NATIONAL Assessment Centre S	ervices fivet 1 Jan 105]	MMA 118003754		_
Date in: 8 / 1 / 18 16:53 J	cb description	Date & Time Completed	Done l	by
	SAS e-filing			
Veh No: 5G7 3520 B	E-mail (within 8hrs, AIC 2hrs)			
	i-Motor Claim Form	MT10976893	811118	18:43
	i-Motor W/O (Within: OD 2h	s, TP 4hrs)		
OD . P. W. Reporting Only	i-Photo Uploaded	1		
TP Insurer:	Assessment/Survey Report			
IP Insulei.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: Sky	V 5722 X . INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Period:	()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note	-Est. Status (WO): N: 0-2	10%; P: 21-79%. F: 80-1	100%]	
Year of Registration: () Warn	ranty: YES ()/NO()		
Excess: (\$) Loading: \$1,000 ()/\$2,000()			
General Remarks:-			107	
() Walk-In Customer: Customer's informat	tion strictly Confidential & S	trictly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer U.			129	
		Fowing Co: (1
Drive-In ()/ Towed-In (); Invoice: YI	55()/ NO(),	towing co. (
Remarks:- (INC horline: 6788 6616)	Contracted Contract Contract	Date&Time Completed	Done	by
				-
Apply for Transport Allowance () / Court	tesy Car ()			
Apply for Transport Allowance () / Court QC Check / Post Repair Inspection	tesy Car ()			
2) QC Check / Post Repair Inspection	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000]	()			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 policy ability.
- 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.

- This report will be forwarded by the insurers of 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.

atoresaid,	
THE SHARE THE STATE OF THE STAT	ACCIDENT STATEMENT
Date Of Report	08/01/2018 16:53
Date Of Accident	05/01/2018 22:40
Exact Location Of Accident	AYE TWDS CTE
Country/State of Loss	SINGAPORE
PROPERTY OF THE PROPERTY OF TH	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGZ3520B
Insured/Policyholder	
Name Of Registered Owner	WONG SHIN MEAU
NRIC No	S7225183J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96862909
Alternative Phone No	OTHERS-93211985
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095526403
Cover Note Number	•
Driver	
Name of Driver	WONG SHIN MEAU
NRIC No	S7225183J
Date Of Birth	14/07/1972
Occupation	OUTDOOR
Date Of Driving Pass	18/10/2008
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96862909
Fax Number	
Contact Number	OTHERS-93211985
EMail Address	NOEMAIL

9F YUAN CHING RD #01-66 Address

618648 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

: ALIYA JEBETH BERNAL

GENDER:

: FEMALE

Passenger 2

: AARON JEFF BERNAL NAME:

GENDER: ; MALE

Passenger 3

NAME:

: BERNAL MARIBETH CAYABYAB

GENDER:

: FEMALE

Passenger 4

NAME: : UNKNOWN

GENDER:

: MALE

Passenger 5

NAME:

: UNKNOWN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED 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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKV5722X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver LUO HUI TING
NRIC/Passport Number S9629676B
Contact Number 91258456

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SCG7277A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver STANLY LEE CHONG CHIN

NRIC/Passport Number S0118754F Contact Number 96678288

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ALIYA JEBETH BERNAL

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SGZ3520B
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

DETAILS OF INJURED PERSON 2

Name AARON JEFF BERNAL

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SGZ3520B
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

DETAILS OF INJURED PERSON 3

Name BERNAL MARIBETH CAYABYAB

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SGZ3520B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

YES

Address Postcode

DETAILS OF INJURED PERSON 4		
Name	WONG SHIN MEAU	
Approximate Age		
Injuries Sustain	LEG	
Injured person in which vehicle?	SGZ3520B	

Were seat belts worn? Was this injured conveyed to hospital by ambulance?

Address

Postcode

YES NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report gorrectly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiete 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 Police for Investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of
 the report being made available aforesald.
- Consent under the Personal Data Protection Act (PDPA)
 Lunderstand, acknowledge, agree and consent that:
 - (a) My insurer, my workshop and the General Insurence Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
 - (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
 - (d) my Personal Information will also be collected and used to complle 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:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

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

Date & Time:

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

OME REPORTED THE

My car was travelling along AYE towards CTE on the 3rd lane. I was preparing to slow down as there was a construction on the 3rd lane in front of me. While slowing down, I felt a huge impact from the rear of my car which resulted my car to move forward, hit onto the construction cones and swerve towards the right and hit onto the left side rear portion of Vehicle C on the 2nd lane.

DECLARATION

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

Policyholder's Signature
Date & Time:

Date & Time:

Date & Time:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date:	05.01	2018 (DD/MM/YY) Time: 22 40 .	(HH:MM)
Exact location of accident	AME	towards	Cle	
	20	10.00[12.72	212	1

Details of vehicle

Vehicle registration number	SG = 3\$20B
Vehicle make and model	
Type of vehicle	Saloon MPV CRV Van CLorry Bus Motorcycle Others:
Vehicle category Purpose of using at said time	Private Commercial Motorcycle
Are you claiming under your own insurance company?	Yes □ No ☑ if no, please select: Third part claim ☑ Reporting only □

Insurance information

Insurance company	MTUC		
Policy number	509 5326403	3	
Type of policy	Comprehensive	Third party fire & theft	TP only

Insured / Policy holder

WONG SHIN MEAN Male &	Female 🗆
\$ 7225183J	14-2-
96862909 / 93211985 (wife)	
9F JUAN CHING ROAD # 01-66, 5 (618648)	
	96862909 / 93211985 (wife)

Driver

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

Name		Male 🗆	Female
NRIC / Fin / Passport number			
Contact			
Address			
Email address			
Date of birth	14.07.1972.		
Occupation	Indoor Outdoor		
Driving date pass	18.10.2008		

Witness 1

Name	
Witness 2	
Name	

Injured person 1

Name	ALIYA JEBETH BERVAL
Injuries sustained	
Which vehicle person in?	SG123570B
Were seat belts worn?	Yes p No D
Was injured conveyed to hospital by ambulance?	Yes No D

Injured person 2

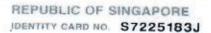
Name	AAKUN JEFF BERNAL
Injuries sustained	
Which vehicle person in?	SG 235 20B
Were seat belts worn?	Yes a No 🗆
Was injured conveyed to hospital by ambulance?	Yes No a

Injured person 3

Name	BERNAL MAILBETH CAYABYAB
Injuries sustained	
Which vehicle person in?	SG 23520B.
Were seat belts worn?	Yes. No 🗆
Was injured conveyed to hospital by ambulance?	Yes No D

Injured person 4

Name	WONG SHIN MEAU	
Injuries sustained	Leg	
Which vehicle person in?	367235203	
Were seat belts worn?	Yes No 🗆	
Was injured conveyed to hospital by ambulance?	Yes D No D	







Nume

WONG SHIN MEAU





CHINESE Date of birth

14-07-1972

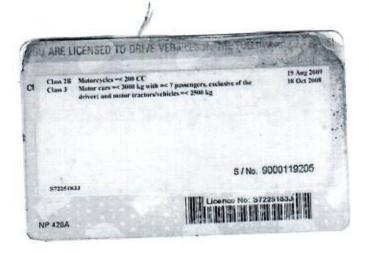
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Address 9F YUAN CHING ROAD #01-66 SINGAPORE 618648



eBaoTech								Gene	ralClaim
601			NAME OF TAXABLE PARTY.	to the services		Change Lan	guage	Change Passwo	rd Log Ou
Polic	cy Query								
Policy N	lo.	509552640)3	- /-	Date of Acc	cident	05/01	/2018 16:52	
Vehicle	No.(For Motor)	SGZ3520B	ă .						
					Search				
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
10	5095526403	WONG SHIN MEAU	572251833	GPC	drivo CLASSIC	SGZ3520B	SGZ3520B	02/11/2017	01/11/2018
	Policy N Vehicle	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No.	Policy Query Policy No. 509552640 Vehicle No.(For Motor) SGZ3520B Select Policy No. Policyholder Name WONG SHIN	Policy Query Policy No. 5095526403 Vehicle No. (For Motor) SGZ3520B Select Policy No. Policyholder Name NRIC WONG SHIN S72251831	Policy Query Policy No. 5095526403 Vehicle No. (For Motor) SGZ3520B Select Policy No. Policyholder Name NRIC Product Name NRIC WONG SHIN SZ2251831 GPC	Policy Query Policy No. 5095526403 Date of Act Vehicle No. (For Motor) SGZ3520B Search Select Policy No. Policyholder Name NRIC Product Cover Type NRIC Product Cover Type NRIC Product Cover Type S095526403 WONG SHIN SZ2251831 GPC drive CLASSIC	Policy Query Policy No. 5095526403 Date of Accident Vehicle No.(For Motor) SGZ3520B Search Select Policy No. Policyholder Name NRIC Product Cover Type Vehicle No. WONG SHIN SZ2251831 GPC drive CLASSIC SGZ3520B	Policy Query Policy No. 5095526403 Date of Accident 05/01 Vehicle No.(For Motor) SGZ3520B Search Select Policy No. Policyholder Name NRIC Product Cover Type Vehicle No. Object WONG SHIN 572251831 GPC drive CLASSIC SGZ3520B SGZ3520B	Policy Query Policy No. 5095526403 Date of Accident 05/01/2018 16:52 Vehicle No.(For Motor) SGZ3520B Select Policy No. Policyholder Name NRIC Product Cover Type Vehicle Insured Commence Date No. Object Date WONG SHIN S72251831 GPC drive CLASSIC SGZ3520B SGZ3520B 02/11/2017

Claim Handling

Breathalyser or Blood Test Reading? Any injury? Yes No Modification History Claim 001 New Claim 7ype * Contact No. (Mobile) 96862909 Contact No. (Home) Contact No. (Home) Contact No. (Office) Email Address OI Vehicle Number SGZ3520B TP Vehicle Number Name of Preferred Workshop Preferred Workshop Contact No. Require Finalisation Yes Preferered Repair Option Date Registered 08/01/2018 18:41 Claim Close Date Claim Close Date Preferred Workshop, Name unknown Final Received	Accident M1/09/0093					
Product Code	Policy No.	5095526403	Vehicle No.	SGZ3520B	GST Registration No.	
Contact No. (Mobile)	Policyholder Name	WONG SHIN MEAU			Policyholder NRIC	572
Special Summure Special Su	Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Special Barnaria	Contact No.(Mobile)	96862909	Contact No.(Office)		Contact No.(Home)	
NCD Protection	Email Address					No
NCD Pretiction No		No Yes	Confidential and April 2	No Yes		140
Report Date						Yes
Report Date		113	The second of		1111000 11110	1,000
Date of Accident OS/01/2018 Time of Accident Numm 22:40 Country of Accident Numm Reporting Centre ICM No.	The Proceedings of the Process of	08/01/2018 18-34	Accident Report Within 24 hrs	Ves	Accident Tune	Cha
Reporting Centre						Sing
Accident Location		03/01/2010		22:40		5111
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GST Registration No. GST Registration No. GST Status Verified No GST	Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registration No. Modification History ****Policyholder Mailing Address** ****Policyholder Mailing Address** ****Policyholder Mailing Address** ****Policyholder Mailing Address** ***Policyholder Mailing Address** ****Policyholder Mailing Address** ***Policyholder Mailing Address** **	GST Registered Inform	ation				
## Policyholder Mailing Address Address 1 9F YUAN CHITNG ROAD Address 2 #01-66 LAKESIDE APARTMENTS Address 3 Address 4 Address 7 Post Code Unit No. 01-66 Related Policy Number 5095526403 ### POLICY Type Singapore address Post Code Unit No. 01-66 Policy Number 5095526403 ### POLICY Type Main Driver Info ### Driver Name WONG SHIN MEAU Driver Type Main Driver Unnamed driver Name 18/10/2008 Driver RAGE 45 Driving Experience Centact No.(Mobile) 96862999 Contact No.(Office) Contact No.(Horne) Address 1 9F YUAN CHING ROAD Address 2 #01-66 LAKESIDE APARTMENTS Address 3 Address 4 For Address Type Singapore address Post Code Unit No. 01-66 Post No. 01-66 Dees the norn a Singapore Registered car? Poet Registered car? Poet No. 01-66 Driver Poet No. 01-66 Driver Insurer Company #### Poet No. 01-66 Driver Insurer Company #### Poet No. 01-66 Driver Insurer Company #### Poet No. 01-66 #### Driver Insurer Company #### Declaration #### No. 01-66 #### Driver Insurer Company #### Declaration #### No. 00-MX	GST Registered	No		GST Registration Date		
Address 1 9F YUAN CIKING ROAD Address 2 #01-66 LAKESIDE APARTMENTS Address 3 Address 4 Post Code Unit No. 01-66 Related Policy Number 5095526403 ***OTHER TIME Unnamed driver Name Ves No Unit No. Unit No.	GST Registration No.			GST Status Verified	No	
Address 1 9F YUAN CHING ROAD Address Type Singapore address Post Code Address 1 9F YUAN CHING ROAD Address Type Singapore address Post Code Unit No. 01-66 Related Policy Number S055256403 Driver Info Driver Name WONG SHIN MEAU Driver Type Main Driver Unnamed driver Name Priver NBLC \$72251833 Driver DOB Register Date of Driver License 18/10/2008 Driver Age 45 Contact No. (Office) Contact No. (Office) Contact No. (Office) Contact No. (Home) Address 1 9F YUAN CHING ROAD Address 2 #01-66 LAKESIDE APARTMENTS Address 3 Address 4 Address 7ype Singapore address Post Code Unit No. 01-66 Dees he own a Singapore Yes No Priver Vehicle No. Driver Insurer Company Pocelaration Breathalyser or Blood Test Reading? Claim 1ype * OD-MX	Modification History					
Address 4 Address Type Singapore address Post Code Work Code Related Policy Number S095326403 Work Code Work Shin MEAU Insured Natic Contact No. (Office) To Vehicle Number Work Code Work Shin MEAU Insured Natic Contact No. (Office) To Vehicle Number Work Code Work Shin Meau Insured Natic Contact No. (Office) To Vehicle Number Work Shin Meau Insured Workshop Work Shin Meau Insured Work Shop	Policyholder Mailing Ac	ddress				
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Driver Name	Address 4		Address Type		Post Code	618
Driver Info Driver Name WONG SHIN MEAU Driver Type Main Driver Unnamed driver Name Unnamed driver Name Begister Date of Driver License 18/10/2008 Driver Age 45 Driver Register Date of Driver License Contact No. (Mobile) 98862909 Contact No. (Office) Address 2 #01-66 LAKESIDE APARTMENTS Address 3 Address 4 Address 7 Address 7 Address 7 Address 7 Address 7 Address 8 Address 7 Address 8 Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insurer Company Preference Carr Contact No. (Mobile) Pes602909 Contact No. (Mobile) Pes602909 Contact No. (Mobile) Pes602909 Contact No. (Mobile) Pes602909 Contact No. (Mobile) Se302909 Contact No. (Mobile) Se302909 Contact No. (Mobile) Se302909 Contact No. (Mobile) Perference Workshop Contact No. Insured Replice No. Name of Preferred Workshop Name unknown Preferred Workshop Name unknown	Unit No.	01-66		C-0.1747 81 300 2776 20	0.3237.035	2.00
Driver Name Unnamed driver Name Unnamed driver Name Driver NRIC S72251833 Driver DOB Register Date of Driver License 18/10/2008 Driver Age 45 Driving Experience Contact No.(Office) Contact No.(Office) Contact No.(Office) Address 1 9F YUAN CHING ROAD Address 2 Address 1 Address 3 Address 4 Unit No. 01-66 Does he own a Singapore Registered car? Post Code Oriver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insurer Company Any Injury? *Yes No *Yes No Insured Name WONG SHIN MEAU Insured NRIC Contact No.(Office) Contact No.(Office) Contact No.(Office) Contact No.(Office) To week of the second of the sec		20T3-071		303320103		
Uniamed driver Name Register Date of Driver License 18/10/2008 Driver Age 45 Oriving Experience Contact No.(Mobile) 96862909 Contact No.(Office) Address 1 9F YUAN CHING ROAD Address 2 #01-66 LAKESIDE APARTMENTS Address 3 Address 4 Unit No. O1-66 Descende over a No. Office) Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insurer Company Declaration Breathalyser or Blood Test Reading? Contact No.(Mobile) Driver Insurer Company Any Injury? Yes No Insured Name WONG SHIN MEAU Insured Name Contact No.(Office) Contact No.(Office) TP Vehicle Number Contact No.(Mobile) Se235208 TP Vehicle Number Claim Description Sc235208 / SKV5722X ON 5 Jan 2018 Testered Workshop Preferred Workshop, Name unknown Y Require Finalisation Yes Y Preferred Repair Option Preferred Workshop, Name unknown Y Gla report Date Registered Driver Age Address 2 #01-66 LAKESIDE APARTMENTS Address 3 Address 3 Address 3 Post Code Contact No.(Office) Driver Insurer Company Preferred Workshop, Name unknown Y GlA report Date Registered		WONG SHIN MEAU	Driver Type	Main Driver		
Register Date of Driver License 18/10/2008 Driver Age 45 Driving Experience Contact No.(Mobile) 96862909 Contact No.(Office) Contact No.(Office) Address 1 9F YUAN CHING ROAD Address 2 #01-66 LAKESIDE APARTMENTS Address 3 Address 4 Address Type Singapore address Post Code Unit No. 01-66 Does he own a Singapore Registered car? Yes No Driver Vehicle No. Driver Vehicle No. Declaration Breathalyser or Blood Test Reading? Omg Any Injury? Yes No Claim 101 Naw Claim 101 See2099 Contact No.(Home) Contact No.(Home) Contact No.(Mobile) 96862909 Contact No.(Home) Contact No.(Home) Contact No.(Mobile) Sec23520B Ty Vehicle Number Claim Description Sc223520B / SKV5722X ON 5 Jan 2018 Preferred Workshop Contact No. Require Finalisation Yes Preferred Repair Option Preferred Workshop, Name unknown Yes GIA report Date Registered 08/01/2018 18:41 Claim Close Date Date Received		WORLD SHIP FIELD			Driver DOR	540
Contact No.(Mobile) 96862909 Contact No.(Office) Contact No.(Home) Address 1 9F YUAN CHING ROAD Address 2 #01-66 LAKESIDE APARTMENTS Address 3 Address 4 Address Type Singapore address Post Code Unit No. 01-66 Does he own a Singapore Registered car? Ves No Driver Vehicle No. Driver Vehicle No. Driver Insurer Company Pretarhalyser or Blood Test Reading? Claim 001 Next Claim 17pe * OD-MX V Insured Name WONG SHIN MEAU Insured NRIC Contact No.(Mobile) 96862909 Contact No.(Home) Contact No.(Office) Email Address OI Vehicle Number SG23520B TP Vehicle Number Claim Description SG23520B / SRV5722X ON 5 Jan 2018 Preferred Workshop Contact No. Require Finalisation Ves V Preferred Repair Option Preferred Workshop, Name unknown V GIA report Date Registered 08/01/2018 18:41 Claim Close Date Date Received		18/10/2008				14/
Address 1 9F YUAN CHING ROAD Address 2 #01-66 LAKESIDE APARTMENTS Address 3 Address 4 Address Type Singapore address Post Code Unit No.				45		9
Address 4 Unit No. O1-66 Dees he own a Singapore Registered car? Ves No Driver Vehicle No. Driver Vehicle No. Driver Insurer Company Presentablyser or Blood Test Reading? Claim O1 New Claim Type * Contact No. (Mobile) 96862909 Contact No. (Home) Contact No. (Home) Contact No. (Mobile) SGZ3520B SRV5722X ON 5 Jan 2018 Preferred Workshop Contact No. Require Finalisation Yes Yes No Address Type Singapore address Post Code Driver Insurer Company Preferred Repair Option No. Require Finalisation Yes Yes No Preferred Repair Option Preferred Workshop, Name unknown Value Freedred Oato Repair Option Preferred Workshop, Name unknown Value Claim Close Date Date Registered Oato 2012018 18:41 Claim Close Date Claim Close Date Date Received						
Unit No. 01-66 Does he own a Singapore Registered Car? Yes No Driver Vehicle No. Driver Vehicle No. Driver Insurer Company Presented Car? O mg Any injury? Yes No Modification History Claim 001 New Claim Type * Contact No. (Mobile) 96862909 Contact No. (Home) Contact No. (Home) Contact No. (Mobile) Email Address OI Vehicle Number SGZ3520B TP Vehicle Number Name of Preferred Workshop Name of Preferred Workshop Name of Preferred Workshop No. Require Finalisation Yes Preferered Repair Option Preferred Workshop, Name unknown To late Received		9F YUAN CHING ROAD				SIN
Declaration Breathalyser or Blood Test Reading? Any injury? Any injury? Yes No Any injury? No Any injury? Yes No Any injury? No Any injury? Yes No Any injury? No Any in			Address Type	Singapore address	Post Code	618
Registered car? Declaration Breathalyser or Blood Test Reading? Any injury? Any injury? Yes No Modification History Claim 001 New Claim 1001 New Claim 1001 New Insured Name WONG SHIN MEAU Insured NRIC Contact No.(Mobile) 96862909 Contact No.(Home) Contact No.(Office) Email Address OI Vehicle Number SGZ3520B TP Vehicle Number Claim Description SGZ3520B / SKV5722X ON 5 Jan 2018 Name of Preferred Workshop Contact No. Require Finalisation Yes Preferered Repair Option Preferred Workshop, Name unknown GIA report Date Registered 08/01/2018 18:41 Claim Close Date Date Received		01-66				
Breathalyser or Blood Test Reading? Any injury? Yes No Modification History Claim 001 New Claim 7ype * Contact No. (Mobile) 96862909 Contact No. (Home) Contact No. (Home) Contact No. (Office) Email Address OI Vehicle Number SGZ3520B TP Vehicle Number Name of Preferred Workshop Preferred Workshop Contact No. Require Finalisation Yes Preferered Repair Option Date Registered 08/01/2018 18:41 Claim Close Date Claim Close Date Preferred Workshop, Name unknown Final Received		Yes No	Driver Vehicle No.		Driver Insurer Company	
Reading? Modification History Claim 001 New Claim 1ype * OD-MX	Declaration					
Claim Type * OD-MX		0 mg	Any injury?	Yes No		
Contact No.(Mobile) Email Address OI Vehicle Number SGZ3520B TP Vehicle Number Claim Description SGZ3520B / SKV5722X ON 5 Jan 2018 Preferred Workshop Contact No. Require Finalisation Yes Preferred Repair Option Date Registered 08/01/2018 18:41 Claim Close Date Contact No.(Home) SGZ3520B TP Vehicle Number Name of Preferred Workshop Name of Preferred Workshop Preferred Workshop, Name unknown GIA report Date Received	II D.III D.					
Contact No.(Mobile) 96862909 Contact No.(Home) Contact No.(Office) Email Address OI Vehicle Number SGZ3520B TP Vehicle Number Claim Description SGZ3520B / SKV5722X ON 5 Jan 2018 Preferred Workshop Contact No. Require Finalisation Yes	Claim Type •	OD-MX V	Insured Name	WONG SHIN MEAN	Insured NRIC	572
Email Address OI Vehicle Number SG23520B TP Vehicle Number Claim Description SG23520B / SKV5722X ON 5 Jan 2018 Preferred Workshop Contact No. Require Finalisation Yes				TO THE PIECE		NIL.
Claim Description SGZ3520B / SKV5722X ON 5 Jan 2018 Preferred Workshop Contact No. Require Finalisation Yes				SG23520B		skv
Preferred Workshop Contact No. Require Finalisation Date Registered 08/01/2018 18:41 Insured Liability * Not at Fault Preferred Workshop, Name unknown ▼ GIA report Claim Close Date Date Received		SGZ3520B / SKV5722X ON 5 Jan 2018				0
No.			Insured Liability	Made all Escale	_ ronanop	
Date Registered 08/01/2018 18:41 Claim Close Date Date	No.					-
	Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Report Taken By LIEW SHAN HUI	Date Registered	08/01/2018 18:41	Claim Close Date		Date Received	08/0
	Report Taken By	LIEW SHAN HUI				
Print AK letter	Print AK letter					

Accident No. Last Doc. Received

MT/0976893

e Yes No

Claim No.

Upload Date

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