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TP Insurer	Assessment/Survey Report			
	Ass't Report by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: 🗘	0374050 INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Perio	d: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	te-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: () Wa	arranty: YES () / NO ()		
Excess: (\$) Loading: \$1,000	()/\$2,000()			
General Remarks:-		Mark Mark		
() Walk-In Customer: Customer's inform	ation strictly Confidential & St	rictly NO rafer of repairer.		
() Total Loss Case : to e-mail Insurer	URGENTLY.			1 · EM ·
Drive-In () / Towed-In (); Invoice:	YES () / NO (); T	owing Co. ()
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done	by
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2) QC Check / Post Repair Inspection	()			2410
3) Upload Resurvey Photo [Repair Cost > \$300	00] ()			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 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.

Country/State of Loss DETAILS OF OWN VEHICLE Vehicle Registration Number FS2314K Insured/Policyholder Name Of Registered Owner NRIC No S9115050F NOEMAIL Mobile Phone No (LOCAL) +65-87274928 Mobile Phone No OTHERS-87274928 Vehicle Particulars Manufacturer HONDA CB400 Esact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No., Please state action to be taken Vehicle Category Name of Insurance Company Name of Insurance Company Type Of Coverage THIRD PARTY FIRE AND/OR THEFT No Policy Number Cover Note Number Driver Name of Driver Name of Driver Name of Driver Name of Driver Sales	THE RESERVE OF THE PROPERTY OF	ACCIDENT STATEMENT	VIVE ON
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Vehicle Registration Number FS2314K Insured/Policyholder Name Of Registered Owner LIM JIE SHENG JASON NRIC No S9115050F Email Address NOEMAIL Mobile Phone No (LOCAL) +65-87274928 Vehicle Particulars Manufacturer HONDA GB400 Exact Purpose for which vehicle was being used at time of accident If no Policy Policy If No, Please state action to be taken THIRD PARTY Vehicle Category MOTORCYCLE Insurance Company Name of Insurance Company Name of Insurance Company Name of Driver No Policy Number Cover Note Number Driver Name of Driver Name	Exact Location Of Accident	SENGKANG EAST RD TWDS BUANGKOK GREEN	
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Contact Number EMail Address KHADCNA@YAHOO.COM		(LOCAL) +65-90719837	
EMail Address KHADCNA@YAHOO.COM	Fax Number		
EMail Address KHADCNA@YAHOO.COM	Contact Number		
		KHADCNA@YAHOO.COM	Page 1 of 26

BLK 208C PUNGGOL PLACE Address

#07-930 823208

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE 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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by NO

ambulance?

YES Was any other material or property damaged?

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

NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: MUHAMMAD KHALIIF SHAFIQ

: MALE GENDER:

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

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

SINGAPORE

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Police Station Address

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180427/2021 & T/20180426/2131

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 Vehicle Make/Model/Colour

SDJ7405U

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Page 2 of 26

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

PC490M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SJQ1022Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MD KHADRI BIN CHE MOHD KHATAM

Approximate Age

Injuries Sustain

SERIOUS

Injured person in which vehicle?

FS2314K

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

DETAILS OF INJURED PERSON 2

Name

MUHAMMAD KHALIIF SHAFIQ

Approximate Age

Injuries Sustain

SERIOUS

Injured person in which vehicle?

FS2314K

YES

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Page 3 of 26

SKETCH PLAN

IMPORTANT NOTICE

- 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 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.
- 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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- 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.

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Policyholder's Signature Date & Time:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer for the police report.

P/s	refr	to	the	police	repor	ρ,	
	= = m						

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:

Sym 04/05/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





1 of 3

Report No. T/20180426/2131

Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892 Tel No. 1800-2959999

PEPORT C	F A TRAFFIC	ACCIDENT		Station Diary No.:
Date/Time Report Made: 26/04/2018 18:00		Made:	Vide Report No.:	Station Die 7
Informa	nt's Partici	ulars	TO SEE STEEL	经 图9000
Name of MD KHA	Informant: DRI BIN C	HE MOHD	Address APT BLK 208C PUNGGOL P 823208	LACE #07-930 SINGAPORE
KHATAM ID Type / ID No.: NRIC NO / S1796905F		05F	Contact No.: Home/Office: Mobile: 90719837	
Mational			Email:	
Sex: Age: Date of Birth: 06/09/1967		Date of Birth:	Type of Informant:	
Race: Javanese			Language:	Institution / School Name:
Occupation: CAMERA MAN			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

	tion of the Accident	Drink	Date/Time of	Type of Location	
Accident:	pe of Attended by Police		Accident: 26/04/2018 06:40	X-Junction	
Junction of Road 1 and Road 2 BUANGKOK GREEN HOUGANG AVENUE 4 Slightly after the junction. Weather: Traffic Flow: Dual Carriage Way Type of Collision: Between Moving Vehicles - Side St		Road Surface: Traffic Control:		Road Speed Limit:	
				Traffic Volume:	
				Anyone conveyed by ambulance:	

natalls of V	ehicle Involve	d	Model	Color	Condition	No of Passenge
Vehicle No.		Make	ROOGGI		Seriously	A CONTRACT OF THE PARTY OF THE
S2314K	Motorcycle	THE REAL PROPERTY.			Damaged	

Details of V	ehicle Insurance	Insurance No	Effective	Expiry Date
ALTERNATION AND PROPERTY OF THE PARTY OF THE		A CONTRACTOR OF THE PARTY OF TH		
FS2314K	NTUC Income Insurance Co-Operative			



T/20180426/2131

Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892

Report No. T/20180426/2131

Tel No: 1800-2959999

CONTINUATION OF REPORT

Details of Person Any Pedestrian In	volved No				NE IS	
No. of Pedestrian	s Injured: NII		Lise of D	odosti -		
Rider		WAR PROPERTY.	Use of P	euesmar	Cross	ing: NA
Name	MD KHADRI BIN CH	HE MOHD H	CHATAM	ID No		S1796905F
Related Vehicle	FS2314K (Motorcyc	le)		Conta	ct No.	90719837
Hospital/Clinic	KHOO TECK PUAT HOSPITAL			Class Drivin Licena Expin	g	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	26/04/2018 Date Dis			scharge		/2018
No. of Days grant	ted Medical Leave	14		of Injury		
Pillion		ALC: N	的。但如何是	TO SHOW		
Name	Muhammad Khalif S	Shafiq B Mo	hd K	ID No		T0534150C
Related Vehicle	FS2314K (Motorcyc	:le)		Conta	ct No.	98512669
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL			Class Drivin Licent Expir	g	Class: NIL Date of Expiry: NIL
Date Treatment	26/04/2018	360	Date Dis	The second second	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree	of Injury	Serie	ous

Brief Details.

On 26th April 2018 at about 6.40am, I was travelling along Buangkok green on my motorcycle with my son as my pillion towards the junction at Hougang avenue 4 on the right most lane. When just passing the junction, a silver Volkswagen car bearing registration plate SJQ1022Y from Hougang avenue 4 drove into Buangok green without seeing the incoming traffic along Buangkok green. It then caused one blue Kinglong bus bearing the registration plate PC490M and one maroon car bearing registration plate SDJ7405U to swerve right from their lanes. Thus, the maroon car's rear right side hit the side of my motorcycle, causing it to skid off towards the left. Subsequently traffic police arrived and both me and my son were conveyed to hospitals respectively. I am lodging this report for record purposes and to claim insurance and medical expenses.

'o 720180426



T/20180426/2131

3 of 3

Report No. T/20180426/2131

Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892

Tel No: 1800-2959999

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: { E / Sgt 3 ERWIN SUTRISNO BIN NADIMOH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/04/2018 18:00
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR Contact No.: 65476200	Classification Of Case:
Authentication Stamp FORCE NP168 SIGNATURE	





Report No T/20180427/2021

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

REPORT	Alle	ACCIDENT		Station Diary N	
Date/Time Report Made; 27/04/2018 11:07		Vide Report No.: Station Dis T/20180426/2131 31			
Informan	t's Partici	ulars		经国际产业 建二氢烷酸	
Name of MD KHAI KHATAM	Informant: DRI BIN CI	HE MOHD	Address: APT BLK 208C PUNG 823208	GOL PLACE #07-930 SINGAPORE	
ID Type / ID No.: NRIC NO / S1796905F		Contact No.: Home/Office: Mobile: 90719837			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 50	Date of Birth: 06/09/1967	Type of Informant: Rider		
Race: Javanese		Language:	Institution / School Name:		
Occupation: CAMERA MAN		Driving Licence Inform Class: 2B,2A,3	Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambu	ulance	Drink Drive: No	Date/Time of Accident: 26/04/2018 06:40	Type of Location	
BUANGKOK HOUGANG A slightly after t	VENUE 4	Road	Surface:		Road Speed Limit:	
Weather:						
Traffic Flow:		Traffic Control:			Traffic Volume:	
The state of the s	sion:			THE PROPERTY AND ASSESSED.	Anyone conveyed by ambulance:	

Brief Details.

I am making this report to amend the report T/20180426/2131. I wish to state that it was the side of a maroon car (SDJ7405U) hit on my motorcycle.

I wish to add that the driver of silver Volkswagen (SJQ1022Y) wanted to give me \$50/- to settle the accident with me but I refused and told her that I will make a Police report.





Police Station Of Origin; Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 2 of 2 Report No. T/20180427/2021

CONTINUATION OF REPORT

Sketch Plan

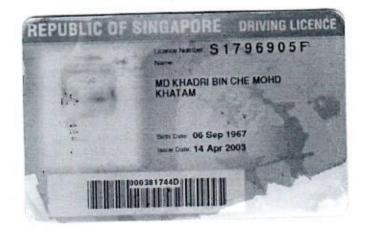
Informant is not able to provide sketch plan

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 Recor F / Staff Sgt TAN WEILONG,		Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 27/04/2018 11:07
Officer In Charge Of Case TP / GIT / Sr Staff Sgt RAZIZ BIN TA Contact No.: 65476200	A STATE OF THE STA	Classification Of Case:
Authentication Stamp	Singapore Poli	Force

ACCIDENT STATEMENT

		, TIME:(<u>06</u> : 40)(HH:MM)
LOCA	TION: HOUGANG AVE 4 AF	TER JUNCTION
1.	a) VEHICLE NUMBER: FS3314K	8 1
	a) VEHICLE NUMBER:	
	b)INSURANCE COMPANY: NTUC	
	CIPOLICY NUMBER: 5095556349	STATE DADTY EIRE & THEFT
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PART	IY KIHIRD PARTT PIRE ATTEM
	e)MAKE & MODEL: HONOA CB 400	TATORCYCLE OTHERS!
	f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY g)VEHICLE CATEGORY:(PRIVATE / COMMERCIA	I /MOTORCYCLE)
	h) PURPOSE OF USING AT ACCIDENT TIME:	ET PRIVATE USE
	IJARE YOU CLAIMING UNDER YOUR OWN INSUR	RANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM DREF	PORTING ONLY)
2.	INSURED / POLICY HOLDER	
177	AINAME ZIM JIE SHENG JASON	(MALE) FEMALE)
	DINRIC/FIN/PASSPORT: 59115050F	_CONTACT:_ 8727492
	c)ADDRESS:	
B N 8	and the second s	7
1	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	LDER KHATAM
*No of passing 3	DRIVER MD KHADRI BIN CHE	MOHO MALE SEEMALE
(Including driver)	DINRIC/FIN/PASSPORT: 5/796905 F	CONTACT: 907/983
(2)	CIADDRESS: BLK 2080 NUNGGOL PUL	906
<u> </u>	#07-930 SPORE(8	123208)
UHAMMAN	*d) DATE OF BIRTH: (06) 09/ 1967)(DD/N	MM/YYYY)
Uni	e)OCCUPATION: (INDOOR OUTDOOR)	oceanies and an artist and an artist and an artist and artist artis
HALIIF	f)YEARS OF DRIVING EXPRERIENCE: 12/0 (6/2001
4AFIQ (m) 4.	WAS DRIVER AN EMPLOYEE OF THE INSURE	ED'S COMPANY? (YES /(NO))
(M)	IF NO, RELATIONSHIP OF THE DRIVER WITH	INSURED: FRIEND
5.	a) WEATHER CONDITION; CLEAR RAINING / C	DTHERS
	b)ROAD SURFACE: (CRY) WET / OTHERS	
0.	WAS ANYBODY INJURED (YES) NO) a) REPORTED TO POLICE (YES) NO)	
6.0	IF YES, PLEASE STATE WHICH POLICE STATION:	
8.	그는 사람들은 경기가 있다면 가게 되었다면 그렇게 되었다. 그 아이들은 그리고 아이들은 사람들이 되었다면 하는데 그 그 그리고 있다.	
4 Hs of passenger	a) VEHICLE NUMBER: 50374050	_MODEL:
(Including driver)	b) DRIVER'S NAME:	- Commentario
	c) NRIC/FIN/PASSPORT:	CONTACT:
() 9.	THIRD PARTY VEHICLE	11
* No of passanger	d) VEHICLE NUMBER: PC 490 M	_MODEL:
	e) DRIVER'S NAME:	
Clinduding driver	f) NRIC/FIN/PASSPORT:	CONTACT:
/5	5 : 51010224	
7. 4 1/2	4	**
	email = CCKCarr	ental@yahoo.com.sg
40	email = corbert	ch lace jours. com. Sy
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3/05/18	tax =	
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Hello, NAC_BUKIT_MERAH	800676									10
My Desktop	Polic	y Query								_
Notice of Loss	Policy N	0.				Date of Acc	cident	26/04/	2018 06:40	
	Vehicle	No.(For Motor)	FS2314K							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5095556349	LIM JIE SHENG JASON	S9115050F	GMC	Third Party, Fire & Theft	FS2314K	FS2314K	02/11/2017	01/11/2018

Claim Handling

ccident MT/0992940								
	charce 140	Vehicle No.	FS2314K		SST Registration No.			
Policy No.	5095556349	venicle No.	1923146		Policyholder NRIC		5911505	0F
olicyholder Name	LIM JIE SHENG JASON							
reduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft		.oading		0	
ontact No.(Mobile)	87274928	Contact No.(Office)	0	9	Contact No.(Home)		0	
mail Address		Special Remark		e	eCode		No *	
FK	- No Yes	TCA	« No Yes	e	Code Reason			
ICD Protection	No	NCD Entitlement(%)	0	p	Private Hire		No	
P Accident Details								
Report Date	04/05/2018 11:44	Accident Report Within 24 hrs	Yes	,	Accident Type		Side Swip	pe
Date of Accident	25/03/2018	Time of Accident hh:mm	06:40		Country of Accident		Singapon	c
teparting Centre	2403/2010	Orange Force		ī	CM No.			
Accident Location	SENGRANG EAST RD TWDS BUANGKOK GREE							
	SCHOOL CHO RESTREE BOTTON WILL	70						
⇒ Benefits								
♥ Excess	1,000	- and an overland the		1	Windscreen Excess			
Own damage Excess	0.00	Additional Excess			Timese sen energy			
Unnamed Driver Excess		Outside Singapore OD Excess						
Third Party Excess	0.00	Outside Singapore TP Excess						
 GST Registered Informa 	ition							
SST Registered	No		GST Registration Date		9400			
SST Registration No.			GST Status Verified		Yes			
Audification History								
Policyholder Mailing Ad-	dress		X-02-01-00-0		D10505520		210000	
Address 1	BLK 124 #07-372	Address 2	SIMEI STREET 1		Address 3			DRE 520124
Address 4		Address Type	Singapore address		Post Code		520124	
Unit No.	07-372	Related Policy Number	5098028922					
→ OI Driver Info								
Driver Name	MD KHADRI BIN CHE MOHD KHATAM	Driver Type	Named Driver					
Unnamed driver Name		Driver NRIC	S1796905F	1	Driver DOB		06/09/19	967
Register Date of Driver License	23/08/1986	Driver Age	50	1	Driving Experience		31	
Contact No.(Mobile)	90719837	Contact No.(Office)	0		Contact No.(Home)		0	
Address 1	BLK 208C	Address 2	PUNGGOL PLACE	9	Address 3		PUNGGO	L SAILS
		Address Type	Singapore address	9	Post Code		823208	
Address 4	SINGAPORE 823208							
Address 4	SINGAPORE 823208 #07-930							
Address 4 Unit No. Does he own a Singapore	#07-930			i	Driver Insurer Compar	nv.		
Unit No.	The state of the s	Driver Vehicle No.		1	Driver Insurer Compar	ny		
Unit No. Does he own a Singapore Registered car?	#07-930				Driver Insurer Compar	ny		
Unit No. Does he own a Singapore Registered car? Declaration	#07-930 Yes # No	Driver Vehicle No.	W. W.	1	Driver Insurer Compar	ny		
Unit No. Does he own a Singapore Registered car?	#07-930		« Yes No	1	Driver Insurer Compar	ny		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	#07-930 Yes # No	Driver Vehicle No.	» Yes No	-	Driver Insurer Compar	ny		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	#07-930 Yes # No	Driver Vehicle No.	» Yes No		Driwer Insurer Compar	ny		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	#07-930 Yes # No	Driver Vehicle No.	» Yes No	1	Driwer Insurer Compar	ny		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	#07-930 Yes = No 0 mg	Driver Vehicle No.	» Yes No	1	Driwer Insurer Compar	ny		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	#07-930 Yes = No 0 mg	Driver Vehicle No.	» Yes No	a	Driver Insurer Compar	ny		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New	#07-936 Yes = No 0 mg	Driver Vehicle No. Any injury?				ny .	ea1160	X.O.F
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New	#07-930 Yes = No 0 mg	Driver Vehicle No. Any injury? Insured Name	# Yes No	Į.	Insured NRIC	ny .	\$911505	SOF
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Hodification History Claim 001 OD-MX Nex	#07-936 Yes = No 0 mg	Driver Vehicle No. Any injury?			Insured NRIC Contact No.(Office)	ny		X-
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? foodification History Claim 001 OD-MX New Claim Type * Contact No.(Mobile)	#07-930 Yes = No 0 mg	Driver Vehicle No. Any injury? Insured Name			Insured NRIC Contact No.(Office) TP Vehicle Number		S911505	X-
Unit No. Does he own a Singapore Registered car? Declaration Reading? Hodification History Claim 001 OD-MX Nex Claim Type * Contact No. (Mobile) Email Address Claim Description	#07-930 Yes = No 0 mg OD-MX 87274928	Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	LIM JIE SHENG JASON FS2314K		Insured NRIC Contact No.(Office)			
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX Nex Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact	Ves No Orng OD-MX 87274928 DASONEONTHEMOVE@GMAIL.CC	Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	LIM JIE SHENG JASON		Insured NRIC Contact No.(Office) TP Vehicle Number			
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Hodification History Claim 001 OD-HX Nex Claim Type * Contact No. (Mobile) Email Address Claim Description Proferred Workshop Contact No.	#07-930 Yes = No 0 mg OD-MX \$7274928 DASONEONTHEMOVE@GMAIL.CC FS2314K / SD)7405U ON 26 Mar 2018	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number	LIM 31E SHENG JASON FS2314K		Insured NRIC Contact No.(Office) TP Vehicle Number			50
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-HX Nex Claim Type * Contact No. (Mobile) Email Address Claim Description Proferred Workshop Contact No. Require Finalisation	#07-930 Yes = No 0 mg OD-MX	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability *	LIM JIE SHENG JASON FS2314K Not at Fault		Insured NRIC Contact Na.(Office) TP Vehicle Number Name of Preferred Wo		SDJ7405	su
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX Nex Claim 1/pe * Contact No. (Mobile) Email Address Claim Description Proferred Workshop Contact No. Require Finalisation Date Registered	#07-930 Yes = No 0 mg OD-MX	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	LIM JIE SHENG JASON FS2314K Not at Fault		Insured NRIC Contact No.{Office} TP Vehicle Number Name of Preferred Wo GIA report	rkshop	SDJ7405	su d
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John No. Does he own a Singapore Registered car? Declaration Reading? Modification History Claim 001 OD-MX Nex Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	#07-930 Yes = No 0 mg OD-MX	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	LIM JIE SHENG JASON FS2314K Not at Fault		Insured NRIC Contact No.{Office} TP Vehicle Number Name of Preferred Wo GIA report Date Received	rkshop	SDJ7405	su d
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX Nex Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	#07-930 Yes = No 0 mg OD-MX	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	LIM JIE SHENG JASON FS2314K Not at Fault		Insured NRIC Contact No.{Office} TP Vehicle Number Name of Preferred Wo GIA report Date Received	rkshop	SDJ7405	su d
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Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX Nex Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	#07-930 Yes = No 0 mg OD-MX	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	LIM 33E SHENG JASON FS2314K Not at Fault Preferred Workshop, Name unknown		Insured NRIC Contact No.{Office} TP Vehicle Number Name of Preferred Wo GIA report Date Received	rkshop	SDJ7405	su d
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Claim Type * Contact No. (Mobile) Email Address Claim Description Proferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ** Print AK letter	#07-930 Yes = No 0 mg OD-MX	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	LIM 33E SHENG JASON FS2314K Not at Fault Preferred Workshop, Name unknown		Insured NRIC Contact No.{Office} TP Vehicle Number Name of Preferred Wo GIA report Date Received	rkshop	SDJ7405	su d
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Claim Type * Contact No. (Mobile) Email Address Claim Description Proferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ** Print AK letter	#07-930 Yes = No 0 mg OD-MX	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	LIM 33E SHENG JASON FS2314K Not at Fault Preferred Workshop, Name unknown		Insured NRIC Contact No.{Office} TP Vehicle Number Name of Preferred Wo GIA report Date Received	rkshop	SDJ7405	su d
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Hodification History Claim 001 OD-HX New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	#07-930 Yes = No 0 mg OD-MX	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	LIM 33E SHENG JASON FS2314K Not at Fault Preferred Workshop, Name unknown		Insured NRIC Contact No.{Office} TP Vehicle Number Name of Preferred Wo GIA report Date Received	rkshop	SDJ7405	su d
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. (Reguire Finalisation Date Registered Report Taken By Print AK letter	Ves No OP-MX 87274928 DASONEONTHEMOVE@GMAIL.CC FS2314K / SD)7405U ON 26 Mar 2018 Yes Ves ROSLINDA	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer	LIM 31E SHENG JASON FS2314K Not at Fault Preferred Workshop, Name unknown Save Submit		Insured NRIC Contact No.{Office} TP Vehicle Number Name of Preferred Wo GIA report Date Received	rkshop	SDJ7405	su d
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. (Reguire Finalisation Date Registered Report Taken By Print AK letter	#07-930 Yes = No 0 mg OD-MX	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer Claim No.	LIM 31E SHENG JASON FS2314K Not at Fault Preferred Workshop, Name unknown Save Submit		Insured NRIC Contact No.{Office} TP Vehicle Number Name of Preferred Wo GIA report Date Received	rkshop	SDJ7401 Receive 04/05/20	su d
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX Nex Claim 1/100 * Contact No. (Mobile) Email Address Claim Description Proferred Workshop Contact No. Require Finalisation Date Registered Report Taken By */ Print AK letter Attachment ** Accident No. Last Doe: Received	#07-930 Yes = No 0 mg OD-MX	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer Claim No.	LIM JIE SHENG JASON FS2314K Not at Fault Preferred Workshop, Name unknown Save Submit 001 04/05/2018 00:00		Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Wo GIA report Date Received Total Loss but Repaire	rkshop	SDJ7401 Receive 04/05/20	su d
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By */ Print AK letter	#07-930 Yes No Omg OD-MX 87274928 DASONEONTHEMOVE@GMAIL.CC FS2314K / SD)7405U ON 26 Mar 2018 Yes Value Valu	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer Claim No.	LIM JIE SHENG JASON FS2314K Not at Fault Preferred Workshop, Name unknown Save Submit 001 04/05/2016 00:00 Category *		Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Wo GIA report Date Received Total Loss but Repaire Confidential	rkshop	Receive 04/05/2	su d

Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Message Read

 Clear
 Please Select
 *
 NO
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 Normal
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