 \$30 205)	1
Nations  Nat	1) AR : 2) DA : 3) TF : T 4) FT : F 5) FT : F 60 cl 6) TR : T 7) N1 : I 8) NTU	e Preparation Checklist.  Accident Reporting (\$30);  Damage Assessment (\$100); INC  owing Fee  follow-Through Survey  follow-Through Survey (Resurvey)  eiming against INC Only (wef 10 Jan 20  Re-inspection	(\$80) \$40/\$45 \$120 \$30 \$205) \$75	1
Date/Time Actions  NATOSEL  Inimant's Particulars:- river/Owner: ontact No: amaged Portion:	1) AR : 2) DA : 3) TF : T 4) FT : F 5) FT : F For el 6) TR : T 7) N1 : I 2	e Preparation Checklist.  Accident Reporting (\$30);  Damage Assessment (\$100); INC  Towing Fee  Collow-Through Survey  Collow-Through Survey (Resurvey)  Collow-Through Survey (Resurvey)  Collow-Through Survey (Resurvey)  Collow-Through Survey  Collow-Through Survey  Collow-Through Survey  Collow-Through Survey  Collow-Through Survey  Courtesy Car / Tpt Allowance	(\$80) \$40/\$45 \$120 \$30 \$75 \$160	100
NATONAL  Liginant's Particulars:-  river/Owner: ontact No: amaged Portion:	1) AR : 2) DA : 3) TF : T 4) FT : F 5) FT : F For el 6) TR : T 7) N1 : I 2	Courtesy Car / Tpt Allowance Repair Co-ordination  Courtesy Car / Tpt Allowance Repair Co-ordination  Courtesy Car / Tpt Allowance Repair Co-ordination	(\$80) \$40/\$45 \$120 \$30 \$205) \$75 \$160	A
Date/Time Actions  NATOSELE  Inimant's Particulars:- river/Owner: ontact No: amaged Portion:  C. Checked by (Engr-In-Charge):	1) AR : 2) DA : 3) TF : T 4) FT : F 5) FT : F Fotel 6) TR : T 7) N1 : T 8) NTU OD: *N5: *N6: *N6: *N7:	e Preparation Checklist  Accident Reporting (\$30);  Damage Assessment (\$100); INC  owing Fee  follow-Through Survey  follow-Through Survey (Resurvey)  eiming against INC Only (wef 10 Jan 2)  Re-inspection  dae DA + SMRT Survey  C Additional Services:-  Courtesy Car / Tpt Allowance  Repair Co-ordination  Fost Repair Inspection  DV / Collect Excess Coordination	(\$80) \$40/\$45 \$120 \$30 \$205 \$75 \$160	Ami ()
Date/Time Actions  NATONIA  Relations Particulars:- river/Owner: ontact No: amaged Portion:  C Checked by (Engr-In-Charge):	1) AR: 2) DA: 3) TF: T 4) FT: F 5) FT: F Forel 6) TR: T 7) N1: I 2	e Preparation Checklist  Accident Reporting (\$30);  Damage Assessment (\$100); INC  owing Fee  follow-Through Survey  follow-Through Survey (Resurvey)  eiming against INC Only (wef 10 Jan 20)  Re-inspection  dae DA + SMRT Survey  Cadditional Services:-  Courtesy Car / Tpt Allowance  Repair Co-ordination  Fost Repair Inspection  DV / Collect Excess Coordination  III): TP (Non INC) against INC	(\$80) \$40/\$45 \$120 \$30 \$75 \$160 \$25 \$25 \$20	A
Date/Time Actions	1) AR: 2) DA: 3) TF: T 4) FT: F 5) FT: F Forel 6) TR: T 7) N1: I 2	e Preparation Checklist  Accident Reporting (\$30);  Damage Assessment (\$100); INC  owing Fee  follow-Through Survey  follow-Through Survey (Resurvey)  eiming against INC Only (wef 10 Jan 2)  Re-inspection  dae DA + SMRT Survey  C Additional Services:-  Courtesy Car / Tpt Allowance  Repair Co-ordination  Fost Repair Inspection  DV / Collect Excess Coordination	(\$80) \$40/\$45 \$120 \$30 205) \$75 \$160 \$25 \$5 \$20 \$30	200

i i per in 1930

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	27/07/2020 14:18
Date Of Accident	25/07/2020 15:30
Exact Location Of Accident	NORTH BRIDGE RD AFTER JLN KUBOR
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG2077E
Insured/Policyholder	
Name Of Registered Owner	HYDRO POWER TECH PTE LTD
Co Reg No	2XXXXX321C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81014009
Alternative Phone No	OFFICE-81014009
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE 3.0 M
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091784525-03
Cover Note Number	
Driver	
	CEVAD CADAVANANI

SEKAR SARAVANAN Name of Driver GXXXX248X Passport No/FIN 04/05/1993 Date Of Birth OUTDOOR Occupation 06/01/2020 Date Of Driving Pass 0 YEAR AND 6 MONTH Driving Experience MALE Gender (LOCAL) +65-88116499 Mobile Number Fax Number OFFICE-88116499 Contact Number NOEMAIL

EMail Address

Address BLK 947 JURONG WEST STREET 91

#04-645

Postcode 640947

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 Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

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.

3

NO

Number of Passengers (Including Driver)

Passenger 1 NAME: : -

GENDER: : MALE

Passenger 2 NAME: : -

GENDER: : MALE

**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

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SME4298B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver RUSHALI CHAND

NRIC/Passport Number

Contact Number 91126646

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.
- 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 aforesald.
- 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

Name:

NRIC/FIN No .:

Ven A: GBG 2077E  Ven B: SME 429RB  FOR IBE CIRCUMSTANCES OF THE ACCIDENT	SKETCH PLAN	
4 1111	Level Level	
FSCRIBE CIRCUMSTANCES OF THE ACCIDENT	North British	talan Kubur
A COLUMN TARCES OF THE ACCIDENT	DESCRIBE CIRCUMSTANCES OF THE ACC	IDENT

On above date I time, I was driving my which A (GBG 2077E)
traveling along North Bridge Ruad tools South Bridge Ruad on second
lane of a 4-lanes, road. Somewher after Jalan Kubur, I was driving
Straight on my lane suddenly white B (SME 4298B) came from right
and collided anto the right portion of my vehicle.

# 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.:

ehicle No.	GBG 2077E Model/Make Toyota Hioce
ate of Accident	25 7 2020
me of Accident	1530 HRS
ocation of Accident	Along North Bridge Road after Jalan Kubur
cact purpose use during accid	dent Work
ame of Owner	Hydro Power Tech Pte 4d
elephone No.	H/P: 8101 4009 Home: Office:
RIC	2012313210
ddress	947 Jurang West Street 91 HO4-645 5(640947)
laim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC
ype of Coverage	Comprehensive Third Party Third Party / Fire /Theft
olicy No.	5091784525-03
Name of Driver	As Above If No, Setar Savavavan
IRIC	G2618248X Any Passengers: 2 (M)
Date of birth	4   5   1993
Occupation	Outdoor / Indoor
Driving License Pass Date	6/1/2020
Gender	Male / Female
Contact No.	H/P: 8811 6499 Home: Office:
Address	947 Jurang West Street 91 #04-645 ((640947)
Oriver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	SME 4198B Any Passengers: 3
Name of Driver	Rushali Chand Contact No.: 9112 6646
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Right portion
Camera Recorder	Yes / No
Email Address	Saran4645@gmail.com
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Brandon
FAX NO	6741 0510



#### 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 5091784525-03

 Index mark and Registration Number of Vehicle Chassis Number

2 Name of Policyholder

3 Effective Date of Insurance

4. Expiry Date of Insurance

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.

Cover : Comprehensive

HYDRO POWER TECH PTELTD

**GBG2077E** 

09 Jul 2020

08 Jul 2021

KDHZ015024874

(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.

\$\$500 EXCESS (SECTION 1) N/A EXCESS (SECTION 2) 55100 WINDSCREEN EXCESS INSURE WITH COE

DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD HIRE PURCHASE COMPANY MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

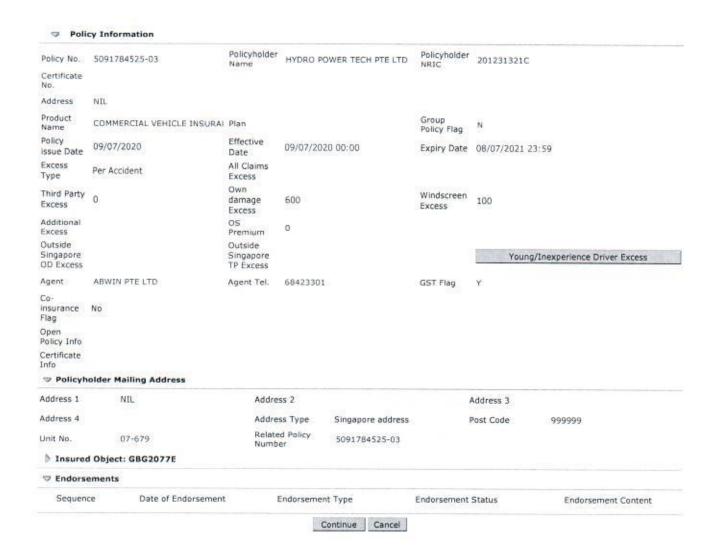
I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: ABWIN PTE LTD (00000614234) Agency : 09 Jul 2020 11 12 hrs Date of Issue

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Exe

<b>eBao</b> Tech			GeneralClain						lClaim		
Hello, NAC_PAYA_UBI_80	0601			The second second		and the part of the last of	• Change I	Language	· Change	e Password	Log Out
My Desktop	Poli	cy Query									9
Notice of Loss	Policy N	io.				Date	of Accident	25	/07/2020 15	:30	
	Vehicle	No.(For Motor)	G8G20	77E		Certi	ficate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5091784525- 03		HYDRO POWER TECH PTE LTD	2012313210	GCV	Comprehensive	GBG2077E	GBG2077E	09/07/2020	08/07/2021
					9	Continue	1				



ccident MT/1097993					
icy No.	5091764525-03	Vehicle No.	GBG2077E	GST Registration No.	
rt-ficate No.				naramana salaan	
icyholder Name	HYDRO POWER TECH PTE LTD			Policyholder NR3C	201231321C
duct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
rract No.(Mobile)	91014009	Contact No.(Office)	0	Contact No. (Home)	0
all Address		Special Remark		eCode	V 8
K.	No ○ Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	20	Provide Hine	No
Accident Details					
port Date	27/07/2020 14:26	Accident Report Within 24 hrs	Yes	Acodent Type	Collision - Change / Cross lane
te of Accident	25/07/2020	Time of Accident Inn.mm	15.30	Country of Accident	Singapore
porting Centre		Orange Force		1CM No.	
cident Location	NORTH BRIDGE RD AFTER JUN KUBÖR				
	THE PROPERTY OF THE PARTY OF TH				
Total Excess Applicable		27	3000		
cess Type	Per Accident	Windscreen Excess	100.00		
	*****	TO Construct Construction	2.00		
Standard Excess	600.00	TP Standard Excess	0.00		
D 00 Excess	1000.00	YIED TP Excess		Driver is Covered?	
ditional Excess					
al OD Excess Applicable	1600.00	Total TP Excess Applicable			
Benefits					
GST Registered Informa					
T Registered	No		GST Registration Date		
F Registration No.			GST Status Verified	ves	
dification History	27/07/2020 L4:28:26 Syste	sm changed GST Status verified from	m No to Yes		
Policyholder Halling Ad	dress				
oress 1	NIL	Address 2		Address 3	
dress 4		Address Type	Singapore address	Post Code	999999
it No.	07-679	Related Policy Number	5091784525-03		
OI Driver Info					
ver Name	Unnamed Oriver	Driver Type	Unnamed Driver		
named Sriver Name	SEKAR SARAVANAN	Driver NRIC	G2618748X	Driver DOB	04/05/1993
gister Date of Driver License.		Driver Age	27	Driving Experience	0
	B8116499	Contact No.(Office)	0	Contact No.(Home)	0
ntact No. (Mobile)					NANYANG RUBY
dress 1	BLK 947	Address 2	JUACHG WEST STREET 91	Address 3	
dress 4	SINGAPORE 640947	- Address Type	Singapore address	Post Code	640947
	04-645				
pes he own a Singapore	04-645 ○ Yes ® No	Driver Vehicle Na.		Driver Insurer Company	
oes he own a Singapore		Driver Vehicle Na.		Driver Insurer Company	
oes he own a Singapore egistered car?		Driver Vehicle Na.		Driver Insurer Company	
oes he own a Singapore registered car?  claration  eathelyser or Blood Text		Driver Vehicle No.  Any Injury?	○ Yes ® No	Driver Insurer Company	
oes he own a Singapore egistered car? iclanition reathalyser or Blood Text	○ Yes <b>®</b> No		○ Yes ® No	Driver Insurer Company	
oes he own a Singapore egistered car? iclaration reathelyser or Blood Text eading?	○ Yes <b>®</b> No		○ Yes ® No	Driver Insurer Company	
oes he own a Singapore egistered car? iclaration reathelyser or Blood Text eading?	○ Yes <b>®</b> No		○ Yes  ® No	Driver Insurer Company	
nes he own a Singapore gistored car? claration eathalyser or Blood Test adding?	○ Yes <b>®</b> No		○ Yes ® No	Driver Insurer Company	
es he own a Singapore gistered car? claration eathalyser or Blood Test ading? diffication Hattory	○ Yes <b>®</b> No		○ Yes ® No	Driver Insurer Company	
es he own a Singapore gistered car? claration nathalyser or Blood Test ading? diffication History	○ Yes <b>®</b> No		○ Yes  ® No	Driver Insurer Company	
es he own a Singapore gistered car?  claration  hathalyser or Blood Text ading?  diffication Hatory  Claim 001 New	○ Yes <b>®</b> No		○ Yes   No  HYDRO FOWER TECH PTE LTD	Driver Insurer Company Insured NRIC	201231323C
es he own a Singapore gistered car?  claration  hathalyser or filood Text ading?  diffication Hatory  Claim 001 New	○ Yes  No  Oring	Any injury?			201231323C
es he own a Singapore gistered car?  claration  eathalyser or Blood Text ading?  diffication Hatory  Claim 001 New  and Type *  entact No. (Mobile)	○ Yes ® No	Any injury?  Insured Name Contact No. (Home)	HYDRO POWER TECH PTE LTD	Insured NRDC Contact No. (Office)	201231323C
es he own a Singapore gistered car?  claration  eathalyser or Blood Test adding?  Claim 001 New  entert No. (Mobile)  real Address	O mg  On-MX  91087285	Any injury?  Insured Name Connect No. (Home) Of Vehicle Number	HYDRO POWER TECH PTE LTD G8G20778	Impured NRDC	
es he own a Singapore gatered car?  claration eathelyser or Blood Test ading?  diffication Hatory  Claim 001 New  sant Type * entact No. (Modre) half Address sanart Type Claimant Type *	Oreg  Op-MX 91087285  Please Select  ✓	Any injury?  Insured Name  Consect No. (Home)  Of Vehicle Number  Type of Benefit +	HYDRO POWER TECH PTE LTD	Insured NRDC Contact No. (Office)	
es he own a Singapore gatered car?  claration eathalyser or Blood Test ading?  diffication Hatory  Claim 001 New  avm Type * entact No. (Mobile) half Address avmort Type Claimant Type * avmort Type Claimant Type *	O mg  On-MX  91087285	Any injury?  Insured Name Connect No. (Home) Of Vehicle Number	HYDRO POWER TECH PTE LTD G8G20778	Insured NRDC Contact No. (Office)	
es he own a Singapore gatered car?  claration eathalyser or Blood Test ading?  diffusion Hatory  Claim 001 New  and Type *  entact No. (Mobile) itali Address sinant Type Claimant Type * smant Name * symant Name *	Ormg  OD-MK  91087285  Please Select  ≥≥	Any injury?  Insured Name  Consect No. (Home)  Of Vehicle Number  Type of Benefit +	HYDRO POWER TECH PTE LTD G8G20778	Insured NRIC Contact No. (Office) TP Vehicle Number	
es he own a Singapore gatered car?  claration  eathalyser or Blood Test ading?  diffusion Hatory  Claim 001 New  em Type *  mact No. (Mobile)  end Address  symant Name *  symant Name *  symant Name *  symant Address  sym Description	Oreg  Op-MX 91087285  Please Select  ✓	Any injury?  Insured Name Conset No. (Home) Of Venice Number Type of Benefit + Chamant WRDC +	HYDRO POWER TECH PTE LTD  GBG20778  Please Select	Insured NRDC Contact No. (Office)	
es he own a Singapore gistered car?  claration  eathalyser or Blood Text ading?  diffication Hatory  Claim 001	Ormg  OD-MK  91087285  Please Select  ≥≥	Any injury?  Insured Name  Consect No. (Home)  Of Vehicle Number  Type of Benefit +	HYDRO POWER TECH PTE LTD G8G20778	Insured NRIC Contact No. (Office) TP Vehicle Number	
es he own a Singapore gistered car?  claristion eathalyser or Blood Test ading?  diffication Hattary  Claim 001 New  and Type *  writect No. (Mobile) half Address symant Type Claimant Type * amant Name *  writered Workshop Contact b.	Ormg  OD-MK 91087285  Please Select  ≥≥	Any injury?  Insured Name Conset No. (Home) Of Venice Number Type of Benefit + Chamant WRDC +	HYDRO POWER TECH PTE LTD  GBG20778  Please Select	Insured NRIC Contact No. (Office) TP Vehicle Number	
claration eathalyser or Blood Test edification History  Claim 001 New  anti Type * entact No. [Mobile] half Address symant Type Claimant Type * amant Address symant Address symant Address symant Address element Workshop Contact output Finalisation	O mg  OD-MX 91087285  Please Select  ≥  GBG2077E / SME4298B ON 25 lu 2020	Any injury?  Insured Name Conset No. (Home) Of Venice Number Type of Benefit + Claimant WRDC +	HYDRO POWER TECH PTE LTD  GBG2077E  Please Select  Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	SME42988
claration eathalyser or Blood Test eathalyser or Blood Test eading?  claration eathalyser or Blood Test eathalyser eathal	O mg  Ong  Ong  Ong  Ong  Ong  Ong  Ong  O	Any injury?  Insured Name Contact No. (frome) Of Vehicle Number Type of Benefit + Claimant WROC +  Inpured Cability * Preferend Repair Option	HYDRO POWER TECH PTE LTD  GBG2077E  Please Select  Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SME42988
claration eathalyser or Blood Test eathalyser or Blood Test eading?  claration eathalyser or Blood Test eading?  claim 001 New  and Type * entace No. (Nobite) half Address asmant Type Claimant Type * amant Address asmant Address asmant Page test eathal Address auth Description eferred Workshop Contact or outher Finalisation are Registered eport Taken By	Ong  Ong  Ong  One  One  One  One  One	Any injury?  Insured Name Contact No. (frome) Of Vehicle Number Type of Benefit + Claimant WROC +  Inpured Cability * Preferend Repair Option	HYDRO POWER TECH PTE LTD  GBG2077E  Please Select  Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SME4298B
es he own a Singapore gatered car?  claration  nathalyser or Blood Test ading?  diffication Hatory  Claim 001 New  avm Type *  mact No. (Mobile)  tall Address  swant Type Claimant Type *  temant Name *  temant Address  temant Name *  temant Description  fetered Worshop Contact  quire Finalisation  te Registered  port Taken By	O mg  Ong  Ong  Ong  Ong  Ong  Ong  Ong  O	Any injury?  Insured Name Contact No. (frome) Of Vehicle Number Type of Benefit + Claimant WROC +  Inpured Cability * Preferend Repair Option	HYDRO POWER TECH PTE LTD  GBG2077E  Please Select  Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SME42988
es he own a Singapore gatered car?  claration eathalyser or Blood Test ading?  diffication Hatory  Claim 001 New  avm Type * entact No. (Mobile) half Address avment Type Claimant Type * avment Name * avmant Address avment Address avment Address avment Address avment Address avment Raddress avment Radd	O mg  Ong  Ong  Ong  Ong  Ong  Ong  Ong  O	Any injury?  Insured Name Contact No. (frome) Of Vehicle Number Type of Benefit + Claimant WROC +  Inpured Cability * Preferend Repair Option	HYDRO POWER TECH PTE LTD  GBG2077E  Please Select  Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SME42988
es he own a Singapore gatered car?  claration eathalyser or Blood Test ading?  diffusion Hatory  Claim 001	O mg  Ong  Ong  Ong  Ong  Ong  Ong  Ong  O	Any injury?  Insured Name Contact No. (frome) Of Vehicle Number Type of Benefit + Claimant WROC +  Inpured Cability * Preferend Repair Option	HYDRO POWER TECH PTE LTD  GBG20778  Please Select  Not at Fault  Preferred Workshop, Name unknown	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SME42988
es he own a Singapore gatered car?  claration  eathalyser or Blood Test ading?  diffusion Hatory  Chaim 001	O mg  Ong  Ong  Ong  Ong  Ong  Ong  Ong  O	Any injury?  Insured Name Contact No. (frome) Of Vehicle Number Type of Benefit + Claimant WROC +  Inpured Cability * Preferend Repair Option	HYDRO POWER TECH PTE LTD  GBG20778  Please Select  Not at Fault  Preferred Workshop, Name unknown	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SME42988
claration eathalyser or Blood Test eathalyser or Blood Test eding?  diffication History  Claim 001 New  and Type * entact No. [Mobile] half Address asmont Type Claimant Type * amant Name * amant Address avin Description efferred Workshop Contact outre Finalisation ite Registered upont Taken By  Print Ak letter  Attachment	O mg  Ong  Ong  Ong  Ong  Ong  Ong  Ong  O	Any injury?  Insured Name Contact No. (frome) Of Vehicle Number Type of Benefit + Claimant WROC +  Inpured Cability * Preferend Repair Option	HYDRO POWER TECH PTE LTD  GBG20778  Please Select  Not at Fault  Preferred Workshop, Name unknown	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SME42988
es he own a Singapore gistered car?  claristion eathalyser or Blood Test ading?  diffication Hattary  Claim 001 New  and Type * writect No. (Mobile) half Address symant Type Claimant Type * amant Address symant Address sym Description efferred Workshop Contact or Claim Street apport Takan By  Print Ax letter  Attachment	Ong  Ong  Ong  Ong  Ong  Ong  Please Select  Please Select  ≥27/07/2020 14:29  Jackson	Any injury?  Insured Name Conset No. (Home) Of Vehicle Number Type of Benefit + Claimant WRIC +  Insured Clability * Preferend Repair Option Claim Close Date	HYDRO POWER TECH PTE LTD  GBG2077E  Please Select  Not at Fault  Preferred Workshop, Name unknown  Save Submit	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SME42988
es he own a Singapore gatered car?  claration  nathalyser or Blood Test ading?  diffication Hatory  Claim 001 New  and Type *  Interest No. (Mobile)  Intel Address  Inte	Ong  Ong  Ong  Ong  Ong  Ong  Ong  Ong	Any injury?  Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimant WROC +  Injured Cability * Preferend Repair Option Claim Close Date	HYDRO POWER TECH PTE LTD  GBG20778  Please Select  Not at Fault  Preferred Workshop, Name unknown  Save Submit	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SME42988
es he own a Singapore patiered car?  Idention  Institution  Institutio	Ong  Ong  Ong  Ong  Ong  Ong  Ong  Ong	Any injury?  Insured Name Conset No. (Home) Of Vehicle Number Type of Benefit + Claimant WRIC +  Insured Clability * Preferend Repair Option Claim Close Date	HYDRO POWER TECH PTE LTD  GBG2077E  Please Select  Not at Fault  Preferred Workshop, Name unknown  3  Save Submit	Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GSA report Date Received	SME42968  Received 27/07/2020 00:00
es he own a Singapore patered car?  laration athalyser or Blood Test ding?  infostion History  chaim 001 New  in Type * itact No. (Mobine) all Address iment Type Claimant Type * iment Address im Description ferred Workshop Contact  Jure Finalsation te Registered sont Taken By Print Ast letter  Attachment p  ident No.	Ong  Ong  Ong  Ong  Ong  Ong  Ong  Ong	Any injury?  Insured Name Contact No. (frome) Of Vehicle Number Type of Benefit + Claimant NRSC +  Injured Liability + Preference Repair Option Claim Close Date  Claim No. Upload Date	HYDRO POWER TECH PTE LTD  GBG20778  Please Select  Not at Fault  Preferred Workshop, Name unknown  301  27/07/2020 14:30  Caegory *	Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GSA report Date Received  Confidential Urgen	Received
es he own a Singapore patiered car?  Idention  Institution  Institutio	Ong  Ong  Ong  Ong  Ong  Ong  Ong  Ong	Any injury?  Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimant WROC +  Injured Cability * Preferend Repair Option Claim Close Date	HYDRO POWER TECH PTE LTD  GBG2077E  Please Select  Not at Fault  Preferred Workshop, Name unknown  27/07/2020 14:30  Caegory *  Clear Please Select	Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GSA report Date Received  Confidential Urgen	Received
es he own a Singapore gatered car?  claration  nathalyser or Blood Test ading?  diffication Hatory  Claim 001 New  and Type *  Interest No. (Mobile)  Intel Address  Inte	Ong  Ong  Ong  Ong  Ong  Ong  Ong  Ong	Any injury?  Insured Name Contact No. (frome) Of Vehicle Number Type of Benefit + Claimant NRSC +  Injured Liability + Preference Repair Option Claim Close Date  Claim No. Upload Date	HYDRO POWER TECH PTE LTD  GBG20778  Please Select  Not at Fault  Preferred Workshop, Name unknown  27/07/2020 14:30  Category *  Clear Please Select	Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GSA report Date Received  Confidential Urgen	Received
es he own a Singapore gatered car?  claration  nathalyser or Blood Test ading?  diffication Hatory  Claim 001 New  and Type *  Interest No. (Mobile)  Intel Address  Inte	Ong  Ong  Ong  Ong  Ong  Ong  Ong  Ong	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimant WROC +  Insured Cability * Preferend Repair Option Claim Close Date  Claim No. Upload Date	HYDRO POWER TECH PTE LTD  GBG2077E  Please Select  Not at Fault  Preferred Workshop, Name unknown  27/07/2020 14:30  Category *  Clear   Please Select   V	Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  Confidential Urgen  Normal  Normal	Received
es he own a Singapore gatered car?  claration  nathalyser or Blood Test ading?  diffication Hatory  Claim 001 New  and Type *  Interest No. (Mobile)  Intel Address  Inte	Ong  Ong  Ong  Ong  Ong  Ong  Ong  Ong	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimant WROC +  Insured Cability * Preferend Repair Option Claim Close Date  Claim No. Upload Date  Browse Browse	HYDRO POWER TECH PTE LTD  GBG20778  Please Select  Not at Fault  Preferred Workshop, Name unknown  27/07/2020 14:30  Category *  Clear   Please Select   V.  Clear   Please Select   V.  Clear   Please Select   V.  Clear   Please Select   V.	Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GJA report Date Received  Confidential Urgen  V Normal  Normal  Normal	Received
not No.  pes he own a Singapore egistered car?  scharation meathshyser or Blood Text eading?  Claim 001 New  avm Type *  portact No. (Mosine) mail Address issment Type Claimant Type *  lamant Name *  lamant Name *  lamant Address  issment Type Claimant Type *  generation  perferred Workshop Contact or  equive Finalisation atte Repistered eport Taken By  Princ Ast letter  Attachment  Geocodent No.  ast Doc. Received	Ong  Ong  Ong  Ong  Ong  Ong  Ong  Ong	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimant WROC +  Insured Cability * Preferend Repair Option Claim Close Date  Claim No. Upload Date  Browset Browset	HYDRO POWER TECH PTE LTD  GBG2077E  Please Select  Not at Fault  Preferred Workshop, Name unknown  27/07/2020 14:30  Category *  Clear   Please Select   V.  Clear   Please Select   V.	Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GJA report Date Received  Confidential Urgen Vinormal Vinormal Vinormal Vinormal Vinormal Vinormal	Received <u>v</u> 27/07/2020 00:00 B

