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TP Particula		348 9888 E	. INC.	Tel		N. Committee
Owner / D:		iod: (-	Cover Type: (
Policy No.		104.1	Date:	Times		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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.

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 General Insurance Association of Singapore (GIA) for archiving and that copies 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 of the second of the sec

aforesaid.	Management (Automotive Control
and the same of th	ACCIDENT STATEMENT
Date Of Report	26/02/2018 14:34
Date Of Accident	23/02/2018 22:35
Exact Location Of Accident	REPUBLIC BLVD TWDS CRAW ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS7489Y
Insured/Policyholder	
Name Of Registered Owner	PG MOTORING
Co Reg No	53213875M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91288170
Vehicle Particulars	
Manufacturer	VOLVO
Model	V40 D2 A/T ABS D/AIRBAG 2WD
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089747594
Cover Note Number	•
Driver	
Name of Driver	ALEX LIM YOU FU
NRIC No.	S7428523F
Date Of Birth	12/09/1974
Occupation	OUTDOOR
Date Of Driving Pass	14/12/2000
Driving Experience	17 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97947914

NOEMAIL

Address

BLK 196C PUNGGOL FIELD #09-485

Postcode

OTHER - HIRER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident? Was any injured conveyed to hospital by YES NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

: JANICE WONG LI XUAN

NAME:

: FEMALE

Passenger 2

GENDER: NAME:

: STACIA LIM XIU EN

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes Please state which Police Station

Police Station Name

PUNGGOL N.P.C

Police Station Address

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHD9888E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Page 2 of 19

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ALEX LIM YOU FU

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SKS7489Y
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name JANICE WONG LI XUAN

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SKS7489Y
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

NO

Address Postcode

DETAILS OF INJURED PERSON 3

Name STACIA LIM XIU EN

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SKS7489Y
Were seat helts worn? YES

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

ambulance?

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

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

Lunderstand, acknowledge, agree and consent that :

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

RIVE

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Sketch Plan

REPUBLIC BLUD TOWARDS CRAWFORD ST DIRECTION

WHIT CUE A - SKS THERMY

VEHICLE B - SHO PETER E

	ACCEPTANT AND
AS PER POLICIE REPURT	7/20140224/2014
THE HA	
MILLICUIS A - SIES THENTY	
WALLOCK B - SIMP 9888 IL	

Declaration

We declare the foregoing particulars are true in every respect.

RIVE

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

/ehicle No.	SKS 7489 9 Model/Make Volvo V40
Date of Accident	23/02/18
ime of Accident	22-35 HRS
ocation of Accident	RAPHOLIC BLUP TOWARDS CROWPORTS
xact purpose use during acci	dent Provatie Wale
Name of Owner	PG MOTORING
Telephone No.	H/P: 91288 170 Home: Office:
VRIC	53213875M
Address	200 SALAN SULTAN HOR -38 TEXTILE CENTRE S(1999)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5099747594
oney ite.	
Name of Driver	As Above If No, ALEX UM YOU TH
NRIC	STULY SLOF Any Passengers: 2 WIFE AND DAUGHT
Date of birth	12/09/1974
Occupation	Outdoor / Indoor
Driving License Pass Date	14 DEC 2000 CLASS 3
Gender	Male / Female
Contact No.	H/P: 9794 7914 Home: Office:
Address	BLK 196 C PUNCHOL FIELD #09-485 5 (823196)
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other AFIEL RAIN
Any Injuries	No, If Yes, Who? 3 INJURIES (ALEX LIM YOU FOR 9794791
Name And Contact No.	JANICE NORG CI XUAN 8100 7309
Name And Contact No.	STACIA UM XIVEN -
Police Report	No, If Yes, Where? PUNGGOL NPC
Vehicle B No.	SHIP 9 484 Any Passengers : NIL
Name of Driver	Contact No.:
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	rior
Camera Recorder	Yes /No
Email Address	
Ellian Address	
PARTICULAR WORKSHOP	TWINCIAR AUTOMOTIVE PTR LIT
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	IAN
FAX NO	6741 0510
WORKSHOD EMAIL APDRESS	sales @ n51. com. sg





1 of 4

Report No. T/20180224/2014

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837

Tel No: 1800-6049999

REPORT O	FA	TRAFFIC	ACCIDENT
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	Date/Time Report Made: 24/02/2018 03:37		Vide Report No.:	Station Diary No.: 18	
Informa	nt's Particu	ulars			
	Informant: M YOU FU		Address: APT BLK 196C PUNGGOL 823196	FIELD #09-485 SINGAPORE	
The state of the s	/ ID No.: D / S742852	23F	Contact No.: Home/Office: Mobile: 97947914		
National	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 12/09/1974	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: MECHANIC			Driving Licence Information Class: 2B.2A.2.3.4.5	n: Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/02/2018 22:35	Type of Location Straight Road	
Location: Along Road 1 REPUBLIC A		Road Surface:		Road Speed Limit:	
Traffic Flow: Tr		Traffic Control:		Traffic Volume: Heavy	
Traffic Flow:		Not Controlled		neavy	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHD9888E	Car	RENAULT		Red	Slightly Damaged	0
SKS7489Y	Car	VOLVO	v40	Silver	Slightly Damaged	2

Details of A	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKS7489Y	NTUC Income Insurance Co-Operative Limited	5089747594	17/09/2017	18/09/2018





T/20180224/2014

2 of 4

Report No. T/20180224/2014

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

CONTINUATION OF REPORT

Details of Person	n Involved				
Any Pedestrian In	volved: No		3.0		
No. of Pedestrian	s Injured: NIL	Use of Ped	lestrian	Cross	ing: NA
Driver					
Name	Lim Huay Nam				S0046598D
Related Vehicle	SHD9888E (Car)			ct No.	NIL
Hospital/Clinic	NIL			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	narge	NIL	
	ted Medical Leave NIL	Degree of		NIL	
Passenger					
Name	JANICE WONG LI XUAN				S7228221C
Related Vehicle	SKS7489Y (Car)			ct No.	81007309
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	24/02/2018	Date Disc	charge 24/02/2018		
	ted Medical Leave 03	Degree of		Sligh	t -
Driver		AND RESIDENCE			
Name	ALEX LIM YOU FU		ID No	8	S7428523F
Related Vehicle	SKS7489Y (Car)		Contact No.		97947914
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class Drivin Licen Expin	g	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	24/02/2018	Date Disc	harge	24/02	2/2018
	ted Medical Leave 03	Degree of			





3 of 4

Report No. T/20180224/2014

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

CONTINUATION OF REPORT

Passenger				I ID NI-		T1002439G
Name	STACIA LIM XIU EN			ID No		11002439G
Related Vehicle	SKS7489Y (Car)			Conta	ct No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	24/02/2018	Date Disc	harge	24/02	2/2018	
No. of Days granted Medical Leave 03			Degree o	f Injury	Sligh	t

Brief Details.

On the 23/02/2018 at about 1035pm I was travelling along republic avenue when I approached a traffic jam when suddenly a taxi hit me from the rear. We then both moved to the side of the slip road after changing the particulars the taxi driver just claim for insurance. Immediately after the accident me together with my family (passengers) proceed to the nearest hospital for a check. All of us felt pain as such decided to make a check. The doctor diagnose that there was nothing major and just a slight sprain as such we have 3 days medical leave.





4 of 4

Report No. T/20180224/2014

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:		
Staff Sgt RAIDY FARIZ BIN AHMAD	- 2		
Signature Of Interpreter: Not applicable	Date/Time: 24/02/2018 03:37		
Officer In Charge Of Case:	Classification Of Case:		
TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	ASN 085		
Authentication Stamp			

Cingupore Police Force

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7428523F





ALEX LIM YOU FU

CHINESE Date of birth 12-09-1974

SINGAPORE

67428523F



4885073





17-09-2012

APT BLK 196C PUNGGOL FIELD #09-485 SINGAPORE 823196

LYBU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES.

Class 2B Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 2 Motorcycles exceeding 400 cc
Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms
Hoavy Motor Cars and Motor Tractors the
weight of which unladen exceeds 2500 kilograms
Motor Vehicles which are not constructed
themselves to carry any load and the weight
of which unladen exceeds 7250 kilograms

20 Mar 2001

PASS DATE

30 Nov 2000 22 Jan 2002 01 Apr 2003 14 Dec 2000

20 Feb 2001

NP 428A



Certificate of Insurance

: SKS7489Y

: PG MOTORING

: 19 Sep 2017

: 18 Sep 2018

: YV1MV845BF2228770

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA) Cover : drivo CLASSIC

Certificate Number: 5089747594

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. 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 or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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) EXCESS (SECTION 2) WINDSCREEN EXCESS ADDITIONAL EXCESS

UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP

INSURE WITH COE

NCD PROTECTION

TRANSPORT ALLOWANCE

EXCESS WAIVER

PRIMARY DRIVER

NAMED DRIVER (1)

NAMED DRIVER (2)

HIRE PURCHASE COMPANY

SUM INSURED

: 552,000

: 551,500

: S\$100

: N/A

: PLEASE REFER OVERLEAF

. YES

: NO

: NO

: N/A

: N/A

: N/A

: KENSO LEASING PTE LTD

: 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 Date of Issue : ASSURE PTE. LTD. (00000572842)

: 05 Apr 2017 09:20 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

100% 25% 50% 75% 0%

Transfer Of Vehicle Ownership (Acknowledgement) Vehicle Details

Vehicle No.:

SKS7489Y

Vehicle Type:

N18 - Passenger (Co) Company Car (Single Rate) Vehicle Scheme:

VOLVO

Vehicle Make:

Vehicle Model:

V40 D2 A/T ABS D/AIRBAG 2WD

Chassis No

YV1MV845BF2228770

Engine No :

D4182T3180985

Motor No.

Trailer Chassis No.

Propellant:

Diesel

Passenger Capacity:

Engine Capacity

1560 cc

Power Rating:

Unladen Weight

1427 kg

Maximum Laden

1940 kg

Primary Colour

Silver

Weight Secondary Colour:

IU Label No .:

Maximum Power Output

84.0 KW (112 bhp)

First Registration Date:

1125744705

Original Registration Date:

04 May 2015

04 May 2015

Manufacturing Year:

2015 Yes

Open Market Value:

Actual ARF Paid:

\$23,709.00

PARF Eligibility:

Minimum PARF Benefit: \$5,096.90

\$10,193.00

No. of Transfer Owner Particulars

Owner Name:

PG MOTORING

Owner ID Type

Business

Owner ID

53213875M

Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Address

Registered Block/House 200

Registered Street

Name

JALAN SULTAN

Registered Unit No.:

#02-38

Registered Building

TEXTILE CENTRE

Name

Registered Postal

199018

COE No./Expiry Date:

2015050101000615K / 03 May 2025

COE Bid Category:

A - Car up to 1500cc & 97kW (130bhp)

QP Paid:

\$67,749.00

Transaction Details

Business Transaction

20170920131631628895

Ref. No.

Business Transaction

Date:

20 Sep 2017

Time:

Business Transaction

13.16:31

Message

Vehicle has been successfully transferred to PG MOTORING (53213875M).

Claim Handling

The premium on this policy has not been collected.

Accident MT/0983763	AND THE PROPERTY OF THE PARTY O				-
Policy No.	5089747594	Vehicle No.	SKS7489Y	GST Registration No.	532
Policyholder Name	PG MOTORING		With Additional Control of the Contr		0
Product Code	FLEET INSURANCE	Cover Type	drivo CLASSIC		V
Contact No.(Mobile)	91288170	Contact No.(Office)		Contact No.(Home)	No
Email Address		Special Remark	No. 2 Vac	eCode Reason	100
KFK	- No Yes	TCA	+ No Yes	Private Hire	No
NCD Protection	No	NCD Entitlement(%)	0	Private rine	,,,,,
 Accident Details 					0.10
Report Date	26/02/2018 19:09	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	23/02/2018	Time of Accident hh:mm	22:35	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	REPUBLIC BLVD TWDS CRAW ROAD				
▽ Benefits					_
▽ Excess					
Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Informa	ation				_
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
	dress		3000000	CANONI SEV	202
Address 1	200 JALAN SULTAN	Address 2	#02-38 TEXTILE CENTRE	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	199
Unit No.	02-38	Related Policy Number	5098041149		
♥ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	12/
Unnamed driver Name	ALEX LIM YOU FU	Driver NRIC	S7428523F	Driving Experience	17
Register Date of Driver License	14/12/2000	Driver Age	43	Contact No.(Home)	***
Contact No.(Mobile)	97947914	Contact No.(Office)		Address 3	SIN
Address 1	BLK 196C #09-485	Address 2	PUNGGOL FIELD		823
Address 4		Address Type	Singapore address	Post Code	02.
Unit No.	09-485				
Does he own a Singapore Registered car?	Yes # No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test	0 mg	Any injury?	• Yes No		
Reading?					
Modification History					
Claim 001 New					
Claim GOT INCH					
				Insured NRIC	53
Claim Type *	OD-MX ¥	Insured Name	PG MOTORING		NII
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office) TP Vehicle Number	SH
Email Address		OI Vehicle Number	SKS7489Y	Name of Preferred Workshop	0
Claim Description	SKS7489Y / SHD9888E ON 23 Feb 2018	and the second s		_ name of Preferred Morkshop	67
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault		-
Require Finalisation	Yes ▼	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	R
Date Registered	26/02/2018 19:15	Claim Close Date		Date Received	26
Report Taken By	LIEW SHAN HUI				
✓ Print AK letter					
Francisco acros			Save Submit		
			- Sare Samuel		
Attachment					

2/20/2010		Marine Dates to					
Accident No. Last Doc. Received	MT/0983763 ● Yes ♥ No	Claim No. Upload Date		001 26/02/2018 19:16			
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Attachment Li	st				
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