NATIONAL Assessment Cen	tre Services. Wet 1 Jan	OSI MNA 118 0 38 77 1	*	
Date In: 22/3/8-09:47	Jeb description	Date & Time Completed	Done b	ò.
Ref No: NA INC 18005 345/24	SAS e-filing			
Vch No: SUL 446>1	E-mail (within Shrs, AIC	2hrs)		
D.O.A .: 213/8-13:60	i-Motor Claim Form	MT/0987127	22 3 18 13	Fou
	I-Motor W/O (Within:	OD 2hrs, TP 4hrs)		
OD TP Reporting Only	i-Photo Uploaded			11.
	Assessment/Survey Re	port		
TP Insurer:	Ass't Report by Fax / I	Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: 60	7919 . I	NC()/Non-INC().		
Owner / Driver: (Tel:)	
Policy No: ()	Period: () Cover Type: (
Confirmed by : (Date:)	
Insured/Driver Liability: (%)		N: 0-20%; P: 21-79%. P: 80	1-100%	
Year of Registration: ()	Warranty: YES ()/NO	D()		
CONTRACTOR (CAR)	1,000 ()/\$2,000 ()	Company of the same	সময়ত গৈলে	
General Remarks:			Street Street	
() Walk-In Customer: Customer's in		al & Strictly NO refer of repaire		
() Total Loss Case : to e-mail Inst		> Toucher Co. /)
	pice: YES () / NO (); Towing Co: (Care A Congress Con	×100 100
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done	by
1) Apply for Transport Allowance ()	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()		1	
Injury:				
Date/Time Actions		71 - 1 - 7 - F 15 / \$40	Separate Separate	
		700 J. J. C.		
	Variable - Selection All Million March			
•	Description for		Ant (S)	Ami (1)
NA1801802	Invei	ce Preparation Checklist	fú Bill	Add Bill
laimant's Particulars :-		Accident Reporting (\$30); Damege Assessment (\$100); INC	(\$80)	
	3) TF: 7	Towing Fee	\$40/\$45	
Driver/Owner:			21.20	
	4) FT : 1	Follow-Through Survey Follow-Through Survey (Resurvey)	\$30	
Contact No:	4) FT : 1 5) FT : 1 For s	Follow-Through Survey (Resurvey) siming against INC Only (wef 10 Jan 2	\$30	
	4) FT : 1 5) FT : 1 For si 6) TR : 7) N1 :	Follow-Through Survey (Resurvey) siming against INC Only (wef 10 Jan 2 Re-inspection Idae DA + SMRT Survey	\$30	
Damaged Portion:	4) FT : 1 5) FT : 1 For si 6) TR : 7) N1 :	Follow-Through Survey (Resurvey) siming against INC Only (wef 10 Jan 2 Re-inspection	\$30 2005) \$75 \$160	
Damaged Portion:	4) FT:1 5) FT:1 Forsi 6) TR: 7) N1: 3 8) NTU OD: *N5:	Follow-Through Survey (Resurvey) siming against INC Only (wef 10 Jan 3 Re-inspection Idae DA + SMRT Survey C Additional Services:- Courtesy Car / Tpt Allowance	\$30 \$2005) \$75 \$160	
C Checked by (Engr-In-Charge):	4) FT:1 5) FT:1 Forsi 6) TR: 7) N1: 3 8) NTU QD* *N5: *N6:	Follow-Through Survey (Resurvey) siming against INC Only (wef 10 Jan 2) Re-inspection Idae DA + SMRT Survey C Additional Services:- Courtesy Car / Tpt Allowanse Repair Co-ordination Fost Repair Inspection	\$30 \$75 \$160 \$5 \$10 \$25	
Oamaged Portion: OC Checked by (Engr-In-Charge): Auditors' Comments::-	4) FT:1 5) FT:1 Forsi 6) TR: 7) N1: 3 8) NTU OD* *N5: *N6: *N6:	Follow-Through Survey (Resurvey) siming against INC Only (wef 10 Jan 2) Re-inspection Idae DA + SMRT Survey C Additional Services:- Courtesy Car / Tpt Allowanne Repair Co-ordination Post Repair Inspection DV / Collect Excess Coordination	\$30 \$1005) \$75 \$160 \$5 \$10	
Contact No: Damaged Portion: OC Checked by (Engr-In-Charge): Auditors' Comments::- at. 1:	4) FT:1 5) FT:1 Forse 6) TR: 7) N1: 3 8) NTU OD* *N5: *N6: *N6:	Follow-Through Survey (Resurvey) siming against INC Only (wef 10 Jan 3 Re-inspection Idae DA + SMRT Survey C Additional Services:- Courtesy Car / Tpt Allowanne Repair Co-ordination Post Repair Inspection DV / Collect Excess Coordination N11): TP (Non INC) against INC Idae Mobile	\$30 \$75 \$160 \$5 \$10 \$25 \$5 \$20 30	

in per at 1.75

SINGAPORE ACCIDENT STATEMENT

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 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 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.

ACCI	חבאי	ТЅТА	TE 00	ENT
ACCI	DEN			-

22/03/2018 09:47 Date Of Report 21/03/2018 13:00 Date Of Accident

ALONG LOR N TELOK KURAU Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

SLL4462T Vehicle Registration Number

Insured/Policyholder

CHUA CHUN LIN Name Of Registered Owner

S7634455H NRIC No NOEMAIL **Email Address**

(LOCAL) +65-91821729 Mobile Phone No OFFICE-91821729 Alternative Phone No

Vehicle Particulars

TOYOTA Manufacturer

WISH 1.8 CVT Model

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?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

NO

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5097508672 Policy Number

Cover Note Number

TAN SEE KIA (CHEN SHIJIA) Name of Driver

S7728497D NRIC No 28/09/1977 Date Of Birth INDOOR Occupation 16/10/2003 Date Of Driving Pass

14 YEARS AND 5 MONTHS Driving Experience

FEMALE Gender

(LOCAL) +65-91451670 Mobile Number

Fax Number

OFFICE-91451670 Contact Number

NOEMAIL EMail Address

50 MOUNT SINAI DRIVE Address

277106 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

NO

0

NO

NO

NO

GU791G

DETAILS OF OTHER VEHICLE PROPERTY 1

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO 2 Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

YES Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES NO

Was there any video captured by Car Camera?

Was there any audio recorded?

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

YEO SER KIANG Name of Driver S1194274A

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <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.
- 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 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, 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:
 - 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

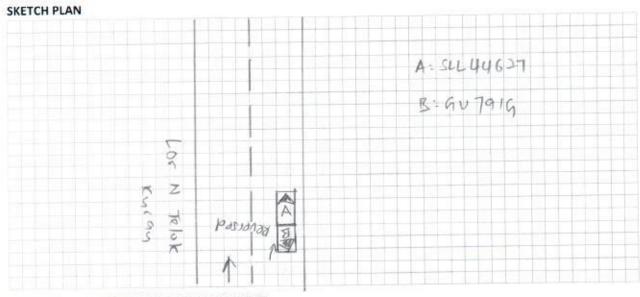
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	WISTAINEES OF THE TOOLS EN	
Rofor to	statement.	
PC 15	313164111	

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 Personne's Signature

Name:

NRIC/FIN No.:

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY PARK AT THE SIDE OF LOR N TELOK KURAU. WHEN I COME BACK TO MY VEHICLE I NOTICED THAT VEHICLE B WAS TOO CLOSE OF MY VEHICLE. SO I CHECK MY REAR PORTION AND MY VEHICLE WAS DAMAGED. I ASKED VEHICLE B (DRIVER), HE SAID THAT HE REVERSED AND HIT ONTO MY VEHICLE REAR PORTION.

ACCIDENT STATEMENT

	TOOK LOC N TOLOT KURGY	THE RESERVE	
CA	ATION: LOF N Telok Kurgy		
	. DETAILS OF VEHICLE	•	2.7
1.	a)VEHICLE NUMBER: SLL44637 SIVE		
	b)INSURANCE COMPANY:NTOC		
	CIPOLICY NUMBER: 5697568672		102
	DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD P	ARTY FIRE &THEFT	
	d)POLICY TYPE: (COMPREHENSIVE) TRIKE PARTY THIKE	STATE AUROPATERS	**
	e)MAKE & MODEL:	YCLE / OTHERS)	
	F)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORC	CVCLE	
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTOR	use	
	PUBLISHED FOR DAING AT ACCIDENT TIME		
) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES	MO)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING O	VLT)	20
2.	INSURED / POLICY HOLDER		
	AINAME . Chun Chun Lin.	ALE FEMALE	ā .
10	b)NRIC/FIN/PASSPORT: \$7634457 H CONTAC	18717	+ X HO of
	c) ADDRESS:		boscenge
Ç.		· · · ·	- (Includia
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER		(0)
3.	DRIVER	ALE / FEMALE)	(2)
	UJIVAME.		
	bJNRIC/FIN/PASSPORT: S77384970 CONTAC	: 114218	-
	CLADDRESS: 50 Mound Sinai Drive 277106		
	CIADDRESS. 30 MONTH		
		•	
	*d)DATE OF BIRTH: (38, 9 / 1977) (DD/MM/YYYY)		_3
	*d)DATE OF BIRTH: () (DD/MM/YYYY)	1 .	-
	*d)DATE OF BIRTH: () () (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR)	MY? (YES //NO)	
4.	*d)DATE OF BIRTH: (28/9/1971)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVED AN EMPLOYEE OF THE INSURED'S COMPA	INY? (YES / NO)	
	*d)DATE OF BIRTH: (28/9/1971)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPA	MY? (YES / NO)	<u> </u>
	*d)DATE OF BIRTH: (INY? (YES / NO)	- -
j.	*d)DATE OF BIRTH: (28/9/1971) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPA IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED d)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS	NY? (YES / NO)	
j.	*d)DATE OF BIRTH: (28/9/1971) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPA IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED d)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO)	MY? (YES / NO)	
j.	*d)DATE OF BIRTH: (28/9/1971)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPA IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED d)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) c)REPORTED TO POLICE (YES / NO)	ANY? (YES / NO)	
j.	*d)DATE OF BIRTH: (INY? (YES / NO)	
i.	*d)DATE OF BIRTH: (INY? (YES / NO)	∃ -
i.	*d)DATE OF BIRTH: (28 / 9 / 1977) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPA IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED d)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) a]REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE a) VEHICLE NUMBER: MODEL:	INY? (YES / NO)	
i.	*d)DATE OF BIRTH: (28 / 9 / 1977) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPA IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED d)WEATHER CONDITION: (CLEAR / RAINING / OTHERS	TY SOLDE	- *Ho of po
i.	*d)DATE OF BIRTH: (28 / 9 / 1977) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPA IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED d)WEATHER CONDITION: (CLEAR / RAINING / OTHERS	TY SOLDE	
i.	*d)DATE OF BIRTH: (TY SOLDE	- XNO of po - Cladudine - (+)
5.	*d)DATE OF BIRTH: (TY SOLDE	- *Ho of po
5.	*d)DATE OF BIRTH: (т:	- * Ho of po
5.	*d)DATE OF BIRTH: (т:	- XNO of po - Cladudine - (+)

email = Carolyn. sekia @gmail.com fax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7728497D





111

TAN SEE KIA (CHEN SHIJIA)

CHINESE

28-09-1977 SINGAPORE

3171193



S7728497D

06-07-2000

50 MOUNT SINAI DRIVE SINGAPORE 277106 NRIC No: S7728497D Date: 28/12/2010

DRIVING LICENCE REPUBLIC OF SINGAPORE

Demonstrates S7728497D

TAN SEE KIA (CHEN SHIJIA) Birth Date: 28 Sep 1977 Issue Date: 16 Oct 2003

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES.

PASS DATE

16 Oct 2003

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 killograms

iello, NAC_PAYA_UBI_80	0601					* 1	Change Lan	guage ,	Change Passwo	rd Log O
My Desktop	Polic	y Query								,
Notice of Loss	Policy N	0.				Date of Acc	ident	21/03/	2018 13:00	3
	Vehicle	No.(For Motor)	SLL4462T							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097508672	CHUA CHUN	S7634455H	GPC	drivo CLASSIC	SLL4462T	SLL4462T	27/02/2018	26/02/2019

Insurance N Flag Open Policy Info Certificate Info Policyho Address 1 Address 4	older Mailing Address 50 MOUNT SINAI DRIVE I Object: SLL4462T	Address 2 Address Type Related Policy Number	MOUNT SINAI Singapore address 5097508672	Address 3 Post Code	SINGAPORE 277106 277106 Endorsement Content
nsurance N Flag Open Policy Info Certificate Info Policyho Address 1 Address 4	50 MOUNT SINAI DRIVE	Address Type Related Policy	Singapore address	0. 100 0.	
nsurance Mag Open Policy Info Certificate info Policyho Address 1 Address 4		Address Type Related Policy	Singapore address	0. 100 0.	
nsurance Mag Pag Open Policy Info Certificate Info Policyho Address 1		Address		0. 100 0.	
nsurance N lag Open Policy Info Certificate Info Policyho		Address 2	MOUNT SINAI	Address 3	SINGAPORE 277106
nsurance M Flag Open Policy Info Certificate Info	older Mailing Address				
nsurance M Flag Open Policy Info Certificate					
Co- insurance M Flag Open Policy Info					
insurance 1					
-	No				
Agent	TELESALES-DIRECT MARKETING	Agent Tel.		GST Flag	Υ
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0		
Additional (Excess	0	OS Premium	0		
Third Party (Excess	0	Own damage Excess	0.0	Windscreen Excess	100
Policy ssue 1 Date	18/01/2018	Effective Date	27/02/2018 00:00	Expiry Date	26/02/2019 23:59
Product F Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
ddress 5	50 MOUNT SINAI DRIVE MOUNT	SINAI SINGA	PORE 277106		
Policy No. 5	5097508672	Policyholder Name	CHUA CHUN LIN	Policyholder NRIC	S7634455H

Continue Cancel

ilm Handling					
dent MT/0987127			horozonia.	xxx x15mxx1cxxcmx	
icy No.	5097508672	Vehicle No.	SLL445ZT	GST Registration No.	
cyholder Name	CHUA CHUN LIN			Policyholder NRIC	S7634455H
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
nact No.(Mobile)	91821729	Contact No.(Office)	0	Contact No.(Home)	0
eii Address		Special Remark		eCode	ta: 💙
	® No ○Yes	TCA	® No ○Yes	eCode Reason	420
) Protection	Ves	NCD Entitlement(%)	so	Private Hire	No
Accident Details				Accident Type	Damaged white parked
port Date	22/03/2018 10:02	Accident Report Within 24 hrs	Yes		
e of Accident	21/03/2018	Time of Accident hh:mm	13:00	Country of Accident	Singapore
porting Centre		Orange Force		1CM No.	
ident Location	ALONG LOR N TELOK KURAU				
Benefits					
verage			Sum Insured		
resport Allowance			99999999.99		
ess Waver			99999999.99		
Excess				The Company of the Co	
demage Excess	0.00	Additional Excess	0.00	Windscreen Excess	100.00
named Driver Excess	0.00	Outside Singapore OD Excess	0.00		
rd Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Informa	ation				
T Registered	No		GST Registration Date GST Status Verified	Yes	
T Registration No.			GG) STATUS VERNES	142	
dification History					
F Policyholder Hailing Ad	ldress				
		Address 2	MOUNT SINAL	Address 3	SINGAPORE 277106
dress 1	50 MOUNT SINAL DRIVE	Address Type	Singapore address	Post Code	277106
idress 4		Related Policy Number	5097500672		
et No.		Related Porcy number	2077 59007 6		
OI Driver Info			Named Driver		
iyar Name	TAN SEE KIA/	Driver Type Driver NRIC	57728497D	Driver DOB	28/09/1977
named driver Name	Construction of the constr	Driver Age	40	Driving Experience	14
gater Date of Driver License		Contact No.(Office)	0	Contact No.(Home)	0
vitact No (Mobile)	91451670	Address 2	MOUNT SINAL	Address 3	SINGAPORE 277106
dress 1	SO MOUNT SINAI DRIVE	Address Type	Singapore address	Post Code	277106
idress 4		Partie and 1 ppe	NO 750 NO 650 NO		
ne No. oes he own a Singapore	200	Driver Vehicle No.		Driver Insurer Company	
egistered car?	○ Yes ® No	Driver venice no.			
ciaration					
reathelyser or Blood Test	2	Any injury?	○ Yes ® No		
eading?	D mg	A. 4. 50.1			
dification History					
DE D					
Claim 001 New					
			10		
aim Type *	OD-MX	Insured Name	CHUA CHUN LIN	Insured NRIIC	576344594
ontact No.(Mobile)	91821729	Contact No.(Home)	MIL	Contact No.(Office)	NIL
nail Address	lyndonctrua@gmail.com	Of Vehicle Number	SLL4462T	TP Vehicle Number	Gu7916
aim Description	SLL4462T / GU791G ON 21 Mar 2018			Name of Preferred Workshop	
eferred Workshop Contact		Insured Liability •	Not at Fault		
n. equire Finalisation	Yes 💌	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received 💟
ate Registered	22/03/2018:10:04	Claim Close Date		Date Received	22/03/2018 00:00
eport Taken By	Jackson				
Print AK letter	Ten Unit St				
			Save Submit		
			aure swilling		
Attachment					
9					
	MENOGRA 27	Claim No.	001		
codent No.	MT/0987127	Upload Date	22/03/2018 10:08		
ast Doc. Received	Yes ○ No.	Options Lieuw		Confidential Urg	ency * Description *
	Path *		Category *	V Norms	DESCRIPTION OF THE PROPERTY OF
		Brows		V No ∨ Norma	
		Browt	I principal property and the second	STANIA CONTRACTOR	
		Brows	Appropriate Control of the Control o	NO V Norma	1100
		Brows	Char Please Select	Norma	the state of the s
		Brown	se Char Please Select	W Norma	

