NATIONAL Assessment Cent	to a Committee	a. Anachanic	721
	Jeb description	Date & Time Completed	Done by
Date In: 8 12/13-17:40			
Rel No: 49 11 (2013572 /24	SAS e-filing		
Veh No: 109368X	E-mail (within Shrs, AIC 2hrs		M - 1- 12-11
D.O.A: 7/1~/2-17:30	i-Motor Claim Form	M7 1112802-001	8/11/2/12:40
OD . (TP)! Reporting Only	i-Motor W/O (Within: OD	2hrs, 7P 4hrs)	
OB . 117 reporting early	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Repo		
IF Insurer.	Ass't Report by Fax / Ha		
Preferred Wksp / INC Assign Wksp / QW: (10	Fax:)
TP Particulars: Veh No:	KT 680	C()/Non-INC().	· .
Owner / Driver: (Tel:	
Policy No: ()	Period: () Cover Type: (
Confirmed by: (Date:	Time:	16094]
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N:		10078]
Year of Registration: ()	Warranty: YES ()/NO (
Excess: (\$) Loading: \$1			
General Remarks:-	A Constant of	Strictly NO refer of renairer	S 82 8 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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() Total Loss Case : to e-mail Insu		; Towing Co: (.)
Drive-In ()/ Towed-In (); Invo	ice: YES() / NO()		Done by
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	o same to
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THE STATE OF THE S	/ Courtesy Car ()	1	2
2) QC Check / Post Repair Inspection	()		
2) QC Check / Post Repair Inspection	()		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- 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

08/12/2020 12:40 (SGT) Date of Submission Date of Accident 07/12/2020 13:30 (SGT) Exact Location of Accident Ubi Ave 1, Singapore OUTSIDE PAYA UBI INDUSTRIAL PARK Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Kia

Vehicle Registration Number SJV9368X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LIM SHENG LI SXXXX867H NRIC No. Email Address shenglilim@gmail.com (Phone) +65-87760210 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Model Cerato Variant Exact purpose for which vehicle was being used at time of Private use

Are you claiming under your own insurance policy for repair to

Manufacturer

No - Claiming third party your vehicle?

Private car Vehicle Category

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5115451632 Cover Note Number

DRIVER

LIM SHENG LI Name of Driver SXXXX867H NRIC No 02/06/1995 Date Of Birth Outdoor Occupation

Date Of Driving Pass 14/01/2016 Driving experience 4 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-87760210 Alt. Phone Number shenglilim@gmail.com Email Address **BLK 171 HOUGANG AVENUE 1** Address #08-1475 Address complement Postcode 530171 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Yes Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 MATHILDA LOO YER SHUAN Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Traffic Police (Phone) +65-65470000 Police Station Phone No (Fax) +65-65474900 Alt, Police Station Phone No 10 Ubi Avenue 3 Singapore 408865 Police Station Address Was notice of intended Prosecution given? No If ves, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20201207/7029. 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 SMK5568J Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEO PENG CHYE
NRIC No	SXXXX475J
Contact Number	(Phone) +65-96374409
Address	
Address complement	<u> =</u>
Postcode	-
Insurance Company Name	-
Nature Of Damage	■ 5
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	=

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

LIM SHENG LI
NECK & BACK
SJV9368X
Yes
No

INJURED 2

Name of injured person

Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

MATHILDA LOO YER SHUAN

MATHILDA LOO YER SHUAN

NECK & BACK

SJV9368X

Yes

No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Formmust 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 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.
- 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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A: SJV 9368 X

B: SMK 5568 J

	Refer to police report	
	rever to police report	
The second secon		
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	and the state of t	

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

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.

The second of the second		AC	CIDENT	DETA	AILS				
Date of accident	7/12/	2020						(DI	D/MM/YY)
Time of accident	1330								(HH:MM)
Exact location of accident	Along	иы	Avenue	1	outside	Paya	Ubī	Industrial	

	DETAILS OF VEHICLE
Vehicle registration number	SJV 9368 X
Vehicle make and model	Kia Cerato Forte coupe
Type of vehicle	Saloon MPV CRV Van Van
•••	Lorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your	Yes No p if no, please select:
own insurance company?	Third part claim Reporting only

AMERICAN STRUCTURES WITH SAFETY	INSURANCE IN	FORMATION	make the filter fall and be
Insurance company	NTUC		
Policy number			No.
Type of policy	Comprehensive	Third party fire & theft □	TP only 🗆

	INSURED / POLICY HOLDER	ALEXTER A	為特別的
Name	Lim Sheng Li	Male	Female
NRIC / Fin / Passport number	8 9519 8674	/	
Contact	8776 0210		
Address	BIK 171 Hougang Avenue 1 #08-1475	S (530 A	4)

DRIVER	SAME AS INSURED ABOVE (SKIP	TO D.O.B)	12.00
Name		Male	Female 🗆
NRIC / Fin / Passport number			
Contact			
Address			
Email address	shenglilim @ gmail . com		
Date of birth	02/06/1995		
Occupation	Indoor D Outdoor	and the second s	
Driving date pass	14/01/2016		

TO A STATE OF THE	GENERAL IN	NFORMATION (OF THE ACCIDENT	
Was driver an employee of	Yes 🗆	Noø		_
the insured's company?	If no, relat	ionship of the	driver and insured: _	Owner
Accident captured by camera?		No 🗆		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry 🗩	Wet □		
No of passenger	OX			(Inclusive of driver)
				manufacture of the second seco
"我们不是是一个人的,我们还是一个人的。"	A PARK	PASSENGE	R 1	
Name	Mathilda	LOO Yer 8	huan	
Gender	Male 🗆	Female Z		
			Article and a restrict to the control of the contro	
		PASSENGE	R 2	Sheet in Contraction (CONT).
Name				
Gender	Male □	Female		
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		PASSENGE	R3	
Name				
Gender	Male 🗆	Female P		
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Name				
Gender	Male 🗆	Female		
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		PASSENGE	R 5	encept to the property and processes.
Name				
Gender	Male 🗆	Female		
dender	Titlate B			
	Way o th	PASSENGE	P.6	
Name		JASSIGNOL		
	Male 🗆	Female		(4
Gender	IVIAIC L	Terriale D		
		OTHER INFORM	MATION	
Was anybody injured?	Yes	No 🗆		
Was other vehicle damaged?	Yes	No 🗆		
was other vehicle damaged:	1636	110 🗅		
28.45 (Sept. 1997)	DETAIL	S OF POLICE ST	ATION ACTION	
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Reported to police?	Yes 🗆	NO II y	es, please state which	1 ponce station.
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Name				

A CONTRACTOR OF FAIR AND A CONTRACTOR OF THE PARTY OF THE	
	THIRD PARTY VEHICLE 1
Vehicle registration number	8mK 5568 J
Vehicle make model	
Name	Teo Peng Chye
NRIC / Fin / Passport number	80234475 J
Contact	9637 4409
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
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NRIC / Fin / Passport number	
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	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	X
Market Ashare State State and Society of the State of the	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name /	
NRIC / Fin / Passport number	
Contact	
Confect	

	INJURED PERSON 1
Name	Lim Sheng Li
Injuries sustained	Back 2 neck
Which vehicle person in?	SJV 9368 X
Were seat belts worn?	Yes No D
Was injured conveyed to	Yes D No.
hospital by ambulance?	
neopital by annual and	
	INJURED PERSON 2
Name	Mathilda 200 Yer Shuan
Injuries sustained	Back & neck
Which vehicle person in?	SJV 9368X
Were seat belts worn?	Yes Z No 🗆
Was injured conveyed to	Yes No P
hospital by ambulance?	
And the Control of th	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes - No -
Was injured conveyed to	Yes D No D
hospital by ambulance?	
A September 19 and the second of the second	
AND THE RESIDENCE OF THE SECOND	INJURED PERSON 4
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes No
Was injured conveyed to	Yes No
hospital by ambulance?	
A STATE OF THE STA	
Alexander Services	INJURED PERSON 5
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes No
Was injured conveyed to	Yes 🗆 / No 🗆
hospital by ambulance?	
	INILIPED PERSON 6
新发生的现在分类的不多的一种发生的	INJURED PERSON 6
Name	<u> </u>
Injuries sustained /	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes No
hospital by ambulance?	





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20201207/7029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/12/2020 14:37		ide:	Vide Report No.:	Station Diary No.:			
Informant'	s Particul	ars			ASTRUMENT OF THE		
Name of Informant: LIM SHENG LI			Address: 171 HOUGANG AVENUE 1 #08-1475 SINGAPORE 530171				
ID Type / ID No.: NRIC NO / S9519867H		7H	Contact No.: Home/Office:	Mobile: 87	760210		
			Email: SHENGLILIM@GMAIL.COM		=		
Sex: Male	Age: 25	Date of Birth: 02/06/1995	Type of Informant: Driver				
Race: Chinese			Language: English	Institution /	School Name:		
Occupation Delivery dr			Driving Licence Information: Class:	Date of Ex	piry:		

General Inform	mation of the Acci	dent	计 概念。这一种			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/12/2020 13:30	Type of Location:		
Location:						
UBI AVENUE	1					
Weather:		Road Surface:	Ro	ad Speed Limit:		
Traffic Flow:		Traffic Control:	Tra	Traffic Volume:		
Type of Collis	sion:			yone conveyed by abulance:		

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJV9368X	Car	KIA	CERATO FORTE KOUP 1.6 SX MT D/AB 2DR SR	Green		0
SMK5568J	Car					0





2 of 3

Report No. T/20201207/7029

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SJV9368X	NTUC Income Insurance Co-Operative Limited	5115451632	10/01/2020	22/02/2021		

Details of Perso	n Involved					
Any Pedestrian In	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Peo	lestrian	Cross	ing: NA
Passenger	Charles of the Contract of the		ALEXANDER			经验的证据的证据
Name	MATHILDA LOO YER	SHUAN		ID No.		NIL
Related Vehicle	SJV9368X (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Driving Licence Expiry	g e &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		Slight	
Driver			And Albandary			
Name	LIM SHENG LI			ID No.		S9519867H
Related Vehicle	SJV9368X (Car)			Conta	ct No.	87760210
Hospital/Clinic	NIL			Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		Slight	

Brief Details.

On the stated date and time, I was travelling along Ubi Ave 1 and was heading to Paya Ubi Industrial Park. I saw vehicle (SMK5568J) stationary at the side with the hazard light on and the cars infront of me slowly went pass vehicle (SMK5568J). I also travelled slowly wanting to turn right into Paya Ubi Industrial park. Suddenly vehicle (SMK5568J) turned right and collided onto the left portion of my vehicle (SJV9368X).





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20201207/7029

CONTINUATION OF REPORT

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0	KE	L	ш		all

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/12/2020 14:37
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

Authentication Stamp NP168

eBao Tech								虚数的		Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601		- 10 May				· Change	Language	• Chan	ge Password	› Log Out
My Desktop	Polic	y Query									
Notice of Loss	Policy N	0.				Date o	f Accident	O	7/12/2020 1	3:30	
	Vehicle	No.(For Motor)	SJV936	8X		Certific	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5115451632		LIM SHENG LI	S9519867H	GPC	drivo CLASSIC	SJV9368X	SJV9368X	10/01/2020	22/02/2021
						Continue					

Policy No.	5115451632	Policyholder Name	LIM SHE	NG LI	Policyhol NRIC	ler S9519867H			
Certificate		Name							
ddress	BLK 171 #08-1475 HOUGANG A	VENUE 1 SIN	GAPORE 5	30171					
Product Name	PRIVATE CAR INSURANCE	Plan	ctive 10/01/2020 00:00		Group Policy Fla	g N			
Policy ssue Date	10/01/2020	Effective Date			Expiry Date	te 22/02/2021	22/02/2021 23:59		
Excess Type	Per Accident		600		Windscreen Excess				
Third Party O Excess		Own damage Excess				en 100			
Additional Excess	ditional 1500		0						
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			You	ung/Inexperience Driver Excess		
Agent	ASSURE PTE. LTD.	Agent Tel.	6848911	19	GST Flag	Y			
Co- insurance Flag	No								
Open Policy Info									
Policy Info Certificate Info	nolder Mailing Address								
Policy Info Certificate Info Policyh	nolder Mailing Address BLK 171 #08-1475	Addr	ess 2	HOUGAN	NG AVENUE 1	Address 3	SINGAPORE 530171		
Policy Info Certificate Info		Addr	ess Type		NG AVENUE 1 re address	Address 3 Post Code	SINGAPORE 530171 530171		
Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 171 #08-1475 08-1475	Addr	ess Type red Policy		e address				
Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 171 #08-1475	Addr Relat	ess Type red Policy	Singapor	e address				
Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 171 #08-1475 08-1475 d Object: SJV9368X	Addr Relat	ess Type red Policy	Singapor	e address				
Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure	BLK 171 #08-1475 08-1475 d Object: SJV9368X sements	Addr Relat Num	ess Type red Policy	Singapor 511545	re address				

cident MT/1112802		Mahiata Na	C110250V	GST Pagistration No			
licy No.	5115451632	Vehicle No.	SJV9368X	GST Registration No.			
rtificate No.							
licyholder Name	LIM SHENG LI			Policyholder NRIC	S9519867H		
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0		
intact No.(Mobile)	87760210	Contact No.(Office)	0	Contact No.(Home)	0		
mail Address		Special Remark		eCode	Nc 🗸		
FK	No ○ Yes	TCA	No ○Yes	eCode Reason			
CD Protection	No	NCD Entitlement(%)	0	Private Hire	No		
Accident Details					Side Swipe		
eport Date	08/12/2020 12:41	Accident Report Within 24 hrs	Yes	Accident Type			
			13:30	Country of Accident	Singapore		
ate of Accident	07/12/2020	Time of Accident hh:mm	13.30	ICM No.			
eporting Centre		Orange Force		ICM NO.			
ccident Location	Ubi Ave 1						
▼ Total Excess Applicable							
ccess Type	Per Accident	Windscreen Excess	100.00				
D Standard Excess	600.00	TP Standard Excess	0.00				
IED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered		
dditional Excess	1500						
otal OD Excess Applicable	2100.00	Total TP Excess Applicable	0.00				
▼ Benefits							
GST Registered Informa	tion						
ST Registered	No		GST Registration Date				
ST Registration No.			GST Status Verified	Yes			
odification History							
Policyholder Mailing Ad	iress						
ddress 1	BLK 171 #08-1475	Address 2	HOUGANG AVENUE 1	Address 3	SINGAPORE 530171		
ddress 4		Address Type	Singapore address	Post Code	530171		
	08 1475	Related Policy Number	5115451632				
Init No.	08-1475	Related Folicy Hamber	5115451052				
OI Driver Info	LIM CHENCIT	Driver Type	Main Driver				
river Name	LIM SHENG LI	Driver NRIC	S9519867H	Driver DOB	02/06/1995		
Innamed driver Name				Driving Experience	4		
tegister Date of Driver License		Driver Age	25				
Contact No.(Mobile)	87760210	Contact No.(Office)	0	Contact No.(Home)	0		
Address 1	BLK 171	Address 2	HOUGANG AVENUE 1	Address 3	SINGAPORE 530171		
Address 4		Address Type	Singapore address	Post Code	530171		
Jnit No.	08-1475						
Does he own a Singapore	○ Yes No	Driver Vehicle No.		Driver Insurer Company			
Registered car?							
Declaration							
Breathalyser or Blood Test	0 mg	Any injury?	● Yes ○ No				
Reading?	o mg	Any injury:	@ 165 O.16				
lodification History							
4 Hd =							
Claim 001 New							
Claim Type *	OD-MX	Insured Name	LIM SHENG LI	Insured NRIC	S9519867H		
		no-termore confidence			/		
No. (14	Application of the Company of the Co	Contact No (Home)	NII	Contact No. (Office)	NIL		
	NIL	Contact No.(Home)	NIL	Contact No.(Office)	NIL SMK55681		
Email Address		OI Vehicle Number	SJV9368X	Contact No.(Office) TP Vehicle Number	NIL SMK55683		
mail Address Claimant Type Claimant Type •	Please Select	OI Vehicle Number Type of Benefit *		THE RESIDENCE OF THE RE			
mail Address Claimant Type Claimant Type •		OI Vehicle Number	SJV9368X	THE RESIDENCE OF THE RE			
email Address Claimant Type Claimant Type • Claimant Name •	Please Select	OI Vehicle Number Type of Benefit *	SJV9368X	TP Vehicle Number			
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mail Address llaimant Type Claimant Type * llaimant Name * llaimant Address llaim Description referred Workshop Contact lo.	Please Select ≥≥ SJV9368X / SMK5568J ON 7 Dec 2020	OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability *	SIV9368X Please Select	TP Vehicle Number	SMK55683		
mail Address laimant Type Claimant Type * laimant Name * laimant Address laim Description referred Workshop Contact lo. lequire Finalisation	Please Select	OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	SIV9368X Please Select	TP Vehicle Number Name of Preferred Workshop GIA report	SMK55683		
email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact Vo. Require Finalisation Date Registered	Please Select	OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability *	SIV9368X Please Select	TP Vehicle Number	SMK55683		
mail Address claimant Type Claimant Type * claimant Name * claimant Address claim Description referred Workshop Contact co. clequire Finalisation bate Registered	Please Select	OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	SIV9368X Please Select	TP Vehicle Number Name of Preferred Workshop GIA report	SMK55683		
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email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	Please Select	OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	SIV9368X Please Select Not at Fault Preferred Workshop, Name unknown	TP Vehicle Number Name of Preferred Workshop GIA report	SMK5S683		
Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact VO. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	Please Select	OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	SIV9368X Please Select Not at Fault Preferred Workshop, Name unknown	TP Vehicle Number Name of Preferred Workshop GIA report	SMK5S683		
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mail Address laimant Type Claimant Type I laimant Name I laimant Address laim Description referred Workshop Contact o. equire Finalisation late Registered eport Taken By Print AK letter Attachment Ccident No.	Please Select	OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No.	SIV9368X Please Select Not at Fault Preferred Workshop, Name unknown Save Submit 001 08/12/2020 12:48 Category •	TP Vehicle Number	Received 08/12/2020 00:00		
mail Address laimant Type Claimant Type * laimant Name * laimant Address laim Description referred Workshop Contact lo. lequire Finalisation vate Registered leport Taken By Print AK letter Attachment Accident No.	Please Select	OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date Browse	SIV9368X Please Select Not at Fault Preferred Workshop, Name unknown O01 08/12/2020 12:48 Category * Clear Please Select	TP Vehicle Number	Received 08/12/2020 00:00 Descripti		
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Attachment	List								
Attachment	Uploaded	By/Date	Category	9	Urgency	Desc	ription	Msg Sent? (CO)	
NAME AND ADDRESS OF THE PARTY.	NAC_PAYA_UBI_800601(NATION CES) on 08 De		NRIC/ Driving License	Y	Normal	NRIC/ Driving L	icense 2020-12-8		
1	NAC_PAYA_UBI_800601(NATION CES) on 08 December 1		SAS		Normal	SAS 20	020-12-8		
(NAC_PAYA_UBI_800601(NATION CES) on 08 D		Photos		Normal	Photos :	2020-12-8		
	NAC_PAYA_UBI_800601(NATION CES) on 08 D		Photos		Normal	Photos :	2020-12-8		
	NAC_PAYA_UB1_800601(NATION CES) on 08 D	IAL ASSESSMENT CENTRE SERVI	Photos		Normal	Photos	2020-12-8		
* 1		NAL ASSESSMENT CENTRE SERVI DC 2020 12:47	Photos		Normal	Photos	2020-12-8		
	NAC_PAYA_UBI_800601(NATIO CES) on 08 D	NAL ASSESSMENT CENTRE SERVI ec 2020 12:47	Photos		Normal	Photos	2020-12-8		
4.W	NAC_PAYA_UBI_800601(NATIO CES) on 08 D	NAL ASSESSMENT CENTRE SERVI ec 2020 12:47	Photos		Normal	Photos	2020-12-8		
		NAL ASSESSMENT CENTRE SERVI DC 2020 12:46	Photos		Normal	Photos	2020-12-8		
		NAL ASSESSMENT CENTRE SERVI ec 2020 12:46	Photos		Normal	Photos	2020-12-8		
8	NAC_PAYA_UBI_800601(NATIO CES) on 08 D	NAL ASSESSMENT CENTRE SERVI ec 2020 12:46	Photos		Normal	Photos	2020-12-8		
A.		NAL ASSESSMENT CENTRE SERVI ec 2020 12:46	Photos		Normal	Photos	2020-12-8		
with	NAC_PAYA_UBI_800601(NATIO CES) on 08 D	NAL ASSESSMENT CENTRE SERVI ec 2020 12:46	Photos		Normal	Photos	2020-12-8		
		NAL ASSESSMENT CENTRE SERVI ec 2020 12:46	Photos		Normal	Photos	2020-12-8		
Video List	Uploaded By/Date	Folder Date		File Name		?	Source	102000	-