NATIONAL Assessment Centre	Services.	we! 1 Jan'05 JN	9000811860		7. M. M.	
Date In: 811 14 - 11:10	Jeb description		Date & Time Complet	ed	Done	pì.
Ref No: LA INCH 000342 W	SAS e-filing					
Veh No: Shi 8855B	E-mail (within	Shrs, AIC 2hrs)				
D.O.A: 31/1/2-15:4	i-Motor Clai	m Form	M1116550-00	18	IN In	16
OD : Reporting Only	i-Motor W/C	(Within: OD 2hrs				
OD : Pr. Reporting Only	i-Photo Uplo	aded				
TDI	Assessment/Su	irvey Report				
TP Insurer:	Ass't Report b	y Fax / Hand t	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No:	JUR.	. INC()/Non-INC() .		
Owner / Driver: (Tel:)	
Policy No: () Peri	od: ()	Cover Type: ()	
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%) [N	ote-Est. Status (\	WO): N: 0-2	0%; P: 21-79%. F:	30-100%	6]	
Year of Registration: () W	Varranty: YES ()/NO()			
Excess: (\$) Loading: \$1,00	0()/\$2,000	()				
General Remarks;-					4 M. C. V	
() Walk-In Customer: Customer's inform	nation strictly Co	nfidential & St	rictly NO refer of repai	rer.		
() Total Loss Case : to e-mail Insurer	URGENTLY.		<u>, </u>			
Drive-In ()/ Towed-In (); Invoice:	YES()/1	10 (); T	owing Co: ()
Remarks;- (INC hotline: 6788 6616)			Date&Time Complet	4	Done	hy
1) Apply for Transport Allowance ()/Co	ourtesy Car ()				
2) QC Check / Post Repair Inspection	()		91			
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()				
Injury:						
St						***(********* * * *
Date/Time Actions					<u>PROKERY</u>	
	·					
	Charles II		•			
	•					
•						
(la action last)		Invoice Pre	paration Checklist		Ant (S)	Amt (3)
49 VIOUYOY.		1) AR : Accident	Reporting (\$30);	87.000 V		
almant's Particulars :-		2) DA: Damage	Assessment (\$100); IN	C (\$80) \$40/\$45		
iver/Owner:		3) TF : Towing F 4) FT : Follow-T	hrough Survey	\$120		
ntact No:	•	5) FT : Follow-T For claiming a	hrough Survey (Resurvey) gainst INC Only (wef 10 Jan	2005)		
maged Portion:		6) TR: Re-insper 7) N1: Idac DA	ction	\$75 \$160		
	1	8) NTUC Addition				
Checked by (Engr-In-Charge):	:	OD*	Car/Tpt Allowance	\$5		
- 1 (3-18-1-1-18-1)		*N6: Repair C	o-ordination	510		
rditors! Comments :-		*N7: Fost Rep	nir Inspection	\$25 \$5		
1:	y a majora, " socia si sociali.".	TP (N11): TP	(Non INC) against INC	\$20		٠
		9) N12: Idac Mo Invoice dated	bile Fee Cha			aria) a
2/3:		Invoice dated	Fee Cha	rgsd	编件机器	l

A special time

SN0921180006 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 08/01/2021 11:10 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (08/01/2021 11:10 (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.

- Any false reporting may be referred to the Police for investigation.
 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 08/01/2021 11:10 (SGT) Date of Accident 31/12/2020 15:45 (SGT) Exact Location of Accident 23 Serangoon Central, Singapore 556083 Additional Location Information carpark Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGL8855B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner YAP HOCK SOON NRIC No SXXXX517D Email Address yapkahguan@gmail.com Mobile Phone No (Phone) +65-93226127 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nissan Model Note Variant Exact purpose for which vehicle was being used at time of

accident

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

Vehicle Category

Private use

No - Claiming third party

Private car

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5078344443-04 Cover Note Number

DRIVER

Name of Driver YAP KAH GUAN NRIC No SXXXX034I Date Of Birth 09/02/1986 Occupation Indoor

Date Of Driving Pass Driving experience	09/02/2011 9 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93226127
Alt. Phone Number	(Filotie) 103-33220127
Email Address	- yapkahguan@gmail.com
Address	22 CHOA CHU KANG GROVE
Address complement	#16-52
Postcode	688213
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	INO
Verificio regionation realizar o curio verificio e vinca e y	
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?	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)	0
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	CANDY TENG YEE EE
Gender	Female
PASSENGER 2	
Name	ANDY YAP DING YAO
Gender	Male
DETAILS OF BOLICE ACTION	
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
Was there any audio recorded?	No
vvas tilere ariy addio recorded:	140
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SJT7459R
Vehicle Manufacturer	12
	•
Vehicle Model	•
Vehicle Variant	

Vehicle Colour	0.00
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

Name of injured person	YAP KAH GUAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	<u>; </u>
Injuries Sustained	BODY
Injured person in which vehicle?	SGL8855B
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 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 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, involces, 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 & fime:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personn

s Signature

Name:

NRIC/FIN NO.:

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Wavellin in Switch hence hazel have ho car at rear no recei reverse into from hehinol line collideer nortion. DECLARATION I/We declare the oregoing 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.:

STABLE SAMPLEMENT 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 willful misrepresentation or withholding of material facts may allow instructions are considered to consider the policy liability. Information provided must be as fruitful and accurate as possible. Any willul misrepresentation or withholding or 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

1140

Date and time of accident	Date: 31	12/202	(DD/MM/YY) Time:	3:450m	(HH:MM)
Exact location of accident	NEY	cupack			(

Details of vehicle

Vehicle registration number	SCL 88 550
Vehicle make and model	nissm mal
Type of vehicle	Saloon MPV CRV Van Crry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	Private
Are you claiming under your own insurance company?	Yes □ No ☑ if no, please select: Third part claim □ Reporting only □

Insurance information

Insurance company	vto (
Policy number	4278344442	04	
Type of policy	Comprehensive 2	Third party fire & theft	TP only

Insured / Policy holder

Name	144	Uzck soon				Male 🗗	Female
NRIC / Fin / Passport number	93	226127					
Contact		1594410		Marie Contract			-
Address	\$	ROCH & KIL	r)	村	5(535818)		

Driver

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

Name	YAP H KAL LAA Male D Female
NRIC / Fin / Passport number	1466 0 33341
Contact	93726177
Address	22 chan chin Kang Grove #11-51 8685211)
Email address	Yan kah quan @ Omail- Com
Date of birth	Yaptah quan@gmail- com
Occupation	Indoor D Outdoor
Driving date pass	19 Peb 2011 [More than 10 Kars)

General information of the accident

Was driver an employee of	Yes O No O
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera	
Weather condition	Clear Raining Others:
Road surface	Dry & Wet a
No of passenger	(Inclusive of driver)
Passenger 1	
Name	Candy ley Yee te
Gender	Male D Female D
Passenger 2	
Name	Andy Youp Ding Yao
Gender	Male Female Female
Passenger 3	
Name	
Gender	Male Female Female
Passenger 4	
Name	
Gender	Male D Female D
Passenger 5	
Name	
Gender	Male D Female D
Passenger 6	Male Female I
Passenger 6	Male D Female D
	Male Female Male Female Male Female Male Female Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male
Passenger 6	
Passenger 6 Name Gender Other information	
Passenger 6 Name Gender Other information Vas anybody injured?	Male D Female D
Passenger 6 Name Gender	Male D Female D
Passenger 6 Name Gender Other information Was anybody injured? Was other vehicle damaged?	Male Female Yes, O No

$\underline{\text{Third party vehicle 1}} \; \big(\cancel{\flat} \; \big)$

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SST 7459R
Vehicle make model	
Third party vehicle 2	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 3	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 4	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 5	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 6	
Name	
Contact number	
Contact number	
NRIC / Fin / Passport number	

Witness 1	
Name	
Witness 2	
Name	
Injured person 1	prov
Name	Yap tah huan
Injuries sustained	Bedy
Which vehicle person in?	86L 885SB
Were seat belts worn?	Yes No 🗆
Was injured conveyed to hospital by ambulance?	Yes D No.
Injured person 2	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	
Injured person 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D
Injured person 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	



Certificate of Insurance

Cover : drivo CLASSIC

: JN1TAAE1220972159

: YAP HOCK SOON

: 15 Mar 2020

: 14 Mar 2021

: SGL8855B

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
MOTOR VEHICLES (THIRD PARTY RISKS) BULLES
MOTOR VEHICLES (THIRD PARTY RISKS) BULLES
MOR ROAD TRAINING THIRD PARTY RISKS RULES, 1959 (MALAYSIA)

Certificate Number: 5078344443-04

Index mark and Registration Number of Vehicle Chassis Number

2. Name of Policyholder

Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

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

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

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 : \$\$100 WINDSCREEN EXCESS : N/A **ADDITIONAL EXCESS**

: PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

: NO REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : NO NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO EXCESS WAIVER

: YAP HOCK SOON PRIMARY DRIVER : GANDHI MARX NAMED DRIVER (1) YAP KAH GUAN

NAMED DRIVER (2) : UNITED OVERSEAS BANK LIMITED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS HIRE PURCHASE COMPANY

SUM INSURED

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

Agency

: ONG BEE GUAN PETER (00000521563)

Date of Issue

: 03 Mar 2020 15:03 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBao Tech			GeneralClaim							alClaim
Hello, NAC_PAYA_UBI_80	0601					→ Change	Language	• Chan	ge Password	→ Log Out
My Desktop	Policy Query									•
Notice of Loss	Policy No.				Date o	of Accident	3	1/12/2020 1	15:45	
	Vehicle No.(For Motor)	SGL885	5B		Certific	cate Number				
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5078344443- 04		YAP HOCK SOON	S2594517D	GPC	drivo CLASSIC	SGL8855B	SGL8855B	15/03/2020	14/03/2021
				C	ontinue					

Policy No.	5078344443-04	Policyholder Name	YAP HOCK	SOON	Policyholder NRIC	S2594517D	
Certificate No.							
Address	5 ROCHDALE ROAD SINGAPORE	535818					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	03/03/2020	Effective Date	15/03/202	0 00:00	Expiry Date	14/03/2021 2	3:59
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			Young	/Inexperience Driver Excess
Agent	ONG RUO YU	Agent Tel.			GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	5 ROCHDALE ROAD	Addre	ess 2	SINGAPORE 53581	8	Address 3	
Address 4		Addre	ess Type	Singapore address		Post Code	535818
Unit No.		Relati Numb	ed Policy er	5112867316-01			
▶ Insure	d Object: SGL8855B						
▼ Endors	ements						
				nt Type	Endorsement		Endorsement Content

Accident MT/1116550						
olicy No.	5078344443-04	Vehicle No.	SGL8855B	GST Registration No.		
ertificate No.						
olicyholder Name	YAP HOCK SOON			Policyholder NRIC	S2594517D	
			Add to Access			
duct Code PRIVATE CAR INSURANCE Cover Type			drivo CLASSIC	Loading	0	
ontact No.(Mobile) 93226127		Contact No.(Office)	0	Contact No.(Home)	0	
mail Address		Special Remark		eCode	NC Y	
FK	No ○ Yes	TCA	No ○Yes	eCode Reason		
ICD Protection	No	NCD Entitlement(%)	40	Private Hire	No	
Accident Details						
			West			
eport Date	08/01/2021 11:03	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe	
ate of Accident	31/12/2020	Time of Accident hh:mm	15:45	Country of Accident	Singapore	
eporting Centre		Orange Force		ICM No.		
ccident Location	23 Serangoon Central					
Total Excess Applicable						
xcess Type	Per Accident	Windscreen Excess	100.00			
ccess Type	Per Accident	windscreen excess	100.00			
D Chandard Freeze	600.00	TP Standard Excess	0.00			
D Standard Excess						
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered	
dditional Excess	0					
otal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00			
▽ Benefits						
GST Registered Informa	ation					
ST Registered	No		GST Registration Date			
ST Registered ST Registration No.			GST Status Verified	Yes		
odification History				-00000		
- Indian j						
Policyholder Mailing Ad						
ddress 1	5 ROCHDALE ROAD	Address 2	SINGAPORE 535818	Address 3		
ddress 4		Address Type	Singapore address	Post Code	535818	
nit No.		Related Policy Number	5112867316-01			
OI Driver Info						
river Name	YAP KAH GUAN	Driver Type	Named Driver		00 100 14 000	
nnamed driver Name		Driver NRIC	S86030341	Driver DOB	09/02/1986	
egister Date of Driver License	09/02/2011	Driver Age	34	Driving Experience	9	
ontact No.(Mobile)	93226127	Contact No.(Office)		Contact No.(Home)	0	
ddress 1	22 CHOA CHU KANG GROVE	Address 2	SOL ACRES	Address 3	SINGAPORE 688213	
ddress 4		Address Type	Singapore address	Post Code	688213	
	A The Comment of the	Address Type	Singapore dudicis	1031 0000		
Init No.	16-52					
loes he own a Singapore legistered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company		
eclaration						
			A ves O ve			
reathalyser or Blood Test			Yes ○ No			
	0 mg	Any injury?				
	0 mg	Any injury?				
eading?	0 mg	Any injury?				
eading?	0 mg	Any injury?				
eading? odification History	0 mg	Any injury?				
eading? odification History	0 mg	Any injury?				
eading? odification History Claim 001 New						
eading? odification History Claim 001 New	OD-MX	Insured Name	YAP HOCK SOON	Insured NRIC	\$2594517D	
eading? Claim 001 New			YAP HOCK SOON	Insured NRIC Contact No.(Office)	S2594517D	
eading? Claim 001 New laim Type * ontact No.(Mobile)	OD-MX 98891999	Insured Name	YAP HOCK SOON SGL8855B		\$2594517D \$3177459R	
claim 001 New laim Type * ontact No.(Mobile) mail Address	OD-MX 98891999 ENQUIRY@DRAGONRENT.COM.5	Insured Name Contact No.(Home) OI Vehicle Number	SGL8855B	Contact No.(Office)		
claim 001 New laim Type * ontact No.(Mobile) mail Address laimant Type Claimant Type *	OD-MX 98891999 ENQUIRY®DRAGONRENT.COM.5 Please Select	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit •		Contact No.(Office)		
eading? Claim 001 New laim Type * ontact No.(Mobile) mail Address laimant Type Claimant Type * laimant Name *	OD-MX 98891999 ENQUIRY@DRAGONRENT.COM.5	Insured Name Contact No.(Home) OI Vehicle Number	SGL8855B	Contact No.(Office)		
claim 001 New laim Type * ontact No.(Mobile) mail Address laimant Type Claimant Type *	OD-MX 98891999 ENQUIRY®DRAGONRENT.COM.5 Please Select	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit •	SGL8855B	Contact No.(Office)		
claim 001 New laim Type * ontact No.(Mobile) mail Address laimant Type Claimant Type * laimant Name *	OD-MX 98891999 ENQUIRY®DRAGONRENT.COM.5 Please Select	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit •	SGL8855B	Contact No.(Office)		
claim 001 New laim Type * ontact No. (Mobile) mail Address laimant Type Claimant Type * laimant Address laimant Address	OD-MX 98891999 ENQUIRY®DRAGONRENT.COM. Please Select >>>	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	SGL8855B Please Select	Contact No.(Office) TP Vehicle Number		
claim 001 New Claim 001 New Claim 001 New Claim 1001 New Claim 2001 New C	OD-MX 98891999 ENQUIRY®DRAGONRENT.COM.5 Please Select >>> SGL88558 / SJT7459R ON 31 Dec 2020	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	SGL8855B Please Select Not at Fault	Contact No.(Office) TP Vehicle Number	SJT7459R	
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Attachment	Uploade	ed By/Date	Category	7	Urgency	9	Description	Msg Sent? (CO)
1 4		ONAL ASSESSMENT CENTRE SERVI Jan 2021 11:20	NRIC/ Driving License	Y	Normal	NRIC/ Driv	ring License 2021-1-8	(65)
7" - 2" for - 10 (W		ONAL ASSESSMENT CENTRE SERVI Jan 2021 11:20	NRIC/ Driving License	Y	Normal	NRIC/ Driv	ring License 2021-1-8	
10		DNAL ASSESSMENT CENTRE SERVI Jan 2021 11:18	SAS		Normal	S	AS 2021-1-8	
M		ONAL ASSESSMENT CENTRE SERVI Jan 2021 11:17	Photos		Normal	Pho	otos 2021-1-8	
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Video List	Uploaded By/Date	Folder Date		ile Name		Ŷ	Source	Ac