NATIONAL Assessment Centre Ser	vices.  well Jan'05 110	120(700)	
	description	Date &Time Completed	Done by
Ref No: HAINCZDIVII6/24 SA	S e-filing		
Vch No: 55532m E-	mail (within Shrs, AIC 2hrs)		
D.O.A: 17/12/12/20 i-M	lotor Claim Form	m/111418-021	18/12/2 17:39
i-i	lotor W/O (Within: OD 2hrs,	7'P 4hrs)	
OD . T. Reporting Only	hoto Uploaded		
As	sessment/Survey Report		
TP Insurer:	s't Report by <u>Fax / Hand</u> to	Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars: Veh No: SMC7368C	. INC(	)/Non-INC( ).	
Owner / Driver: (		Tel:	
Policy No: ( ) Period: (	)	Cover Type: (	
Confirmed by : (	Date:	Time:	1000/1
Insured/Driver Liability: ( %) [Note-B	st. Status (WO): N: 0-20	0%; P: 21-79%. P: 80	-100%]
Year of Registration: ( ) Warran	ity: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$1,000 (	)/\$2,000( )		7785 75 75
General Remarks:-			Silver Street
( ) Walk-In Customer: Customer's information	n strictly Confidential & St	rictly NO refer of repaire	г.
( ) Total Loss Case : to e-mail Insurer UR	GENTLY.	<del></del>	
Drive-In ( ) / Towed-In ( ); Invoice: YES	( )/NO( );T	owing Co: (	,
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done by
1) Apply for Transport Allowance ( )/ Courter	sy Car ( )		
2) QC Check / Post Repair Inspection	( )		
3) Upload Resurvey Photo [Repair Cost > \$3000]	( )		
Injury:			
	1		
Date/Time Actions			
	·		
			Ant(S) Amt(S)
Na.	Invoice Pr	eparation Checklist	fit Bill Add Bill
Narioning .	1) AR : Accide	nt Reporting (\$30);	C (\$80)
Claimant's Particulars:-	2) DA : Damag 3) TF : Towing	e Assessment (624)	\$40/\$45
Driver/Owner:	4) FT : Follow-	Through Survey (Resurvey)	\$120
Contact No:	For claiming	against INC Only (Wel 10 Jan	2005) \$75
Damaged Portion:	6) TR: Re-ins	A + SMRT Survey	\$160
3	8) NTUC Add	tional Services:-	
QC Checked by (Engr-In-Charge):	OD*	sy Car / Tpt Allowance	\$5
OC. Checked by (Bright-In-Charge).	*N6: Repair	Co-ordination	\$10
Auditors' Comments::	+N8: DV /	epair Inspection Collect Excess Coordination	\$5
Jat. 1:	TP (N11): 9) N12: Idae 1	TP (Non INC) against INC	30
	Invoice dated	Fee Cha	100 to 10
2at. 2/3;	Invoice dated	Fee Cha	Sea Season

in a part of

SN0920Cl000I / National Assessment Centre Services [408933] ENTRY DATE & TIME: 18/12/2020 17:35 (SGT)

SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (18/12/2020 17:35 (SGT))



# 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

18/12/2020 17:35 (SGT) Date of Submission 17/12/2020 17:30 (SGT) Date of Accident PIE, Singapore Exact Location of Accident twds tuas before kallang exit Additional Location Information Singapore Country/State of Loss

# **DETAILS OF OWN VEHICLE**

Honda

Vehicle Registration Number SJS532M

#### INSURED/POLICYHOLDER

Is company? JIN SHENG PTE LTD Name Of Registered Owner 2XXXXX793M Company Reg No zhangqi@jstarpc.som Email Address (Phone) +65-97310797 Mobile Phone No Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer Stream Model Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Vehicle Category

### INSURANCE COMPANY

Name of Insurance Company NTUC Comprehensive Type of Coverage Fleet Policy 5071108789-05 Policy Number Cover Note Number

#### DRIVER

ZHANG QI Name of Driver Passport No/FIN GXXXX241L Date Of Birth 06/03/1987 Outdoor Occupation

Date Of Driving Pass	10/07/2015
Driving experience	5 YEARS AND 5 MONTHS
Gender	Male (2) - 0.5 002119259
Mobile Number	(Phone) +65-92318258
Alt. Phone Number	-
Email Address	zhangqi@jstarpc.som BLK 753 CHOA CHU KANG NORTH 5
Address	
Address complement	#08-209
Postcode	680753
s the driver the policyholder?	No
f No, Relationship of the Driver with the Insured	Employee
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 - Head to Rear
Weather Conditions	Clear
Weather Conditions Road Surface	Dry
Road Surface	
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)	3
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	CHOWDIYURY MD BABUL MIAN
Name Gender	Male
Gender	
PASSENGER 2	
Name	MURUGAIYAN TAMILARASAN
Name Gender	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?	E
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No No
Was there any audio recorded?	No
DETAILS OF OTH	IER VEHICLE PROPERTY 1
Vehicle Registration Number	SMC7768C
Vehicle Manufacturer	v 🛤
Vehicle Model	•
Vehicle Variant	

Vehicle Colour	-
	Private car
Vehicle Category	I IIVato oai
Name of Driver	
Contact Number	-
Address	
Address complement	-
Postcode	-
Insurance Company Name	•
Nature Of Damage	-
Details of property damaged in accident	<b>-</b> 3
No. Of Passenger (Including Driver)	-

# INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ZHANG QI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJS532M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

100 pt - 000 100 000 000 000 000 000 000 000 0	THE PARTY OF THE PARTY MAN
Name of injured person	CHOWDIYURY MD BABUL MIAN
Address	Œ
Address Complement	<b>3</b>
Post Code	
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJS532M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
All and a second	

INJURED 3

Name of injured person	MURUGAIYAN TAMILARASAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJS532M
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.
- 3. 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>.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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 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:
  - (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' 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: 18/12/10

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Persønnel's Signature Name:

NRIC/FIN No .:

1 ,

	DIE (TUAS) BEFORE KALLAMEN EXIT
VEH. A - SJS 532M	
VEH. B-SMC 7768C	
	1 1 1
	1 1 1 3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT ON THE STATED DATE AND TIME. I, VEHICLE WAS TRAVELLING AT THE STATED VENUE. AS THE FRONT VEHICLE STOPPED. I FOLLOW SUIT. SUDDENLY, VEHICLE B' BANG ONTO VEHICLE REAR PORTION.

# DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date of Accident	: 17 12 2020 Accident Time: 1730 (24-HR-Format)
Accident Place	: PIE (TUAS) BEFORE WALLANG EXIT
Vehicle. No. (Car Plate No.)	: SJS 532M Make/Model: HONDA STREAM
Insurace Company	:
Owner or Company Name /IC No.	: JIN SHENG PTE LTD - 200614793M
Owner or Company Contact No.	: <u>97316797</u> Owner's HpCompany Tel
DRIVER'S Name / IC No.	: ZMANGQI G0847241L
DRIVER'S Date Of Birth	: 66/03/1987 DRIVER'S License Pass Date 10/07/2015
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling Employee Others:
DRIVER'S Address	: 753 CHOA CHU KANG NORTH 5
DRIVER'S Contact No./ Alt No.	:1) 92318258 2) #08-209 S68075
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: ZHANGRI @ JSTARPC. COM
Weather & Road Surface	: CLEAR & DRY \ RAINING & WED \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	Oriver): <u>0_3</u>
	ar camera: YES NO as being used at the time of accident: Private use Work purpose
(B) Other	Party Driver's Particular (if any)
Vehicle. No: SMC 7768	Vehicle. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:
* NEW - Passenger's name of	& gender:  BABUL MIAM – MALE  AMILARASAN – MALE
MURUGAIYAN TI	AMILARASAN - MALE

Chowdiyury md Basul Miamn (mall) Murugaiyan Tamilarasan cmall)

\* , \* , ,



## Certificate of Insurance

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

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

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

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

Certificate Number: 5071108789-05

cover .

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJS532M

Chassis Number

: JHMRN68609C200201

2. Name of Policyholder

: JIN SHENG PTE LTD

3. Effective Date of Insurance

: 10 Aug 2020

4. Expiry Date of Insurance

20 1 2020

4. Expiry Date of insurance

: 09 Aug 2021

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

- 6. Limitations as to Use#
  - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

#### This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
  - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)
    Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : \$\$600

EXCESS (SECTION 2) : N/A

WINDSCREEN EXCESS : \$\$100

ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO : YES INSURE WITH COE NCD PROTECTION : NO : NO TRANSPORT ALLOWANCE **EXCESS WAIVER** : NO PRIMARY DRIVER : ZHANG QI NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency

: AUTO INSURANCE AGENCY (00000613840)

Date of Issue

: 04 Aug 2020 12:14 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

**Chief Executive** 

<b>eBao</b> Tech										Genera	IClaim
Hello, NAC_PAYA_UBI_80	0601			AS SUCH WAS DESIGNATED BY	AND AND AND AND AND AND		• Change	Language	→ Chan	ge Password	Log Out
My Desktop	Policy Q	uery									•
Notice of Loss	Policy No.					Date o	f Accident	[1	7/12/2020	17:30	TO ROLL OF
	Vehicle No.(F	For Motor)	SJS5321	М		Certific	ate Number				
					Search						
	Select Po	licy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 507:	1108789- 05		JIN SHENG PTE LTD	200614793M	GPC	drivo CLASSIC	SJS532M	SJS532M	10/08/2020	09/08/2021
			No.		C	ontinue					

Policy No.	5071108789-05	Policyholder Name	JIN SHENG	PTE LTD	Policyholder NRIC	200614793M	
Certificate No.							
Address	21 BUKIT BATOK CRESCENT #	08-75 WCEGA	TOWER SING	APORE 658065			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	04/08/2020	Effective Date	10/08/2020	00:00	Expiry Date	09/08/2021	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Your	ng/Inexperience Driver Excess
Agent	AUTO INSURANCE AGENCY	Agent Tel.	FAX 62865	551	GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	holder Mailing Address						
	21 BUKIT BATOK CRES	CENT Addr	ess 2	#08-75 WCEGA TO	OWER	Address 3	SINGAPORE 658065
Address 1			ress 2 ress Type	#08-75 WCEGA TO		Address 3 Post Code	SINGAPORE 658065 658065
Address 1 Address 4 Unit No.		Addı	ress Type ted Policy				
Address 1 Address 4 Unit No.		Addi Rela	ress Type ted Policy	Singapore address			
Address 1 Address 4 Unit No.	21 BUKIT BATOK CRES	Addi Rela	ress Type ted Policy	Singapore address		Post Code	658065
Address 1 Address 4 Unit No. Insure	21 BUKIT BATOK CRES ed Object: SJS532M sements	Addi Rela Num	ress Type ted Policy	Singapore address 5103149369-02 tt Type		Post Code	

ST1100791-0-3-0-3-0-3-0-3-0-3-0-3-0-3-0-3-0-3-0-	cy No.		A strategic and the state of th	CICERON	GST Registration No.	200614793M
Michael		5071108789-05	Vehicle No.	S3S532M	GST Registration No.	200014/35/11
STANS-PRINTED   STANS-PRINTED   Cover Type   STANS-PRINTED   Cover Type   Cover	tificate No.					
SMILL COME   PROVIDE CAN PROVINCE   Cover Type   Shrow CASSIGN   Leading   O	icyholder Name	IN SHENG PTE LTD			Policyholder NRIC	200614793M
Contract No.		PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Special Remain			Contact No.(Office)	0	Contact No.(Home)	0
TAL	200		Special Remark		eCode	NC V
Detection   No		00		No ○Yes	eCode Reason	
The Content Content   The Content C		X 2000 ( 2000 ) ( 200				No
Column   1911   1912   1913   1913   1914	CD Protection	No	NCD Entitlement(%)	50		
Set Audient   15/12/2003 11/37   Account   Time of Account Price   Time of Ac	Accident Details					Callinian Head to Boar
March   1712/2003   1712/20	port Date	18/12/2020 17:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Real
Content   Con	ate of Accident	17/12/2020	Time of Accident hh:mm	17:30	Country of Accident	Singapore
FE			Orange Force		ICM No.	
Treat Excess Applicable File Accident  Per	See See	nie .				
D Sackard Excess		PIE				
Standard Excess   600.00   T9 Standard Excess   0.00   Driver is Covered?   Covered				100.00		
Display   Disp	ccess Type	Per Accident	Windscreen Excess	100.00		
Display   Dis			TO Chandred Evenes	0.00		
### DOD Excess ### DOD Total TP Excess Applicable	D Standard Excess				Driver is Covered?	Covered
Total TP Excess Applicable   600.00   Total TP Excess Applicable   0.00	IED OD Excess	0.00	YIED TP Excess	0.00	Dilver is covered	
## Banefiles  ## ## ## ## ## ## ## ## ## ## ## ## ##	dditional Excess	0				
Tegelaration   Teg	otal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
### ST Registered ### ST Regi	<b>▽</b> Benefits					
Tile Agestated No. 200614793M 20	GST Registered Informa	tion				
### ST Registration No.    ### ST Registration No.    ### ST Registration No.    ### ST Registration No.    ### ST Registration Date From Divizion Str.    ### ST Reg	ST Registered	Yes		SOURCE SOUR CONTRACTOR SUSPENSES		
### Policyholder Mailing Address  ### Address 2  ### ### ### Policyholder Mailing Address  ### Policyholder Mailing Address  ### Address 3  ### Policyholder Mailing Address  ### Address 7  ### Address 7  ### Singapore address  ### Policyholder Mailing Address  ### Policyholder Mailing Address  ### Address 7  ### Address 7  ### Policyholder Mailing Address 3  ### Policyholder Mailing Address 3  ### Singapore Address  ### Policyholder Mailing Address  ### Policyholder Mailing Address  ### Policyholder Mailing Address 3  ### Singapore Policyholder Mailing Address  ### Policyholder Mailing Address 3  ### Policyholder Mailing Address 4  ### Policyholder Mailing Address 5  ### Policyholder Mail					Yes	
## Policyholder Mailing Address ## Policyholder Mailing Addre		18/12/2020 17:38:44 System	em changed GST Registration Date	from 01/01/2015 to 15/09/2008		
## 21 BUKIT BATOK CRESCENT Address 2 #508-75 WCEGA TOWER Address 3 SINCAPORE 658065 didress 4 Address 7 type Singapore address Post Code 658065 didress 4 Related Policy Number 5103149369-02		18/12/2020 17:38:44 Syste	em changed 651 Status Verified fro	10 10		
## 21 BUKIT BATOK CRESCENT Address 2 #508-75 WCEGA TOWER Address 3 SINCAPORE 658065 didress 4 Address 7 type Singapore address Post Code 658065 didress 4 Related Policy Number 5103149369-02	Policyholder Mailing Add	iress				
Address Type   Singapore address   Post Code   658065			Address 2	#08-75 WCEGA TOWER	Address 3	SINGAPORE 658065
Address 4   Address 7   Addr					Post Code	658065
The proper by a comment of the context into the context	ddress 4					
Priver Name	Init No.		Related Policy Number	5103149369-02		
Driver Name	OI Driver Info					
Driver   D	oriver Name	ZHANG QI			Driver DOR	06/03/1987
Contact No. (Mobile)  S138258  Contact No. (Office)  O Contact No. (Home)  O Contact No. (Office)  O Rost Code  O Ro	Innamed driver Name		Driver NRIC			
Contact No. (Mobile)   92318258   Address 2   CHOA CHU KANG NORTH 5   Address 3   SINGAPORE 680753	egister Date of Driver License	10/07/2015	Driver Age	33		
Address 1 BLK 753 Address 2 Chick Ch	Contact No.(Mobile)	92318258	Contact No. (Office)		Contact No.(Home)	
Address 4 Address Type Singapore address Post Code 680753  Address 4 O8-209  Oriver Vehicle No. Driver Vehicle No. Driver Insurer Company  Post Code 680753  Any injuny?  Omg  Any injuny?  Ong  Any injuny?  Ong  Any injuny?  Ong  Ong  Ong  Ong  Ong  Ong  Ong  On	Address 1	BLK 753	Address 2	CHOA CHU KANG NORTH 5	Address 3	SINGAPORE 680753
Driver Insurer Company  Drive			Address Type	Singapore address	Post Code	680753
Driver Vehicle No.  Driver Vehicle No.  Driver Insurer Company  Driver Insure						
Registered Car?  O mg  Any injury?  O mg  O mg  Any injury?  O mg  O mg  Any injury?  O mg					Oriver Incurer Company	
Any injury?  Any	Registered car?	○ Yes   No	Driver Vehicle No.		Differ madrer company	
Any injury?  Any						
Addification History  Claim 001 Nex  Claim 109 * OD-MX						
Claim 001 New  Claim 709 * OD-MX V Insured Name JIN SHENG PTE LTD Insured NRIC 200614793M Contact No. (Mobile) 97310797 Contact No. (Home) Contact No. (Office) 6566205 Email Address Jinsheng369@hotmail.com OI Vehicle Number SJS532M TP Vehicle Number SMC7768C  Claimant Type Claimant Type * Please Select V Type of Benefit * Please Select V Claimant Name *	eclaration					
Claim Type * OD-MX	reathalyser or Blood Test	0 mg	Any injury?	• Yes O No		
Claim Type * OD-MX V Insured Name JIN SHENG PTE LTD Insured NRIC 200614793M  Contact No.(Mobile) 97310797 Contact No.(Home) Contact No.(Office) 65666205  Email Address Jinsheng 369@hotmail.com O1 Vehicle Number SJS532M TP Vehicle Number SMC7768C  Claimant Type Claimant Type * Please Select V Type of Benefit * Please Select V  Claimant Name * Claimant Address  Claim Description SJS532M / SMC7768C ON 17 Dec 2020  Insured NRIC * Name of Preferred Workshop Name of Preferred Workshop No.	Breathalyser or Blood Test	0 mg	Any injury?	(e) Yes () No		
Claim Type * OD-MX	Breathalyser or Blood Test Reading?	0 mg	Any injury?	● Yes ○ No		
Claim Type * OD-MX	Breathalyser or Blood Test Reading?	0 mg	Any injury?	● Yes ○ No		
Colam Type * OD-MX	Breathalyser or Blood Test Reading? Modification History	0 mg	Any injury?	■ Yes ( No		
Colam Type * OD-MX	Breathalyser or Blood Test Reading? Modification History	0 mg	Any injury?	■ Yes ( No		
Contact No.(Mobile) 97310797 Contact No.(Home) Contact No.(Office) 65666205  Email Address jinsheng 369@hotmail.com OI Vehicle Number SJS532M TP Vehicle Number SMC7768C  Claimant Type Claimant Type * Please Select V Type of Benefit * Please Select V  Claimant Name *	Breathalyser or Blood Test Reading? Modification History	0 mg	Any injury?			
Email Address jinsheng 369@hotmail.com OI Vehicle Number SJS532M TP Vehicle Number SMC7768C  Claimant Type Claimant Type * Please Select	Breathalyser or Blood Test Reading? Hodification History					
Claimant Type Claimant Type * Please Select	Breathalyser or Blood Test Reading?  Addification History  Claim 001 New	OD-MX	Insured Name			65666205
Claimant Type Claimant Type Please Select  Claimant Name *	Breathalyser or Blood Test Reading?  Indification History  Claim 001  New  Claim Type •  Contact No.(Mobile)	ОD-MX У 97310797	Insured Name Contact No.(Home)	JIN SHENG PTE LTD	Contact No.(Office)	65666205
Claimant Address  Claim Description   SJS532M / SMC7768C ON 17 Dec 2020   Name of Preferred Workshop    Preferred Workshop Contact   Insured Liability *   Not at Fault    No.	creathalyser or Blood Test leading?  Indification History  Claim 001  New  Claim Type *  Contact No.(Mobile)  Email Address	OD-MX 97310797  Jinsheng369@hotmail.com	Insured Name Contact No. (Home) OI Vehicle Number	JIN SHENG PTE LTD	Contact No.(Office)	65666205
Claim Description SJSS32M / SMC7768C ON 17 Dec 2020 Name of Preferred Workshop Contact No.	creathalyser or Blood Test leading?  Indification History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *	OD-MX 97310797 Jinsheng369@hotmail.com Please Select	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *	JIN SHENG PTE LTD	Contact No.(Office)	65666205
Claim Description S15532M / SMC/768C ON 17 Dec 2020  Preferred Workshop Contact No. Not at Fault No.	Breathalyser or Blood Test leading?  Modification History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *	OD-MX 97310797 Jinsheng369@hotmail.com Please Select	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *	JIN SHENG PTE LTD	Contact No.(Office)	65666205
No.	claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Type Claimant Type * Claimant Address	OD-MX  97310797  jinsheng369@hotmali.com  Please Select   ≥≥	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *	JIN SHENG PTE LTD	Contact No.(Office) TP Vehicle Number	65666205 SMC7768C
	claim Type * Claimant Type Claimant Type * Claimant Type Claimant Type * Claimant Type Claimant Claima	OD-MX  97310797  jinsheng369@hotmali.com  Please Select   ≥≥	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *	JIN SHENG PTE LTD  SJS532M  Please Select  ✓	Contact No.(Office) TP Vehicle Number	65666205 SMC7768C
Require Finalisation Yes Preferered Repair Option Preferred Workshop, Name unknown S GIA report Received	Breathalyser or Blood Test Reading?  fodification History  Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Address  Claimant Address  Claim Description  Preferred Workshop Contact	OD-MX  97310797  jinsheng369@hotmali.com  Please Select   ≥≥	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	JIN SHENG PTE LTD  SJS532M  Please Select  ✓	Contact No.(Office) TP Vehicle Number	65666205 SMC7768C
	claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Type Claimant Type * Claimant Address	OD-MX  97310797  Jinsheng369@hotmail.com  Please Select  ≥≥  535532M / SMC7768C ON 17 Dec 2020	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit • Claimant NRIC •  Insured Liability •	JIN SHENG PTE LTD  S35532M  Please Select  Not at Fault	Contact No.(Office) TP Vehicle Number  Name of Preferred Worksho	6566205 SMC7768C
Date Received 18/12/2020 00:00	Areathalyser 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 Address  Claimant Address  Claimant Address  Require Finalisation	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	JIN SHENG PTE LTD  S35532M  Please Select  Not at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho	6566205 SMC7768C
Date Registered 18/12/2020 17:39 Claim Close Date Date Received 18/12/2020 00:00	creathalyser or Blood Test leading?  Indification History  Claim 001  New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Address  Claim Description  Preferred Workshop Contact No.  Require Finalisation  Date Registered	OD-MX  97310797  Jinsheng369@hotmail.com  Please Select  ≥≥  535532M / SMC7768C ON 17 Dec 2020  Yes  V  18/12/2020 17:39	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	JIN SHENG PTE LTD  S35532M  Please Select  Not at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho	6566205 SMC7768C
Date Registered 18/12/2020 17:39 Claim Close Date Date Received 18/12/2020 00:00	creathalyser or Blood Test leading?  Indification History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Address  Claimant Address  Claimant Address  Claimant Address  Claimant Address  Claimant Facility  Require Finalisation  Date Registered  Report Taken By	OD-MX  97310797  Jinsheng369@hotmail.com  Please Select  ≥≥  535532M / SMC7768C ON 17 Dec 2020  Yes  V  18/12/2020 17:39	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	JIN SHENG PTE LTD  S35532M  Please Select  Not at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho	6566205 SMC7768C
Require Finalisation Yes Preferered Repair Option Preferred Workshop, Name unknown GIA report Received	Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New					
Date Received 18/12/2020 00:00	Areathalyser 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 Address  Claimant Address  Claimant Address  Require Finalisation	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	JIN SHENG PTE LTD  S35532M  Please Select  Not at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho	6566205 SMC7768C
Date Registered 18/12/2020 17:39 Claim Close Date Date Received 18/12/2020 00:00	Areathalyser or Blood Test Reading?  Indification 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  97310797  Jinsheng369@hotmail.com  Please Select  ≥≥  535532M / SMC7768C ON 17 Dec 2020  Yes  V  18/12/2020 17:39	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	JIN SHENG PTE LTD  S35532M  Please Select  Not at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho	6566205 SMC7768C
Date Registered 18/12/2020 17:39 Claim Close Date Date Received 18/12/2020 00:00	creathalyser or Blood Test leading?  Indification History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Address  Claimant Address  Claimant Address  Claimant Address  Claimant Address  Claimant Facility  Require Finalisation  Date Registered  Report Taken By	OD-MX  97310797  Jinsheng369@hotmail.com  Please Select  ≥≥  535532M / SMC7768C ON 17 Dec 2020  Yes  V  18/12/2020 17:39	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	JIN SHENG PTE LTD  S35532M  Please Select  Not at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho	6566205 SMC7768C
Date Registered [18/12/2020 17:39 Claim Close Date Date Received 18/12/2020 00:00 Date Report Taken By	ceathalyser or Blood Test eading?  Claim 001 New  Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	OD-MX  97310797  Jinsheng369@hotmail.com  Please Select  ≥≥  535532M / SMC7768C ON 17 Dec 2020  Yes  V  18/12/2020 17:39	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	JIN SHENG PTE LTD  S35532M  Please Select  Not at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho	6566205 SMC7768C
Date Registered  [18/12/2020 17:39   Claim Close Date  Report Taken By    Jackson   Jackson   Save   Submit   Save	ceathalyser or Blood Test eading?  Claim 001 New  Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claim Description Perferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter  Attachment	OD-MX  97310797  Jinsheng369@hotmail.com  Please Select  ≥≥  535532M / SMC7768C ON 17 Dec 2020  Yes  V  18/12/2020 17:39	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	SIN SHENG PTE LTD  SISS32M  Please Select  Not at Fault  Preferred Workshop, Name unknown  Save Submit	Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho	6566205 SMC7768C
Date Registered  18/12/2020 17:39  Claim Close Date  Date Received  18/12/2020 00:00  Print AK letter  Save Submit	ceathalyser or Blood Test leading?  Claim 001 New  Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant Poscription Perferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter  Attachment	OD-MX  97310797  Jinsheng369@hotmail.com  Please Select  ≥≥  S35532M / SMC7768C ON 17 Dec 2020  Yes  V8  18/12/2020 17:39  Jackson	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date	SIN SHENG PTE LTD  SISS32M  Please Select  Not at Fault  Preferred Workshop, Name unknown  Save Submit	Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho	6566205 SMC7768C
Date Registered  18/12/2020 17:39  Claim Close Date  Date Received  18/12/2020 00:00  Attachment  Accident No.  MT/1114218  Claim No.  18/12/2020 17:41	reathalyser or Blood Test eading?  codification History  Claim 001  New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Address  Cl	OD-MX  97310797  Jinsheng369@hotmail.com  Please Select  ≥≥  535532M / SMC7768C ON 17 Dec 2020  Yes  18/12/2020 17:39  Jackson  MT/1114218	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date	JIN SHENG PTE LTD  S15532M  Please Select  Not at Fault  Preferred Workshop, Name unknown  Save Submit	Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho	6566205 SMC7768C
Date Registered  18/12/2020 17:39  Claim Close Date  Date Received  18/12/2020 00:00  Print Ak letter  Attachment  Accident No. MT/1114218  Claim No. 001  Accident No. MT/1114218  Upload Date 18/12/2020 17:41  Confidential Unency • Description of the confidential University • Descriptio	reathalyser or Blood Test eading?  codification History  Claim 001  New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Address  Cl	OD-MX  97310797  Jinsheng369@hotmail.com  Please Select  ≥≥  S35532M / SMC7768C ON 17 Dec 2020  Yes  V8  18/12/2020 17:39  Jackson  MT/1114218  ● Yes ○ No	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option Claim Close Date	JIN SHENG PTE LTD  S3S532M  Please Select  Not at Fault  Preferred Workshop, Name unknown  Save Submit  001  18/12/2020 17:41	Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho GIA report Date Received	65666205  SMC7768C  P  Received  18/12/2020 00:00
Date Registered  18/12/2020 17:39  Claim Close Date  Date Received  18/12/2020 00:00  Print AK letter  Attachment  Accident No.  MT/1114218  Claim No.  Upload Date  Date Received  18/12/2020 17:41  Path *  Category *  Confidential Urgency *  Description	reathalyser or Blood Test reading?  Claim 001 New  Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claim Description Perferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter  Attachment  Accident No.	OD-MX  97310797  Jinsheng369@hotmail.com  Please Select  ≥≥  S35532M / SMC7768C ON 17 Dec 2020  Yes  V8  18/12/2020 17:39  Jackson  MT/1114218  ● Yes ○ No	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	JIN SHENG PTE LTD  S15532M  Please Select  Not at Fault  Preferred Workshop, Name unknown  Save Submit  001  18/12/2020 17:41  Category *	Confidential Urg	65666205  SMC7768C  Received  18/12/2020 00:00
Date Registered  I8/12/2020 17:39  Claim Close Date  Date Received  I8/12/2020 00:00  Report Taken By  Jackson  Print AK letter  Save Submit  Attachment  Accident No. MT/1114218  Claim No. 001  Last Doc. Received  Path *  Browse  Clear Please Select  No Normal V  Normal V	reathalyser or Blood Test reading?  Claim 001 New  Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claim Description Perferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter  Attachment  Accident No.	OD-MX  97310797  Jinsheng369@hotmail.com  Please Select  ≥≥  S35532M / SMC7768C ON 17 Dec 2020  Yes  V8  18/12/2020 17:39  Jackson  MT/1114218  ● Yes ○ No	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	JIN SHENG PTE LTD  S15532M  Please Select  Not at Fault  Preferred Workshop, Name unknown  18/12/2020 17:41  Category *  Se Clear Please Select	Confidential Urg	65666205  SMC7768C  Received  18/12/2020 00:00
Date Registered  18/12/2020 17:39  Claim Close Date  Date Received  18/12/2020 00:00  Print AK letter  Attachment  Accident No.  MT/1114218  Claim No.  Upload Date  Date Received  18/12/2020 17:41  Path *  Category *  Confidential Urgency *  Description	reathalyser or Blood Test reading?  Claim 001 New  Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claim Description Perferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter  Attachment  Accident No.	OD-MX  97310797  Jinsheng369@hotmail.com  Please Select  ≥≥  S35532M / SMC7768C ON 17 Dec 2020  Yes  V8  18/12/2020 17:39  Jackson  MT/1114218  ● Yes ○ No	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.	JIN SHENG PTE LTD  S15532M  Please Select  Not at Fault  Preferred Workshop, Name unknown  18/12/2020 17:41  Category *  Se Clear Please Select	Confidential Urg	65666205  SMC7768C  Received  18/12/2020 00:00
Date Registered  IB/12/2020 17:39  Claim Close Date  Date Received  IB/12/2020 00:00  Report Taken By  Attachment  Attachment  Accident No.  MT/1114218  Claim No.  O01  Last Doc. Received  © Yes O No  Upload Date  Browse  Clear Please Select  No Normal V	creathalyser or Blood Test leading?  Indification History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Address  Claimant Address  Claimant Address  Claimant Address  Claimant Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment  Accident No.	OD-MX  97310797  Jinsheng369@hotmail.com  Please Select  ≥≥  S35532M / SMC7768C ON 17 Dec 2020  Yes  V8  18/12/2020 17:39  Jackson  MT/1114218  ● Yes ○ No	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.	JIN SHENG PTE LTD  S3S532M  Please Select  Not at Fault  Preferred Workshop, Name unknown  18/12/2020 17:41  Category *  Se Clear Please Select  Flease Select	Confidential Urg	65666205  SMC7768C  Received  18/12/2020 00:00
Accident No. MT/1114218 Claim No. 001  Ascident No. Received Print At Date Pegistered Print Print At Date Received MT/1114218 Claim No. 001  Accident No. MT/1114218 Claim No. 001  Accident No. Received Print Print At Description of the Print At Descripti	reathalyser or Blood Test eading?  codification History  Claim 001  New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Address  Cl	OD-MX  97310797  Jinsheng369@hotmail.com  Please Select  ≥≥  S35532M / SMC7768C ON 17 Dec 2020  Yes  V8  18/12/2020 17:39  Jackson  MT/1114218  • Yes No	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	Sin Sheng PTE LTD  Sissisizm  Please Select  Not at Fault  Preferred Workshop, Name unknown  18/12/2020 17:41  Category *  Se Clear Please Select  Se Clear Please Select	Confidential Urg	65666205   SMC7768C   SMC7768C   P   Received   18/12/2020 00:00   m   SMC7768C   SMC7768C   M   SMC7768C   M
Date Registered  18/12/2020 17:39  Claim Close Date  Date Received  18/12/2020 00:00  Print AK letter  Attachment  Accident No. MT/1114218  Claim No. 001  Last Doc. Received  Path *  Category *  Confidential Urgency *  Path *  Browse  Browse  Clear Please Select  No. Normal ∨  Browse  Date Received  18/12/2020 00:00  18/12/2	reathalyser or Blood Test reading?  Claim 001 New  Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claim Description Perferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter  Attachment  Accident No.	OD-MX  97310797  Jinsheng369@hotmail.com  Please Select  ≥≥  S35532M / SMC7768C ON 17 Dec 2020  Yes  V8  18/12/2020 17:39  Jackson  MT/1114218  • Yes No	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	SIN SHENG PTE LTD  SISS32M  Please Select  Not at Fault  Preferred Workshop, Name unknown  18/12/2020 17:41  Category *  Se Clear Please Select  Se Clear Please Select  Se Clear Please Select  Se Clear Please Select	Confidential Urg  Confidential Urg  Normal  Normal  Normal  Normal  Normal  Normal  Normal  Normal	65666205   SMC7768C   SMC768C   SMC7768C

♥ Video List	Uploaded By/Date	Folder Date		File Nam	e	Source	
自	NAC_PAYA_UBI_800601( NATION CES) on 18 De	NAL ASSESSMENT CENTRE SERVI ec 2020 17:39	Photos		Normal	Photos 2020-12-18	
T.	NAC_PAYA_UBI_800601( NATION CES) on 18 De	NAL ASSESSMENT CENTRE SERVI ec 2020 17:39	Photos		Normal	Photos 2020-12-18	
W	NAC_PAYA_UBI_800601( NATION CES) on 18 De	IAL ASSESSMENT CENTRE SERVI c 2020 17:39	Photos		Normal	Photos 2020-12-18	
4	NAC_PAYA_UBI_800601( NATION CES) on 18 De	IAL ASSESSMENT CENTRE SERVI to 2020 17:39	Photos		Normal	Photos 2020-12-18	
	NAC_PAYA_UB1_800601( NATION CES) on 18 De	AL ASSESSMENT CENTRE SERVI c 2020 17:39	Photos		Normal	Photos 2020-12-18	
	NAC_PAYA_UBI_800601( NATION CES) on 18 De	AL ASSESSMENT CENTRE SERVI c 2020 17:39	Photos		Normal	Photos 2020-12-18	
U	NAC_PAYA_UBI_800601( NATION CES) on 18 De	AL ASSESSMENT CENTRE SERVI c 2020 17:40	Photos		Normal	Photos 2020-12-18	
Kass.	NAC_PAYA_UBI_800601( NATION CES) on 18 De	AL ASSESSMENT CENTRE SERVI c 2020 17:40	Photos		Normal	Photos 2020-12-18	
N.E	NAC_PAYA_UBI_800601( NATION CES) on 18 De	AL ASSESSMENT CENTRE SERVI c 2020 17:40	Photos		Normal	Photos 2020-12-18	
1	NAC_PAYA_UBI_800601( NATION: CES) on 18 Dec	AL ASSESSMENT CENTRE SERVI 2020 17:41	SAS		Normal	SAS 2020-12-18	
. H	NAC_PAYA_UBI_800601( NATION/ CES) on 18 Dec	AL ASSESSMENT CENTRE SERVI : 2020 17:41	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-18	
(EE)	NAC_PAYA_UBI_800601( NATIONAL CES) on 18 Dec	AL ASSESSMENT CENTRE SERVI 2020 17:41	NRIC/ Driving License	Y	Normal	NR1C/ Driving License 2020-12-18	
Attachment	Uploaded i	By/Date	Category	?	Urgency	Description	Msg Sent? (CO)