| NATIONAL Assessment Centr  | e Services.                            | wel 1 Jan'05) Jh | 109042007                              |                        |                      |            |
|--|--|------------------|--|------------------------|----------------------|------------|
| Date In: 4/1/2 - 13:53   | Jeb description                        |                  | Date & Time Complet                    | ed                     | Done l               | p.i.       |
| Res No: Ha Jucpol 268 124  | SAS e-filing                           |                  |  |                        |                      |            |
| Veh No: (Ru 1887)  | E-mail (within 8                       | ihrs, AIC 2hrs)  |  |                        |                      |            |
| D.O.A: 1/1/22-70:43  | i-Motor Clair                          | n Form           | m1111745100                            | 4/12                   | 100                  | :18        |
|  | i-Motor W/O                            | (Within: OD 2hr  | s, TP 4hrs)                            |                        |                      |            |
| OD / (TP)! Reporting Only  | i-Photo Uplos                          | aded             |  |                        |                      |            |
|  | Assessment/Su                          | rvey Report      |  |                        |                      |            |
| TP Insurer:  | Ass't Report by                        | Y Fax / Hand     | to Owner/Wksp                          |                        |                      |            |
| Preferred Wksp / INC Assign Wksp / QW: (   |  |                  | Tel:                                   | Fax:                   |                      |            |
| TP Particulars: Veh No: IME  | 53695                                  | . INC(           | )/Non-INC(                             |                        |                      |            |
| Owner / Driver: (  |  |                  | Tel:                                   |                        | )                    |            |
| Policy No: ( ) Pe  | riod: (                                | )                | Cover Type: (                          |                        | ) .                  |            |
| Confirmed by : (   |  | Date:            | Time:                                  |                        | )                    |            |
| Insured/Driver Liability: ( %)   | Note-Est. Status (V                    | VO): N: 0-2      | 0%; P: 21-79%. F: 1                    | 30-100%]               |                      |            |
| Year of Registration: ( )  | Warranty: YES (                        | )/NO(            | )                                      |                        |                      |            |
| Excess: (\$ ) Loading: \$1,0   | 000()/\$2,000                          | ( )              |  |                        |                      |            |
| General Remarks:-  |  |                  |  |                        | S                    |            |
| ( ) Walk-In Customer: Customer's info  |  | Edential & Ct    | rictly NO refer of renai               | rer                    |                      |            |
| The same of the sa |  | indential & St   | netry NO 151ct C. 16ps.                |                        |                      |            |
| ( ) Total Loss Case : to e-mail Insure   |  |                  |  |                        |                      |            |
| Drive-In ( )/ Towed-In ( ); Invoice  | EYES ( ) / N                           | 0();7            | Towing Co: (                           |                        |                      |            |
| Remarks:- (INC hotline: 6788 6616)   |  |                  | Date&Time Complet                      | d*b                    | Done                 | by         |
|  | Courtesy Car (                         | )                |  | YA .   W. 130 a L      | <del></del>          |            |
| , II-,   | Journesy Car (                         | ,                | +                                      | ,                      |                      |            |
| 2) QC Check / Post Repair Inspection   | ( )                                    |                  | <u> </u>                               |                        |                      |            |
| 3) Upload Resurvey Photo [Repair Cost > \$3  | 3000] (                                | )                |  |                        |                      |            |
| Injury:  | •                                      | <del></del>      |  |                        |                      |            |
|  |  |                  |  | 100001224              |                      |            |
| Onte/Time Actions  |  |                  |  | 10010010010            | <u>sOektry.</u>      |            |
|  |  |                  |  |                        |                      |            |
|  |  |                  |  |                        |                      |            |
|  |  |                  |  |                        |                      |            |
|  |  |                  |  |                        |                      |            |
|  |  |                  |  | A CONTRACTOR OF STREET | 000 000 12000 I      |            |
| ·  |  | Invoice Pre      | paration Checklist                     | S                      | Anit (S)<br>Ist Bill | Aml<br>Add |
| Marks 75.  |  | 1) AR : Acciden  | 70070000000000000000000000000000000000 | 84.505000              | iscom.               | - Atom     |
| aimant's Particulars:-   |  |                  | Assessment (\$100); IN                 | C (\$80)               |                      |            |
| iver/Owner:  |  | 3) TF : Towing   |  | \$40/\$45              |                      |            |
| TVG/OWIGE.   |  | 4) FT : Follow-1 | Through Survey (Resurvey)              | \$30                   |                      |            |
| ontact No:   | •                                      | For claiming     | against INC Only (wef 10 Jan           | 2005)                  |                      |            |
| maged Portion:   |  | 6) TR : Re-inspe | + SMRT Survey                          | \$75<br>\$160          |                      |            |
|  | <del>-</del> <del>-</del> <del>-</del> | 8) NTUC Addit    |  |                        |                      |            |
| C Charlest be (2) Y- Charles   |  | OD.              |  | \$5                    |                      |            |
| C Checked by (Engr-In-Charge):   |  |                  | y Car / Tpt Allowance                  | 510                    |                      |            |
|  |  | *N7: Fost Re     | pair Inspection                        | \$25                   |                      |            |
| uditors' Comments ::   |  |                  | P (Non INC) against INC                | \$5<br>\$20            |                      |            |
| <u>t. 1:</u>   | 3                                      | 9) N12: Idac M   | obile                                  | 30                     |                      |            |
| 3.   |  |                  |  |                        |                      |            |
| . 2 / 3;   |  | Invoice dated    | Fee Cha<br>Fee Cha                     | -                      |                      |            |

SN0920C40007 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 04/12/2020 13:53 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (04/12/2020 13:53 (SGT))



# 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
- 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 aforesaid.

## **ACCIDENT STATEMENT**

04/12/2020 13:53 (SGT) Date of Submission 01/12/2020 20:00 (SGT) Date of Accident Exact Location of Accident 637 Hougang Ave 8, Singapore Additional Location Information **LOT 621** Singapore Country/State of Loss

#### **DETAILS OF OWN VEHICLE**

SBU1885Y Vehicle Registration Number

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHIA SIAO FEN SXXXX581B NRIC No

cedricsim95@gmail.com Email Address (Phone) +65-98154371 Mobile Phone No

Alternative Phone No

### VEHICLE PARTICULARS

Honda Manufacturer Civic Model Variant .....

Exact purpose for which vehicle was being used at time of accident

Cover Note Number

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

Vehicle Category

No - Claiming third party

Private car

Private use

### INSURANCE COMPANY

NTUC Name of Insurance Company **ThirdParty** Type of Coverage Fleet Policy 5104390646-02 Policy Number

DRIVER

Name of Driver CEDRIC SIM CHEE KIAN SXXXX127B NRIC No 27/12/1995 Date Of Birth Indoor Occupation .....



| Date Of Driving Pass  | 14/09/2016   |
|---|--|
| Driving experience  | 4 YEARS AND 3 MONTHS                                 |
| Gender  | Male   |
| Mobile Number   | (Phone) +65-98154371                                 |
| Alt. Phone Number   | - andringim05@amail.com                              |
| mail Address  | cedricsim95@gmail.com<br>BLK 255 ANG MO KIO AVENUE 4 |
| Address   | #06-123  |
| Address complement  | 560255   |
| Postcode<br>s the driver the policyholder?  | No   |
| f No, Relationship of the Driver with the Insured   | Child  |
| Does Driver Own Other Vehicles?   | No   |
| Vehicle Registration Number of Other Vehicle Owned by Driver  | 140  |
| Vehicle Registration Number of Other Vehicle Owned by Diver   | 2  |
| nsurance Company of Other Vehicle Owned by Driver   | *  |
| GENERAL INFORMATION OF THE ACCIDENT   |  |
| Type of Accident  | Hit and run / Vandalism / Damaged whilst parked      |
| Weather Conditions  | Clear  |
| Road Surface  | Dry  |
|   |  |
| OTHER INFORMATION   |  |
|   | Na   |
| Was any foreign vehicle involved in the accident?   | No   |
| Number of vehicles involved in the accident   | 2  |
| Was anybody injured in the Accident?  | No   |
| Was any injured conveyed to hospital by ambulance?  | -  |
| Was any other material or property damaged?   | Yes  |
| Number of Passengers (Including Driver)   | 0  |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No   |
| DETAILS OF POLICE ACTION  |  |
| Was the accident reported to the police?  | No   |
| Was notice of intended Prosecution given?   | No   |
| If yes, against whom?   | -  |
| nyes, against whom:   |  |
| CIRCUMSTANCES OF ACCIDENT   |  |
| REFER TO STATEMENT.   |  |
| ATTACHMENT(S)   |  |
|   | No.  |
| Are accident photos available for attachment?   | Yes  |
| Was there any video captured by Car Camera?   | No   |
| Was there any audio recorded?   | No   |
| DETAILS OF OTHE   | R VEHICLE PROPERTY 1                                 |
|   |  |
| Vehicle Registration Number   | SMK5369S   |
| Vehicle Manufacturer  | <u>.</u>   |
| Vehicle Model   |  |
| Vehicle Variant   |  |
| Vehicle Colour  | •  |
| Vehicle Category  | Private car  |
| Name of Driver  |  |
| Contact Number  | ±1   |
| Address   | -  |
| Address complement  | -  |
| Postcode  | -  |
| Insurance Company Name  | -  |
|   |  |

Nature Of Damage
Details of property damaged in accident
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:
  - (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

Name:

NRIC/FIN No.

| A SKU 16457  B SM K1536  B SM K1536  CAN US PARUS I VUL TO CHICH MY  AC A SAV A ADII, I SIJUMS LAWLII ON MY  AC A SAV A ADII I SIJUMS LAWLII ON MY  AC A SAV A SAV A ADII I SIJUMS LAWLII ON MY  AC A SAV | SKETCH PLAN       |                            |                      |             |                                       |  |      |
|--|-------------------|----------------------------|----------------------|-------------|---------------------------------------|--|------|
| SCRIBE CIRCUMSTANCES OF THE ACCIDENT  CAR AND PARKA I AND ISSUED SET TO ANY  ART I SAN A NOTE, I SCIENT SET TO ANY  ARATION  declare the foregoing particulars are true in every respect.  A   |                   |                            |                      |             |                                       | Hilfelie   |      |
| SCRIBE CIRCUMSTANCES OF THE ACCIDENT  CAR AND PARKA I AND ISSUED SET TO ANY  ART I SAN A NOTE, I SCIENT SET TO ANY  ARATION  declare the foregoing particulars are true in every respect.  A   |                   |                            |                      |             |                                       |  |      |
| SCRIBE CIRCUMSTANCES OF THE ACCIDENT  CAR AND PARKA I AND ISSUED SET TO ANY  ART I SAN A NOTE, I SCIENT SET TO ANY  ARATION  declare the foregoing particulars are true in every respect.  A   |                   |                            |                      |             |                                       | 4   <del>                                   </del> |      |
| SCRIBE CIRCUMSTANCES OF THE ACCIDENT  CAR AND PARKA I AND ISSUED SET TO ANY  ART I SAN A NOTE, I SCIENT SET TO ANY  ARATION  declare the foregoing particulars are true in every respect.  A   |                   |                            |                      |             |                                       | A - SKO 1  | 8157 |
| ARATION  AGAINST THE ACCIDENT  AGAINST A MOST A MOS |                   |                            | LB                   |             |                                       | 7 ) 3 3 5 1  |      |
| ARATION  AGAINST THE ACCIDENT  AGAINST A MOST A MOS |                   |                            |                      |             |                                       | Bi chik  | = 2  |
| ARATION  declare the foregoing particulars are true in every respect.  Am.   |                   |                            | HAH                  | 1. 1 11 11  |                                       | U. SIUK  | 296  |
| ARATION  declare the foregoing particulars are true in every respect.  Am.   |                   |                            |                      |             |                                       |  |      |
| ARATION  declare the foregoing particulars are true in every respect.  Am.   |                   |                            |                      |             |                                       |  |      |
| ARATION  declare the foregoing particulars are true in every respect.  Am.   |                   |                            |                      |             |                                       |  |      |
| ARATION declare the foregoing particulars are true in every respect.   | ESCRIBE CIRC      | UMSTANCES OF THE           | ACCIDENT             |             | ارد الملك المادك                      |  | h-i  |
| ARATION declare the foregoing particulars are true in every respect.   | my co             | er wes                     | Parkus               | . 1 00      | 1. 40                                 | collect r  | )    |
| ARATION declare the foregoing particulars are true in every respect.   | Chr x             | sav a                      | not1,1               | Serbus      | dencyes                               | 01 14  |      |
| declare the foregoing particulars are true in every respect.   | iar.              |                            |                      |             |                                       |  |      |
| declare the foregoing particulars are true in every respect.   |                   |                            |                      |             |                                       |  |      |
| declare the foregoing particulars are true in every respect.   |                   |                            |                      |             |                                       |  |      |
| declare the foregoing particulars are true in every respect.   |                   |                            |                      |             |                                       |  |      |
| declare the foregoing particulars are true in every respect.   |                   |                            |                      |             |                                       |  |      |
| declare the foregoing particulars are true in every respect.   |                   |                            |                      |             | <del></del>                           |  |      |
| declare the foregoing particulars are true in every respect.   |                   |                            |                      |             |                                       |  |      |
| declare the foregoing particulars are true in every respect.   |                   |                            |                      |             |                                       |  |      |
| declare the foregoing particulars are true in every respect.   |                   |                            |                      | -           |                                       |  |      |
| declare the foregoing particulars are true in every respect.   |                   |                            |                      |             |                                       |  |      |
| declare the foregoing particulars are true in every respect.   |                   |                            |                      |             |                                       |  |      |
| declare the foregoing particulars are true in every respect.   |                   |                            |                      |             |                                       |  | 3    |
| declare the foregoing particulars are true in every respect.   |                   |                            |                      |             |                                       |  |      |
| declare the foregoing particulars are true in every respect.   |                   |                            |                      |             |                                       |  |      |
| declare the foregoing particulars are true in every respect.   |                   |                            | 1                    |             | <del></del>                           |  |      |
| declare the foregoing particulars are true in every respect.   |                   |                            |                      |             | · · · · · · · · · · · · · · · · · · · | ***************************************            |      |
| declare the foregoing particulars are true in every respect.   |                   |                            |                      |             |                                       |  |      |
| declare the foregoing particulars are true in every respect.   |                   |                            |                      | <del></del> |                                       |  |      |
| declare the foregoing particulars are true in every respect.   |                   |                            |                      |             | <del></del>                           |  |      |
| declare the foregoing particulars are true in every respect.   |                   |                            |                      |             |                                       |  |      |
| an.  | CLARATION         |                            |                      | •           |                                       |  |      |
| m.   | ve declare the fo | regoing particulars are tr | ue in every respect. |             |                                       | $\sim$   |      |
| ion.   |                   | 1                          |                      |             |                                       |  |      |
|  | cyholder's Slanat | <u></u>                    |                      |             | 77 200                                | John W   | 1    |

Date & Time:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Name: NRIC/FIN No.:

STANKE SHALL PROPERTY.

## SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process. This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.

Any false reporting may be referred to the traffic police department for investigation.

## **Accident details**

2000 hrs

|                            | and the second s |          |                       |   |     | ,    | 7       |  |
|----------------------------|--|----------|-----------------------|---|-----|------|---------|--|
| Date and time of accident  | Date:  | 1/12/200 | (DD/MM/YY) Time: 3 p~ |   |     | 8 p- | (HH:MM) |  |
| Exact location of accident | 637  | Ho-9 27  | An                    | 8 | Lo+ | 621  | ×       |  |

## **Details of vehicle**

| Vehicle registration number                        | 388) (88                | sy    |                           |                |         |
|--|-------------------------|-------|---------------------------|----------------|---------|
| Vehicle make and model                             | Honda (                 | le le |                           |                |         |
| Type of vehicle                                    | Saloon 🗷                | MPV 🗆 | CRV 🗆<br>Motor            | Van<br>cycle □ | Others: |
| Vehicle category                                   | Private 🗹               | Comme | ercial 🗆                  | Motorcy        | cle 🗆   |
| Purpose of using at said time                      | Por                     | onle  |                           |                |         |
| Are you claiming under your own insurance company? | Yes □<br>Third part cla | No D  | if no, pleas<br>Reporting |                |         |

## Insurance information

| Insurance company | NIL           |                          |  |
|-------------------|---------------|--------------------------|--|
| Policy number     |               |                          | ALEKAT I MARKANA AND AND AND AND AND AND AND AND AND |
| Type of policy    | Comprehensive | Third party fire & theft | TP only  |

## Insured / Policy holder

| Name                         | chia s | ila o F | in |     |         | Male 🗆   | Female p |
|------------------------------|--------|---------|----|-----|---------|----------|----------|
| NRIC / Fin / Passport number | 5702   | 555113  |    |     |         |          |          |
| Contact                      | 98154  | 371     |    |     |         |          |          |
| Address                      | 255    | Ang     | m  | VID | 406-123 | 5 (5601) | (5)      |

#### **Driver** Same as insured above □ (skip to D.O.B)

| Name                    |       | walk   | sin   | che      | rlan                       | Male 🖵 F | emale 🗆 |
|-------------------------|-------|--------|-------|----------|----------------------------|----------|---------|
| NRIC / Fin / Passport n | umber | 59548  | 1271  |          |                            |          |         |
| Contact                 |       | 9815   | 4371  |          |                            | *        | 37      |
| Address                 | 7     | 4      |       | m        |                            |          |         |
| Email address           |       | Cedric | sim95 | (a) gn   | rail. com                  |          |         |
| Date of birth           |       | 77 (12 | 1445  | 0        |                            |          | 200.2   |
| Occupation              |       | Indoor | V 01  | utdoor i | 3                          |          |         |
| Driving date pass       |       | 14/4/1 | 5     |          | Name and Additional States |          |         |

# General information of the accident

| Was driver an employee of    | Yes D No P                                     |
|------------------------------|--|
| the insured's company?       | If no, relationship of the driver and insured: |
| Accident captured by camera? | Yes D No Z                                     |
| Weather condition            | Clear Raining Others:                          |
| Road surface                 | Dry a Wet a                                    |
| No of passenger              | O (Inclusive of driver                         |
| Passenger 1                  |  |
| Name                         |  |
| Gender                       | Male   Female                                  |
| Passenger 2                  |  |
| Name                         |  |
| Gender                       | Male   Female                                  |
| Passenger 3                  |  |
| Name                         |  |
| Gender                       | Male  Female                                   |
| Passenger 4                  |  |
| Name                         |  |
| Gender                       | Male   Female                                  |
| Passenger 5                  |  |
| Name                         |  |
| Gender                       | Male   Female                                  |
| Passenger 6                  |  |
| Name                         |  |
| Gender                       | Male D Female D                                |
| Other information            |  |
|                              |  |
| Was anybody injured?         | Yes D No.                                      |

# **Details of police action**

|                     |       |    | /  |
|---------------------|-------|----|--|
| Reported to police? | Yes 🗆 | No | If yes, please state which police station. |
| Police station name |       |    |  |

# Third party vehicle 1

| Name                         |            |
|------------------------------|------------|
| Contact number               |            |
| NRIC / Fin / Passport number |            |
| Vehicle registration number  | Smk 5364 S |
| Vehicle make model           |            |
|                              |            |
| Third party vehicle 2        |            |
| Name                         |            |
| Contact number               |            |
| NRIC / Fin / Passport number |            |
| Vehicle registration number  |            |
| Vehicle make model           |            |
| Third party vehicle 3        |            |
| Name                         |            |
| Contact number               |            |
| NRIC / Fin / Passport number |            |
| Vehicle registration number  |            |
| Vehicle make model           |            |
| Third party vehicle 4        |            |
| Name                         |            |
| Contact number               |            |
| NRIC / Fin / Passport number |            |
| Vehicle registration number  |            |
| Vehicle make model           |            |
| Third party vehicle 5        |            |
| Name                         |            |
| Contact number               |            |
| NRIC / Fin / Passport number |            |
| Vehicle registration number  |            |
| Vehicle make model           |            |
| Third party vehicle 6        |            |
| Name                         |            |
| Contact number               |            |
| Contact number               |            |
| NRIC / Fin / Passport number |            |
|                              |            |

| Witness 1                                      |            |
|--|------------|
| Name   |            |
| Hame   |            |
| Witness 2                                      |            |
| Name   |            |
| Injured person 1                               |            |
| Name   |            |
| Injuries sustained                             |            |
| Which vehicle person in?                       |            |
| Were seat belts worn?                          | Yes D No D |
| Was injured conveyed to                        | Yes No No  |
| hospital by ambulance?                         |            |
| 11007112117                                    |            |
| Injured person 2                               |            |
| Name   |            |
| Injuries sustained                             |            |
| Which vehicle person in?                       |            |
| Were seat belts worn?                          | Yes D No D |
| Was injured conveyed to                        | Yes D No D |
| hospital by ambulance?                         |            |
| Injured person 3                               |            |
| Name   |            |
| Injuries sustained                             |            |
| Which vehicle person in?                       |            |
| Were seat belts worn?                          | Yes D No D |
| Was injured conveyed to                        | Yes D No D |
| hospital by ambulance?                         |            |
| Injured person 4                               |            |
| Name   |            |
| Injuries sustained                             |            |
| Which vehicle person in?                       |            |
| Were seat belts worn?                          | Yes D No D |
| Was injured conveyed to hospital by ambulance? | Yes - No - |
|  |            |

| <b>eBao</b> Tech       | GeneralClaim   |                       |  |                      |                    |             |                |                   |                  |             |  |
|------------------------|--|-----------------------|--|----------------------|--------------------|-------------|----------------|-------------------|------------------|-------------|--|
| Hello, NAC_PAYA_UBI_80 | 0601   | Strange               | A STATE OF THE STA |                      |                    | • Change    | Language       | • Chan            | ge Password      | · Log Out   |  |
| My Desktop             | <b>Policy Query</b>  |                       |  |                      |                    |             |                |                   |                  | •           |  |
| Notice of Loss         | Policy No.   |                       |  |                      | Date o             | f Accident  | 0              | 1/12/2020 2       | 0:00             |             |  |
|                        | Vehicle No.(For Motor)   | SBU188                | SBU1885Y   |                      | Certificate Number |             |                |                   |                  |             |  |
|                        |  |                       |  | E                    | Search             |             |                |                   |                  |             |  |
|                        | Select Policy No.  | Certificate<br>Number | Policyholder<br>Name   | Policyholder<br>NRIC | Product            | Cover Type  | Vehicle<br>No. | Insured<br>Object | Commence<br>Date | Expiry Date |  |
|                        | O 5104390646-<br>02  |                       | CHIA SIAO<br>FEN   | S7025581B            | GPC                | Third Party | SBU1885Y       | SBU1885Y          | 09/09/2020       | 08/09/2021  |  |
|                        | - Annual Control of the Control of t |                       |  |                      | Continue           |             |                |                   |                  |             |  |

| Policy No.                        | licy No. 5104390646-02     |                                   | yholder<br>e CHIA SIAO FEN |                   | Policyholder<br>NRIC | S7025581B     |                            |  |
|-----------------------------------|----------------------------|-----------------------------------|----------------------------|-------------------|----------------------|---------------|----------------------------|--|
| Certificate<br>No.                |                            |                                   |                            |                   |                      |               |                            |  |
| Address                           | BLK 255 #06-123 ANG MO KIO | AVENUE 4 SI                       | NGAPORE 560                | 255               |                      |               |                            |  |
| Product<br>Name                   | PRIVATE CAR INSURANCE      | Plan                              |                            |                   | Group<br>Policy Flag | N             |                            |  |
| Policy<br>ssue Date               | 07/09/2020                 | Effective<br>Date                 | 09/09/2020                 | 00:00             | Expiry Date          | 08/09/2021 23 | :59                        |  |
| Excess<br>Type                    | Per Accident               | All Claims<br>Excess              |                            |                   |                      |               |                            |  |
| Third Party<br>Excess             | kcess                      |                                   | 0                          |                   | Windscreen<br>Excess | 0             |                            |  |
| Additional<br>Excess              |                            | OS<br>Premium                     | 0                          |                   |                      |               |                            |  |
| Outside<br>Singapore<br>OD Excess | 0                          | Outside<br>Singapore<br>TP Excess | 0                          |                   |                      | Young/        | Inexperience Driver Excess |  |
| Agent                             | LIAN HONG PTE LTD          | Agent Tel.                        | 67694850                   |                   | GST Flag             | Y             |                            |  |
| Co-<br>insurance<br>Flag          | No                         |                                   |                            |                   |                      |               |                            |  |
| Open<br>Policy Info               |                            |                                   |                            |                   |                      |               |                            |  |
| Certificate<br>Info               |                            |                                   |                            |                   |                      |               |                            |  |
|                                   | nolder Mailing Address     | crusilles                         |                            |                   |                      |               | CINCAPORE SCORE            |  |
| Address 1                         | BLK 255 #06-123            | Addre                             |                            |                   |                      | Address 3     | SINGAPORE 560255           |  |
| Address 4                         |                            |                                   | ess Type                   | Singapore address |                      | Post Code     | 560255                     |  |
| Unit No.                          | nit No.                    |                                   | ed Policy<br>per           | 5104390646-02     |                      |               |                            |  |
|                                   | d Object: SBU1885Y         |                                   |                            |                   |                      |               |                            |  |
| <b>Insure</b>                     |                            |                                   |                            |                   |                      |               |                            |  |
| ▶ Insure ▼ Endors                 | sements                    |                                   |                            |                   |                      |               |                            |  |

| licy No.   | 5104390646-02   | Vehicle No.   | SBU1885Y   | GST Registration No.  |   |  |
|--|---|---|--|---|---|--|
| tificate No.   |   |   |  |   |   |  |
|  | CHIA SIAO FEN   |   |  | Policyholder NRIC   | S7025581B   |  |
|  | PRIVATE CAR INSURANCE   | Cover Type  | Third Party  | Loading   | 0   |  |
|  |   |   | 0  | Contact No.(Home)   | 0   |  |
| intact No.(Mobile)   | 98154371  | Contact No.(Office)   | 0  | eCode   | Nc 🗸  |  |
| nail Address   |   | Special Remark  | No. of the Control of |   |   |  |
| FK .   | No ○ Yes  | TCA   | No ○ Yes   | eCode Reason  |   |  |
| CD Protection  | No  | NCD Entitlement(%)  | 10   | Private Hire  | No  |  |
| Accident Details   |   |   |  |   |   |  |
| eport Date   | 04/12/2020 13:56  | Accident Report Within 24 hrs   | Yes  | Accident Type   | Damaged whilst parked   |  |
|  |   |   | 20:00  | Country of Accident   | Singapore   |  |
| ate of Accident  | 01/12/2020  | Time of Accident hh:mm  | 20.00  |   | DOMESTIC STREET, SALES  |  |
| eporting Centre  |   | Orange Force  |  | ICM No.   |   |  |
| ccident Location   | 637 Hougang Ave 8   |   |  |   |   |  |
| ▼ Total Excess Applicable  |   |   |  |   |   |  |
|  | Per Accident  | Windscreen Excess   | 0.00   |   |   |  |
| xcess Type   | PET ACCIDENT  |   |  |   |   |  |
|  | 0.00  | TP Standard Excess  | 0.00   |   |   |  |
| D Standard Excess  |   | YIED TP Excess  |  | Driver is Covered?  |   |  |
| IED OD Excess  | 0.00  | TIED IF EXCESS  |  |   |   |  |
| dditional Excess   |   |   |  |   |   |  |
| otal OD Excess Applicable  | 0.00  | Total TP Excess Applicable  |  |   |   |  |
| <b>▽</b> Benefits  |   |   |  |   |   |  |
| GST Registered Informa   | tion  |   |  |   |   |  |
| ST Registered  | No  |   | GST Registration Date  |   |   |  |
| ST Registration No.  |   |   | GST Status Verified  | Yes   |   |  |
| lodification History   |   |   |  |   |   |  |
|  |   |   |  |   |   |  |
|  | 4-2   |   |  |   |   |  |
| Policyholder Mailing Add   |   |   | ANG MO VIO AVENUE 4  | Address 3   | SINGAPORE 560255  |  |
| Address 1  | BLK 255 #06-123   | Address 2   | ANG MO KIO AVENUE 4  |   |   |  |
| Address 4  |   | Address Type  | Singapore address  | Post Code   | 560255  |  |
| Jnit No.   |   | Related Policy Number   | 5104390646-02  |   |   |  |
| OI Driver Info   |   |   |  |   |   |  |
| Oriver Name  | Unnamed Driver  | Driver Type   | Unnamed Driver   |   |   |  |
|  | CEDRIC SIM CHEE KIAN  | Driver NRIC   | S9548127B  | Driver DOB  | 27/12/1995  |  |
| Innamed driver Name  |   |   | 24   | Driving Experience  | 4   |  |
| Register Date of Driver License  | 14/09/2016  | Driver Age  |  |   | 0   |  |
| Contact No.(Mobile)  | 98154371  | Contact No.(Office)   | 0  | Contact No.(Home)   |   |  |
| Address 1  | BLK 255   | Address 2   | ANG MO KIO AVENUE 4  | Address 3   | SINGAPORE 560255  |  |
| Address 4  |   | Address Type  | Singapore address  | Post Code   | 560255  |  |
|  |   |   |  |   |   |  |
| Unit No.   | 06-123  |   |  | Driver Insurer Company  |   |  |
| Does he own a Singapore  | ○ Yes 	 No  | Driver Vehicle No.  |  | Driver Insurer Company  |   |  |
| Registered car?  |   |   |  |   |   |  |
| Registered car?  |   |   |  |   |   |  |
|  |   |   |  |   |   |  |
| Declaration<br>Breathalyser or Blood Test  | 0 ma  | Any injury?   | ) Yes <b>●</b> No  |   |   |  |
| Declaration<br>Breathalyser or Blood Test  | 0 mg  |   | ○ Yes <b>②</b> No  |   |   |  |
| Registered car?  Declaration  Breathalyser or Blood Test Reading?  | 0 mg  |   | ○ Yes <b>③</b> No  |   |   |  |
| Declaration<br>Breathalyser or Blood Test<br>Reading?  | 0 mg  |   | ○ Yes <b>⑥</b> No  |   |   |  |
| Declaration  Breathalyser or Blood Test  Reading?  Modification History  | 0 mg  |   | ○ Yes <b>®</b> No  |   |   |  |
| Declaration<br>Breathalyser or Blood Test<br>Reading?  | 0 mg  |   | ○ Yes <b>③</b> No  |   |   |  |
| Declaration  Breathalyser or Blood Test  Reading?  Modification History  | 0 mg  |   | ○ Yes <b>®</b> No  |   |   |  |
| Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  |   | Any injury?   |  | Insured NB1C  | 57025581B   |  |
| peciaration  Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  | 0 mg  | Any injury?   | CHIA SIAO FEN  | Insured NRIC  | S7025581B   |  |
| Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001 New   |   | Any injury?   |  | Contact No.(Office)   |   |  |
| peclaration  Sreathalyser or Blood Test Reading?  Hodification History  Claim 001 New  Claim Type •  Contact No.(Mobile)   | ор-мх 🔻   | Any injury?   | CHIA SIAO FEN  |   | \$7025581B<br>SMK5369S  |  |
| occlaration  areathalyser or Blood Test Reading?  Addification History  Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  | OD-MX Section of the | Any injury?  Insured Name Contact No.(Home)   | CHIA SIAO FEN  | Contact No.(Office)   |   |  |
| occlaration  areathalyser or Blood Test Reading?  Addification History  Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claimant Type Claimant Type *   | OD-MX 96361402 duriazy@yahoo.com.sg Please Select   | Any injury?  Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *   | CHIA SIAO FEN NIL SBU1885Y   | Contact No.(Office)   |   |  |
| Peclaration  Preathalyser or Blood Test Reading?  Andification History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *   | OD-MX Section of the | Any injury?  Insured Name Contact No.(Home) OI Vehicle Number   | CHIA SIAO FEN NIL SBU1885Y   | Contact No.(Office)   |   |  |
| Peclaration  Preathalyser or Blood Test Reading?  Andification History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *   | OD-MX 96361402 duriazy@yahoo.com.sg Please Select   | Any injury?  Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *   | CHIA SIAO FEN NIL SBU1885Y   | Contact No.(Office) TP Vehicle Number   | SMK5369S  |  |
| reclaration  areathalyser or Blood Test  teading?  claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *  | OD-MX 96361402 duriazy@yahoo.com.sg Please Select   | Any injury?  Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *   | CHIA SIAO FEN NIL SBU1885Y   | Contact No.(Office)   | SMK5369S  |  |
| reclaration Sreathalyser or Blood Test Reading?  Indification History  Claim 001 New  Claim Type Claimant Type Claimant Type Claimant Type Claimant Address Claim Description  Preferred Workshop Contact  | OD-MX 96361402 duriazy@yahoo.com.sg Please Select   | Any injury?  Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *   | CHIA SIAO FEN NIL SBU1885Y   | Contact No.(Office) TP Vehicle Number   | SMK5369S  |  |
| reclaration  areathalyser or Blood Test keading?  cloudification History  claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Address  Claimant Address  Claim Description  Preferred Workshop Contact No.  | OD-MX   | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  | CHIA SIAO FEN  NIL  SBU1885Y  Please Select  V   | Contact No.(Office) TP Vehicle Number   | SMK5369S  |  |
| reclaration  areathalyser or Blood Test keading?  cloudification History  claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Address  Claimant Address  Claim Description  Preferred Workshop Contact No.  | OD-MX   | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  | CHIA SIAO FEN NIL SBU188SY Please Select   | Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop   | SMK5369S  |  |
| ceclaration  areathalyser or Blood Test Reading?  Andification History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Address  Claimant Address  Claimant Address  Claimant Address  Claimant Address  Claimant Address  Require Finalisation  | OD-MX   | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  | CHIA SIAO FEN  NIL  SBU1885Y  Please Select  V   | Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop   | SMK5369S  |  |
| Peclaration  Preathalyser or Blood Test Reading?  Andification History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Address  Claimant Address  Claim Description  Preferred Workshop Contact  No.  Require Finalisation  Date Registered  | OD-MX   | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  | CHIA SIAO FEN  NIL  SBU1885Y  Please Select  V   | Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop   | SMK5369S  |  |
| Declaration  Breathalyser or Blood Test Reading?  Addification History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Address  Claimant Address  Claimant Address  Claimant Finalisation  Date Registered  Report Taken By   | OD-MX   | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  | CHIA SIAO FEN  NIL  SBU1885Y  Please Select  V   | Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop   | SMK5369S  |  |
| reclaration  areathalyser or Blood Test keading?  claim 001 New  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Address  Claimant Address  Claimant Address  Claimant Mare *  Claimant Ma | OD-MX   | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  | CHIA SIAO FEN  NIL  SBU1885Y  Please Select  V   | Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop   | SMK5369S  |  |
| ceclaration  areathalyser or Blood Test Reading?  control of the search  | OD-MX   | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  | CHIA SIAO FEN  NIL  SBU1885Y  Please Select  V   | Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop   | SMK5369S  |  |
| reclaration  Sreathalyser or Blood Test Reading?  Indification History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Name *  Claimant Address  Claim Description  Preferred Workshop Contact  No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter   | OD-MX   | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  | CHIA SIAO FEN  NIL  SBU188SY  Please Select  Not at Fault  Preferred Workshop, Name unknown  | Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop   | SMK5369S  |  |
| reclaration reathalyser or Blood Test reading?  control of the search of | OD-MX   | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  | CHIA SIAO FEN  NIL  SBU188SY  Please Select  Not at Fault  Preferred Workshop, Name unknown  | Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop   | SMK5369S  |  |
| ceclaration  areathalyser or Blood Test Reading?  condification History  claim 001 • New  Claim Type •  Contact No.(Mobile)  Email Address  Claimant Type Claimant Type •  Claimant Address  Claimant Address  Claimant Enalisation  Date Registered  Report Taken By  Print AK letter   | OD-MX   | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  | CHIA SIAO FEN  NIL  SBU188SY  Please Select  Not at Fault  Preferred Workshop, Name unknown  | Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop   | SMK5369S  |  |
| Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim 001 . New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Address  Claimant Address  Claimant Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment   | OD-MX   | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date   | CHIA SIAO FEN  NIL  SBU1885Y  Please Select  V  Preferred Workshop, Name unknown  Save Submit  | Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop   | SMK5369S  |  |
| ceclaration  areathalyser or Blood Test Reading?  condification History  claim 001 • New  Claim Type •  Contact No.(Mobile)  Email Address  Claimant Type Claimant Type •  Claimant Address  Claimant Address  Claimant Enalisation  Date Registered  Report Taken By  Print AK letter   | OD-MX   | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date   | CHIA SIAO FEN  NIL  SBU1885Y  Please Select  V  Preferred Workshop, Name unknown  Save Submit  | Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop   | SMK5369S  |  |
| reclaration reathalyser or Blood Test Reading?  reading?  claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Address  Claimant Address  Claimant Address  Claimant Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment  Accident No.  | OD-MX   | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date   | CHIA SIAO FEN  NIL  SBU1885Y  Please Select  V  Preferred Workshop, Name unknown  Save Submit  | Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop   | SMK5369S  |  |
| ceclaration  areathalyser or Blood Test Reading?  Addification History  Claim 001 • New  Claim Type •  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type •  Claimant Address  Claimant Address  Claimant Address  Claimant Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment  Accident No.  | OD-MX   | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date   | CHIA SIAO FEN  NIL  SBU1885Y  Please Select  V  Preferred Workshop, Name unknown  Save Submit  | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received                                | SMK5369S  |  |
| ceclaration  areathalyser or Blood Test Reading?  Addification History  Claim 001 • New  Claim Type •  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type •  Claimant Address  Claimant Address  Claimant Address  Claimant Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment  Accident No.  | OD-MX   | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date  Claim No. Upload Date                    | CHIA SIAO FEN  NIL  SBU1885Y  Please Select  V  Preferred Workshop, Name unknown  Out  04/12/2020 13:59  Category *  | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  Confidential Urg              | SMK5369S  Received  04/12/2020 00:00  |  |
| reclaration reathalyser or Blood Test Reading?  reading?  claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Address  Claimant Address  Claimant Address  Claimant Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment  Accident No.  | OD-MX   | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date  Claim No. Upload Date  Brown             | CHIA SIAO FEN  NIL  SBU1885Y  Please Select  V  Preferred Workshop, Name unknown  Out  04/12/2020 13:59  Category *  Se  Clear Please Select   | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  Confidential Urg              | SMK53695   SMK53695 |  |
| reclaration reathalyser or Blood Test Reading?  reading?  claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Address  Claimant Address  Claimant Address  Claimant Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment  Accident No.  | OD-MX   | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date  Claim No. Upload Date                    | CHIA SIAO FEN  NIL  SBU1885Y  Please Select  V  Preferred Workshop, Name unknown  Out  04/12/2020 13:59  Category *  Se  Clear Please Select   | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  Confidential Urg  NO V Norma  | SMK53695   SMK53695 |  |
| reclaration reathalyser or Blood Test Reading?  reading?  claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Address  Claimant Address  Claimant Address  Claimant Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment  Accident No.  | OD-MX   | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date  Claim No. Upload Date  Brown             | CHIA SIAO FEN  NIL  SBU1885Y  Please Select  V  Preferred Workshop, Name unknown  Oot  04/12/2020 13:59  Category *  Se  Clear Please Select  Please Select  | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  Confidential Urg              | SMK53695   SMK53695 |  |
| eclaration reathalyser or Blood Test leading?  Claim 001 • New  Claim 001 • New  Contact No. (Mobile) Email Address Claimant Type Claimant Type • Claimant Name • Claimant Address Claimant Address Claimant Radress Claimant Address Claimant Radress Claimant Radre | OD-MX   | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date  Claim No. Upload Date  Brow. Brow. Brow. | CHIA SIAO FEN  NIL  SBU188SY  Please Select  V  Preferred Workshop, Name unknown  Oo1  04/12/2020 13:59  Category *  Se Clear Please Select  Please Select  Please Select  Please Select   | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  Urg V NO V Norma V NO V Norma | SMK53695   SMK53695 |  |
| Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001 • New  Claim Type •  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type •  Claimant Name •  Claimant Address  Claimant Address  Claimant Enalisation  Date Registered  Report Taken By  Print AK letter  Attachment   | OD-MX   | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date  Claim No. Upload Date  Brow: Brow:       | CHIA SIAO FEN  NIL  SBU188SY  Please Select  V  Preferred Workshop, Name unknown  Oo1  04/12/2020 13:59  Category *  Category *  Se Clear Please Select  Please Select  Please Select  Please Select  Please Select  Please Select   | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  Urg V NO V Norma V NO V Norma | SMK53695   SMK53695 |  |

| Attachment I | Uploaded                                     | By/Date  | Category              | 9         | Urgency | Descriptio            | n                | Msg Sent?<br>(CO) |   |
|--------------|--|--|-----------------------|-----------|---------|-----------------------|------------------|-------------------|---|
| Attachment   | NAC_PAYA_UBI_800601( NATION<br>CES) on 04 De | AL ASSESSMENT CENTRE SERVI   | NRIC/ Driving License | Y         | Normal  | NRIC/ Driving License | e 2020-12-4      |                   |   |
|              | NAC_PAYA_UBI_800601( NATION<br>CES) on 04 De | AL ASSESSMENT CENTRE SERVI<br>c 2020 13:59   | NRIC/ Driving License | Y         | Normal  | NRIC/ Driving Licens  | e 2020-12-4      |                   |   |
|              | NAC_PAYA_UBI_800601( NATION<br>CES) on 04 De | AL ASSESSMENT CENTRE SERVI<br>c 2020 13:59   | NRIC/ Driving License | Y         | Normal  | NRIC/ Driving Licens  | e 2020-12-4      |                   |   |
| I'S          | NAC_PAYA_UBI_800601( NATION CES) on 04 De    | AL ASSESSMENT CENTRE SERVI<br>c 2020 13:59   | NRIC/ Driving License | Y         | Normal  | NRIC/ Driving Licens  | e 2020-12-4      |                   |   |
| 0            | NAC_PAYA_UBI_800601( NATION<br>CES) on 04 De | AL ASSESSMENT CENTRE SERVI<br>c 2020 13:59   | SAS                   |           | Normal  | SAS 2020-1            | 2-4              |                   |   |
|              | NAC_PAYA_UBI_800601( NATION<br>CES) on 04 De | IAL ASSESSMENT CENTRE SERVI<br>c 2020 13:58  | Photos                |           | Normal  | Photos 2020-          | 12-4             |                   |   |
|              | NAC_PAYA_UBI_800601( NATION<br>CES) on 04 De |  | Photos                |           | Normal  | Photos 2020-          | 12-4             |                   |   |
|              | NAC_PAYA_UBI_800601( NATION<br>CES) on 04 De | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI<br>CES) on 04 Dec 2020 13:58 |                       |           | Normal  | Photos 2020           | Photos 2020-12-4 |                   |   |
|              | NAC_PAYA_UBI_800601( NATION<br>CES) on 04 De | NAL ASSESSMENT CENTRE SERVI<br>cc 2020 13:58                                       | Photos                |           | Normal  | Photos 2020           | -12-4            |                   |   |
|              | NAC_PAYA_UBI_800601( NATION<br>CES) on 04 D  | NAL ASSESSMENT CENTRE SERVI<br>ec 2020 13:58                                       | Photos                |           | Normal  | Photos 2020           | -12-4            |                   |   |
|              | NAC_PAYA_UBI_800601( NATION CES) on 04 D     | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI<br>CES) on 04 Dec 2020 13:58 |                       |           | Normal  | Photos 2020-12-4      |                  |                   |   |
|              | NAC_PAYA_UBI_800601( NATIO<br>CES) on 04 D   | NAL ASSESSMENT CENTRE SERVI<br>ec 2020 13:58                                       | Photos                |           | Normal  | Photos 2020           | -12-4            |                   |   |
| 7 Video List |  |  |                       | File Name |         | Ŷ                     | Source           |                   | A |