NATIONAL Assessment Centre S	ervices. well samos N	297068008	
5	cb description	Date & Time Completed	Done py.
	SAS e-filing		
Veh No: UMP 9825 K	E-mail (within Shrs, AIC 2hrs)		4
D.O.A: 7/12/2015	i-Motor Claim Form	M7/11/7778-001	012 10:51
	i-Motor W/O (Within: OD 2hr		
OD (TP)! Reporting Only	i-Photo Uploaded	1	
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: (78313)	R . INC()/Non-INC().	<u> </u>
Owner / Driver: (•	Tel:	
Policy No: () Period	1: (Cover Type: (
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Not	e-Est. Status (WO): N: 0-2	20%; P: 21-79%. F: 80	-100%]
Year of Registration: () War	rranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,000	()/\$2,000()		**************************************
General Remarks:-			Significant Control
() Walk-In Customer: Customer's informa	ation strictly Confidential & S	trictly NO refer of repaire	г.
() Total Loss Case : to e-mail Insurer U	JRGENTLY.	<u> </u>	
Drive-In ()/ Towed-In (); Invoice: Y		Towing Co: (
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by
50,0000 (000,000 pt 10, pt0000 pt 000 pt	rtesy Car ()		
2) QC Check / Post Repair Inspection	()		3
3) Upload Resurvey Photo [Repair Cost > \$300	0] ()		
Injury:			
Date/Time Actions			
		•	
•	1		
· · · · · · · · · · · · · · · · · · ·	1 Inveice Pi	eparation Checklist	Amt (5) Amt (5)
	100000000000000000000000000000000000000	eparation Checklist.	fit Bill Add Bill
HAN OUODO 1.	1) AR : Accid 2) DA : Dama	ent Reporting (\$30); ge Assessment (\$100); INC	fit Bill Add Bill (\$80)
Claimant's Particulars:-	1) AR : Accid 2) DA : Dama 3) TF : Towin 4) ET : Follow	ent Reporting (\$30); ge Assessment (\$100); INC g FeeThrough Survey	[\$EBIII Add Bill (\$80) \$40/\$45 \$120
Claimant's Particulars:- Driver/Owner:	1) AR : Accid 2) DA : Dama 3) TF : Towin 4) FT : Follow	ent Reporting (\$30); ge Assessment (\$100); INC g FeeThrough SurveyThrough Survey (Resurvey)	[\$\f\$\Bill Add Bill (\$\f\$\f\$) \\ \$\f\$\f\$\f\$\f\$\\ \$\f\$\\ \$\f\ \$\f\$\\ \$\f\ \$
Claimant's Particulars:- Driver/Owner: Contact No:	1) AR : Accid 2) DA : Dama 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins	ent Reporting (\$30); ge Assessment (\$100); INC g Fee -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan appection	(\$80) \$40/\$45 \$120 \$30 \$2005) \$75
Claimant's Particulars:- Driver/Owner: Contact No:	1) AR : Accid 2) DA : Dama 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in: 7) N1 : Idac D	ent Reporting (\$30); ge Assessment (\$100); INC g Fee -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan appection DA + SMRT Survey	(\$80) \$40/\$45 \$120 \$30 \$2005)
Claimant's Particulars:- Oriver/Owner: Contact No: Damaged Portion:	1) AR : Accid 2) DA : Dama 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in: 7) N1 : Idae D 8) NTUC Add	ent Reporting (\$30); ge Assessment (\$100); INC g Fee -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan appection DA + SMRT Survey litional Services:-	[\$\frac{1}{2} \text{FitBill} \text{ Add Bill} \text{ St00} \text{ S120} \text{ S30} \text{ S2005} \text{ S75} \text{ S160} \text{ S160} \text{ S160} \tex
Claimant's Particulars:- Oriver/Owner: Contact No: Damaged Portion:	1) AR : Accid 2) DA : Darna 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae D 8) NTUC Add OD* *N5: Court	ent Reporting (\$30); ge Assessment (\$100); INC g Fee -Through Survey (Resurvey) g against INC Only (wef 10 Jan : pection DA + SMRT Survey litional Services:- csy Car / Tpt Allowance	\$\frac{156 \text{Bill}}{56 \text{Bill}} \text{Add Bill}\$ \$\frac{1}{5} \text{CS80}\$ \$\frac{5}{5} \text{CS30}\$ \$\frac{2005}{5}\$ \$\frac{5}{5} \text{CS10}\$ \$\frac{5}{5} \text{CS10}\$
Claimant's Particulars:- Oriver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	1) AR : Accid 2) DA : Dama 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in: 7) N1 : Idae D 8) NTUC Ade QD' *N5: Court *N6: Repa	ent Reporting (\$30); ge Assessment (\$100); INC g Fee -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan : pection DA + SMRT Survey littional Services: csy Car / Tpt Allowance ir Co-ordination Repair Inspection	\$\family \text{FitBill} \text{ Add Bill} \\ \frac{2(\$80)}{\$\$540/\$45} \\ \frac{\$\$120}{\$\$20} \\ \frac{\$\$2005}{\$\$} \\ \frac{\$\$55}{\$\$100} \\ \frac{\$\$25}{\$} \\ \
Claimant's Particulars:- Oriver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	1) AR : Accid 2) DA : Dama 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae E 8) NTUC Add OD'* *N5: Court *N6: Repa *N7: Fost +N8: DV /	ent Reporting (\$30); ge Assessment (\$100); INC ge Fee -Through Survey -Through Survey (Resurvey) ge against INC Only (wef 10 Jan : pection A + SMRT Survey ditional Services: csy Car / Tpt Allowance in Co-ordination Repair Inspection Collect Excess Coordination	(\$80) \$40/\$45 \$120 \$30 \$75 \$160
Claimant's Particulars:- Oriver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors! Comments::-	1) AR : Accid 2) DA : Dama 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae E 8) NTUC Add OD'* *N5: Court *N6: Repa *N7: Fost +N8: DV /	ent Reporting (\$30); ge Assessment (\$100); INC ge Fee -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan appection A + SMRT Survey ditional Services:- csy Car / Tpt Allowance it Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC Mobile	\$\family \text{family Bill} \text{ Add Bill} \text{ Add Bill} \text{ Add Bill} \text{ Add Bill} \$\family

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SN0920C80008 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 08/12/2020 10:47 (SGT) SWBMITTED BY: Celine Fong Wai Li VERSION: 1 (08/12/2020 10:47 (SGT))



SINGAPORE ACCIDENT STATEMENT

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 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

Date of Submission 08/12/2020 10:47 (SGT) 07/12/2020 09:55 (SGT) Date of Accident CTE, Singapore Exact Location of Accident Additional Location Information TWDS CITY BEFORE BRADDELL RD EXIT Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SMP9835K Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **GOH PEI ZONG** SXXXX549D NRIC No gohpeizong@gmail.com Email Address (Phone) +65-82885033 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Model Vezel Variant Exact purpose for which vehicle was being used at time of Private use accident

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

Vehicle Category

No - Claiming third party Private hire

Honda

INSURANCE COMPANY

NTUC Name of Insurance Company Type of Coverage Comprehensive Fleet Policy 5113562427-01 Policy Number Cover Note Number

DRIVER

GOH PEI ZONG SXXXX549D NRIC No 01/05/1991 Date Of Birth Outdoor Occupation

09/02/2010 Date Of Driving Pass Driving experience 10 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-82885033 Alt. Phone Number Email Address gohpeizong@gmail.com **BLK 841 JURONG WEST STREET 81** Address Address complement #03-127 Postcode 640841 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 KANG SWEE SIANG Name Male Gender DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **SJA5313R** Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	=
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

INJOINED I	
Name of injured person	GOH PEI ZONG
Address	-
Address Complement	
Post Code	<u>-</u>
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SMP9835K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	KANG SWEE SIANG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	•
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SMP9835K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN					and the second second second second second	
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Section (1984)						
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	<u> </u>					
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDE	NT				
ON THE	STATED	DATE AND	DMG	I LM3	TRAVELL	ING
STRATEMT.						
		779999				
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	W GOOD (K	S, OFFICEF	B	01 1771	o rug cr	TN/(-
1.15						
AND HIT ON	N 147 L	remitce.				
ECLARATION						
We declare the foregoing parti	culars are true in eve	ery respect.				
M	1	21			7/10	
July	- X	ye -			Km	
licyholder's Signature	Driver's Signa	ature		Reporting Centre	Personnel's Sign	hiro

Date & Time:

(If driver is not the policyholder)
Date & Time:

Name: NRIC/FIN No.:

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

Date and time of accident	Date:	07	12	2020	(DD/MI	M/YY) Time:	0959	(HH:MM)
Exact location of accident	CT	E ((17	(Y) BO	FORE	BRADDE	LLRD	EXIT

Details of vehicle

Vehicle registration number	SMP9835K
Vehicle make and model	HONDA VEZEL PETROL
Type of vehicle	Saloon MPV CRV Van Lorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	PRIVATE USAGE
Are you claiming under your own insurance company?	Yes □ No ☑ if no, please select: Third part claim □ Reporting only □

Insurance information

Insurance company	NTUC		
Policy number		5113562427-01	
Type of policy	Comprehensive, p	Third party fire & theft	TP only

Insured / Policy holder

GOH PEL ZONG	Male	Female
59115549D		
52885033		
BLK841 #03-127 JURONG WE	ST ST81 SP	109E 64084
	59115549D 82885033	59115549D

<u>Driver</u> Same as insured above □ (skip to D.O.B)

Name	Male Fema	le 🗆
NRIC / Fin / Passport number		
Contact		
Address		
Email address	gobpeizong@gmail.com	
Date of birth	1 M MAY 1991	
Occupation	Indoor D Outdoor,	
Driving date pass	09 FEB 2010	

General information of the accident

	T
Was driver an employee of	Yes No I
the insured's company?	mile, relationship of the arrest and modern
Accident captured by camera?	
Weather condition	Clear, Raining Others:
Road surface	Dry Wet a
No of passenger	# 2 (Inclusive of driver)
Passenger 1	KAME SWEE SLANG.
Name	KAME SWET SIANG.
Gender	Male P 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 Female
Other information	
Was anybody injured?	Yes No 🗆
Was other vehicle damaged?	Yes Not
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	SJA53 3R.	
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	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
Witness 2	
Witness 2	

Injured person 1

Name	foy per zont.
Injuries sustained	MIFEK & RIACK.
Which vehicle person in?	Smp 9835 K.
Were seat belts worn?	Yes O No D
Was injured conveyed to hospital by ambulance?	Yes D No D

Injured person 2

Name	ICANIC SWEE SIANIC.
Injuries sustained	NECK & BACK.
Which vehicle person in?	8np 9895 K.
Were seat belts worn?	Yes No 🗆
Was injured conveyed to hospital by ambulance?	Yes D No D

Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No Ø
Was injured conveyed to hospital by ambulance?	Yes - No -

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to hospital by ambulance?	Yes D No D

eBao Tech				A STATE OF THE PARTY OF			Chang	o Language	Chang	ge Password	· Log Ou
iello, NAC_PAYA_UBI_800	601						Chang	e Language	Chang	ge rassword	Log ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	10.				Date	of Accident	[0	7/12/2020 0	9:55	
	Vehicle	No.(For Motor)	SMP983	35K		Certif	icate Number				
					[Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5113562427- 01		GOH PEI ZONG	S9115549D	GPC	drivo CLASSIC	SMP9835K	SMP9835K	25/10/2020	24/10/2021

Policy No.	5113562427-01	Policyholder Name	GOH PEI Z	ONG	Policyholder NRIC	S9115549D	
Certificate							
Address	BLK 841 #03-127 JURONG WES	ST STREET 81	SINGAPORE	640841			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	22/10/2020	Effective Date	25/10/202	0 00:00	Expiry Date	24/10/2021 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020	null	GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	nolder Mailing Address						
Address 1	BLK 841 #03-127	Addre	ess 2	JURONG WEST ST	REET 81	Address 3	SINGAPORE 640841
Address 4		Addr	ess Type	Singapore address		Post Code	640841
Unit No.	03-127	Relat Num	ed Policy ber	5113562427-01			
▶ Insure	d Object: SMP9835K						
	sements	ave a version and the second	COMMON MANAGEMENT				
▽ Endors							

licy No.			V 100 V 20 L 100 L	CCT Desistantian 11-		
C) 1101	5113562427-01	Vehicle No.	SMP9835K	GST Registration No.		
tificate No.				2000		
cyholder Name	GOH PEI ZONG			Policyholder NRIC	S9115549D	
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0	
ntact No.(Mobile)	82885033	Contact No.(Office)	0	Contact No.(Home)	0	
nail Address		Special Remark		eCode	Nc 🗸	
rk .	No ○Yes	TCA	No ○Yes	eCode Reason		
	No	NCD Entitlement(%)	10	Private Hire	Yes	
Accident Details						
	08/12/2020 10:49	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane	
		Time of Accident hh:mm	09:55	Country of Accident	Singapore	
ate of Accident	07/12/2020		09.33	ICM No.		
eporting Centre		Orange Force		ICH NO.		
ccident Location	CTE					
▼ Total Excess Applicable						
ccess Type	Per Accident	Windscreen Excess	100.00			
		Salada a Microsoppia anno lesso	1,500.00			
D Standard Excess	2,000.00	TP Standard Excess		Data to Coursed?	Covered	
IED OD Excess	OD Excess 0.00 YIED		0.00	Driver is Covered?	Covered	
dditional Excess	0.00					
otal OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00			
▽ Benefits						
GST Registered Informa	tion					
ST Registered	No		GST Registration Date			
ST Registration No.			GST Status Verified	Yes		
odification History						
Policyholder Mailing Add	Iress					
Address 1	BLK 841 #03-127	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640841	
Address 4	THE RESERVE OF THE PERSON OF T	Address Type	Singapore address	Post Code	640841	
	03-127	Related Policy Number	5113562427-01			
Jnit No.	03-12/	Related Folloy Hamber				
OI Driver Info			Main Driver			
Driver Name	GOH PEI ZONG	Driver Type	S9115549D	Driver DOB	01/05/1991	
Jnnamed driver Name		Driver NRIC			10	
Register Date of Driver License	09/02/2010	Driver Age	29	Driving Experience		
Contact No.(Mobile)	82885033	Contact No.(Office)	0	Contact No.(Home)	0	
Address 1	BLK 841	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640841	
Address 4		Address Type	Singapore address	Post Code	640841	
Unit No.	03-127					
Does he own a Singapore	○ Yes No	Driver Vehicle No.		Driver Insurer Company		
Registered car?	0.130.13					
Declaration						
Breathalyser or Blood Test		Any injury?	● Yes ○ No			
Reading?	0 mg	,,,				
Modification History						
Modification History Claim 001 OD-MX New	à					
	h					
Claim 001 OD-MX New		Insured Name	GOH PEI ZONG	Insured NRIC	S9115549D	
Claim Type *	OD-MX	Insured Name	GOH PEI ZONG		S9115549D 64444644	
Claim 001 OD-MX New Claim Type * Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	64444644	
Claim 001 OD-MX New Claim Type * Contact No. (Mobile) Email Address	OD-MX	Contact No.(Home) OI Vehicle Number	SMP9835K			
Claim 001 OD-MX New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type *	OD-MX	Contact No.(Home) OI Vehicle Number Type of Benefit *		Contact No.(Office)	64444644	
Claim 001 OD-MX New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type *	OD-MX	Contact No.(Home) OI Vehicle Number	SMP9835K	Contact No.(Office)	64444644	
Claim 001 OD-MX New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name *	OD-MX Please Select V	Contact No.(Home) OI Vehicle Number Type of Benefit *	SMP9835K	Contact No.(Office) TP Vehicle Number	64444644 S3A5313R	
Claim 001 OD-MX Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address	OD-MX Please Select V	Contact No.(Home) OI Vehicle Number Type of Benefit *	SMP9835K	Contact No.(Office)	64444644 S3A5313R	
Claim 001 OD-MX Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact	OD-MX V Please Select V	Contact No.(Home) OI Vehicle Number Type of Benefit *	SMP9835K	Contact No.(Office) TP Vehicle Number	64444644 S3AS313R	
Claim 001 OD-MX Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant Address Olaimant Address Preferred Workshop Contact No.	OD-MX Please Select ≥≥ SMP9835K / SJA5313R ON 7 Dec 2020	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	SMP9835K Please Select V Not at Fault	Contact No.(Office) TP Vehicle Number	64444644 S3AS313R	
Claim 001 OD-MX Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant Address Require Finalisation	OD-MX	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	SMP9835K Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	6444644 S3A5313R Received	
Claim 001 OD-MX Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claimant Address Claimant Address Require Finalisation	OD-MX Please Select ≥≥ SMP9835K / SJA5313R ON 7 Dec 2020	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date	SMP9835K Please Select V Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	6444644 SJA5313R	
	OD-MX	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	SMP9835K Please Select V Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	6444644 S3A5313R Received	
Claim 001 OD-MX Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant Address Claimant Enalisation Dreferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	OD-MX	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date	SMP9835K Please Select V Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	6444644 S3A5313R Received	
Claim 001 OD-MX Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claimant Address Claimant Address Require Finalisation Date Registered	OD-MX	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date	SMP9835K Please Select Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	6444644 S3A5313R Received	
Claim 001 OD-MX Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant Endirection Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	OD-MX	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer	SMP9835K Please Select V Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	G444644 S3A5313R Received	
Claim 101 OD-MX Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant Endition Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	OD-MX	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer	SMP9835K Please Select V Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	G444644 SJAS313R Received	
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Attachment	Uploaded By/Date		Category	9	Urgency	Description		Msg Sent? (CO)	
	NAC_PAYA_UBI_800601(NATIONAL AS CES) on 08 Dec 202		NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-8			
1	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 08 Dec 2020 10:52		SAS		Normal	SAS 2020-12-8			
植	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Dec 2020 10:51		Photos		Normal	Photos 2020-12-8			
-	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Dec 2020 10:51		Photos		Normal	Photos 2020-12-8			
4	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Dec 2020 10:51 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Dec 2020 10:51		Photos	Normal Normal		Photos 2020-12-8 Photos 2020-12-8			
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Video List						9			_