	Services   well savios M	MA110004710	
Date In: 9718-15:24	Jeb description	Date &Time Completed	Done by
Ref No: NA / NC 80 12493 Try	SAS e-filing		
Veh No: SURYOTA	E-mail (within Shrs, AIC 2hrs)		
D.O.A :7/2/18-17:42	i-Motor Claim Form	160-545001 M	92/18 21:19
A STATE OF THE STA	i-Motor W/O (Within: OD 2hr	The state of the s	7.719.
OD / TP / Reporting Only	i-Photo Uploaded	1	
TD	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:
TP Particulars: Veh No: SHD96	Yor INC	)/Non-INC( )	100
Owner / Driver: (		Tcl:	)
Policy No: ( ) Peri	od: ( )	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %) [N	ote-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]
Year of Registration: ( ) W	arranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$1,000	0()/\$2,000()		
General Remarks:-			3.00
( ) Walk-In Customer: Customer's inform	nation strictly Confidential & St	1110 11 11 11 11 11 11 11 11 11 11 11 11	de discolation de la constantina della constanti
( ) Total Loss Case : to e-mail Insurer		N may 1 5	
Drive-In ( )/ Towed-In ( ); Invoice:		owing Co: (	. )
			*12:\\$\\$\\$\\
Remarks:- (INC horline: 6788 6616)		Date& Time Comple ad	Done by
	urtesy Car ( )	1	
2) QC Check / Post Repair Inspection	( )		
27.11.1		<del></del>	
3) Upload Resurvey Photo [Repair Cost > \$30	00] ( )		
3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	00] ( )	1 12	
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Injury:  Date/Time Actions  NAI804320	Invoice Pre	Reporting (\$30);	fit Bill Add
Injury:  Date/Time Actions  NAISOU320  Inimant's Particulars:-	Invoice Pre  1) AR: Accident 2) DA: Damage	Reporting (\$30); Assessment (\$100); INC (\$8	fir.Bijl Add
Injury:  Date/Time Actions  NAISOU320  Inimant's Particulars:-	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 arough Survey	fit Bill Add
Injury:  Date/Time Actions  NAISOU320  Inimant's Particulars:-	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti	Reporting (\$30); Assessment (\$100); INC (\$8 es \$40 arough Survey arough Survey (Resurvey)	761.Bijl Add 0) /545 5120 530
Injury:  Date/Time Actions  NAISOU320  Inimant's Particulars:-  river/Owner:	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a	Reporting (\$30); Assessment (\$100); INC (\$8 es \$40 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005)	761.Bijl Add 0) /545 5120 530
Injury:  Date/Time Actions  NAISOU320  Inimant's Particulars:-  iver/Owner:	Invoice Pres  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idac DA:	Reporting (\$30); Assessment (\$100); INC (\$8 es \$40 brough Survey brough Survey (Resurvey) teinst INC Only (wef 10 Jan 2005) tion SMRT Survey	7545 5120 530
Injury:  Date/Time Actions  MAISOU320  Inimant's Particulars:- iver/Owner: ontact No: imaged Portion:	Invoice Pre-  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Additio	Reporting (\$30); Assessment (\$100); INC (\$8 es \$40 brough Survey brough Survey (Resurvey) teinst INC Only (wef 10 Jan 2005) tion SMRT Survey	761.Biji Add
Injury:  Date/Time Actions  NAI804320  Inimant's Particulars:-  river/Owner:  ontact No:  amaged Portion:	Invoice Pres  1) AR: Accident  2) DA: Damage  3) TF: Towing F  4) FT: Follow-Ti  5) FT: Follow-Ti  For claiming a  6) TR: Re-inspec  7) N1: Idac DA:  8) NTUC Additio  OD!*  *NS: Courtesy	Reporting (\$30); Assessment (\$100); INC (\$8 es \$40 brough Survey brough Survey (Resurvey) teinst INC Only (wef 10 Jan 2005) tion SMRT Survey hal Services:-	66.Biji Add
Injury:  Date/Time Actions  NAISOU320  Inimant's Particulars:-  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	Invoice Pres  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idac DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair Co	Reporting (\$30); Assessment (\$100); INC (\$8 es \$40 brough Survey brough Survey (Resurvey) coinst INC Only (wef 10 Jan 2005) tion SMRT Survey and Services:  Car / Tpt Allowance coordination	66.Biji Add
Injury:  Date/Time Actions  NAISOU320  Inimant's Particulars:-  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For glaiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio OD*  *N5: Courtesy *N6: Repair Co *N7: Fost Repair Co *N7: Fost Repair Co	Reporting (\$30); Assessment (\$100); INC (\$8 es \$40 brough Survey brough Survey (Resurvey) coinst INC Only (wef 10 Jan 2005) tion SMRT Survey and Services:  Car / Tpt Allowance coordination	66.Biji Add
Injury:  Date/Time Actions  NAISOU320  Inimant's Particulars:- river/Owner: ontact No: amaged Portion:  C Checked by (Engr-In-Charge):	Invoice Pres  1) AR: Accident  2) DA: Damage  3) TF: Towing F  4) FT: Follow-Ti  5) FT: Follow-Ti  For claiming at  6) TR: Re-inspect  7) N1: Idac DA:  8) NTUC Addition  OD!*  *N5: Courtesy  *N6: Repair Co  *N7: Fost Repair Co  *N7: Fost Repair Co  TP: (N11): TP	Reporting (\$30); Assessment (\$100); INC (\$8 es \$40 brough Survey rough Survey (Resurvey) rejust INC Only (wef 10 Jan 2005) tion SMRT Survey hal Services:  Car / Tpt Allowance condination in Inspection lect Excess Coordination (N-in INC) against INC	76t.Bill Add
Injury:	Invoice Pres  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idac DA 8) NTUC Additio OD*  *N5: Courtesy *N6: Repair Co *N7: Fost Repair Co	Reporting (\$30); Assessment (\$100); INC (\$8 es \$40 brough Survey rough Survey (Resurvey) rejust INC Only (wef 10 Jan 2005) tion SMRT Survey hal Services:  Car / Tpt Allowance condination in Inspection lect Excess Coordination (N-in INC) against INC	16.Bill Add

#### 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.

5. Any false reporting may be referred to the Police for investigation.

- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	09/07/2018 15:24
Date Of Accident	07/07/2018 13:40
Exact Location Of Accident	BEDOK RESERVOIR ROAD OPP HDB BLK 631
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR4013A
Insured/Policyholder	
Name Of Registered Owner	HONG WEA KAN
NRIC No	S7988662I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98569866
Alternative Phone No	OFFICE-98569866
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE 1.5G AUTO
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	REPORTING ONLY
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	5092560289

Cover	Note	Number
Driver		

EMail Address

Driver	
Name of Driver	HONG WEA KAN
NRIC No	S7988662I
Date Of Birth	23/05/1979
Occupation	OUTDOOR
Date Of Driving Pass	03/09/2008
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98569866
Fax Number	
Contact Number	OFFICE-98569866

NOEMAIL

Address

47 JLN KENANGA 1/6 TMN DESA CEMERLANG ULU TIRAM JB

Postcode

81800

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

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

#### Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

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.

NO

Number of Passengers (Including Driver)

1

#### **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

ON STATED DATE AND TIME, I WAS MAKING A RIGHT TURN TWDS HDB BLK 631 FROM BEDOK RESERVOIR ROAD. I DID NOT NOTICED THAT VEHICLE B WAS ON LANE 1. IN A RESULT, I ACCIDENTALLY HIT ONTO VEHICLE B FRONT LEFT PORTION.

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SHD9640C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <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.
- 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:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

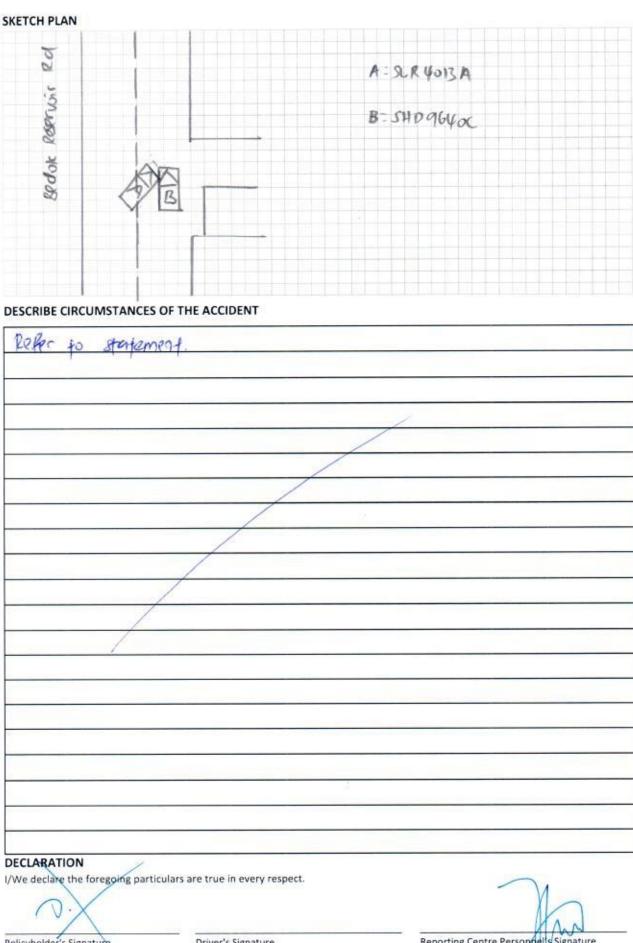
Policyholder's Signature Date & Time:

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

NRIC/FIN No.:

Name:

Reporting Centre Personnel's Signature



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.:

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# REPUBLIC OF SINGAPORE IDENTITY CARD NO. S79886621



HONG WEA KAN















9380394



MALAYSIAN Date of issue 21-07-2015

47 JLN KENANGA 1/6 TMN DESA CEMERLANG ULU TIRAM 81800 JB

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motorcycles =< 200 cc Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A





Policy No.	5092560289	Policyholder Name	HONG WEA	KAN	Policyholder NRIC	S7988662I	
Address	47 JLN KENANGA 1/6 TMN DES	A CEMERLANG	ULU TIRAM	81800 JB			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	25/07/2017	Effective Date	14/08/2017	00:00	Expiry Date	13/08/2018	23:59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Your	ng/Inexperience Driver Excess
Agent	IVAN INSURANCE AGENCY PT	. Agent Tel.	64400220		GST Flag	Υ	
Co- insurance Flag Open Policy Info	No						
LINU							
Certificate Info							
Info	holder Mailing Address						
Info Policyl	holder Mailing Address	Addre	ess 2	JLN KENANGA 1/6	TMN DESA	Address 3	CEMERLANG ULU TIRAM 8180
Info <b>Policyl</b> Address 1  Address 4		Addr	ess 2 ess Type eed Policy	Foreign address	TMN DESA	Address 3 Post Code	CEMERLANG ULU TIRAM 8180 000000
info Policyl Address 1 Address 4 Unit No.	47	Addr	ess Type ed Policy	Separation of the second secon	TMN DESA		CEMERLANG ULU TIRAM 8180 000000
info Policyl Address 1 Address 4 Unit No.		Addre Relat	ess Type ed Policy	Foreign address	TMN DESA		
info Policyl Address 1 Address 4 Unit No.	47 ed Object: SLR4013A	Addre Relat	ess Type ed Policy	Foreign address	TMN DESA		
Info Policyl Address 1 Address 4 Unit No. Insure	47 ed Object: SLR4013A sements	Addre Relat Numl	ess Type ed Policy	Foreign address 5092560289	TMN DESA	Post Code	000000  Endorsement Content
Info Policyl Address 1 Address 4 Unit No. Insure Endors	47 ed Object: SLR4013A sements	Addre Relat Numl	ess Type ed Policy ber	Foreign address 5092560289 t Type		Post Code	000000
nfo Policyl Address 1 Address 4 Jnit No. Insure Endors Sequer	47 ed Object: SLR4013A sements nce Date of Endorsem	Addre Relat Numl ent Basic Endor	ess Type ed Policy ber  Endorsemen	Foreign address 5092560289 t Type Endors	Endorsement	Post Code	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 14 Aug 2017, the following amendment(s) is/a made to this policy: 1. VEHICLE REGISTRATION NUMBER:

Accident MT/1002265								
Policy No.	5092580289		Venicle No.	9LR4013A	GST Registration No			
Policyholder Name	HONG WEA KAN				Policyholder NRIC		579886621	
Product Code	PRIVATE CAR INSURANCE		Cover Type	drivo CLASSIC	Loading		0	
Contact No.(Mobile)	98569866		Contact No. (Office)	0	Contact No.(Home)		0	
Email Address			Special Remark		eCode		Sc.V	
KFK	® No ○ Yes		TCA	® No ⊜ Yes	eCode Reason			
NCD Protection	No		NCD Entitlement(%)	10	Private Hire		No	
⇒ Accident Details	170		The state of the s	10				
Report Date	09/07/2018 21:17		Accident Report Within 24 hrs	Yes	Accident Type		Side Swipe	
Date of Accident	07/07/2018		Time of Accident hhimm	13:40	Country of Accident		Singapore	
Reporting Centre			Orange Force		ICM No.			
Accident Location	BEDOK RESERVOIR ROAD	O OPP HOB BLK 631						
□ Benefits								
♥ Excess								
Own damage Excess		600.00	Additional Excess	0	Windscreen Excess		100.00	
Unnamed Driver Escass		0.00	Outside Singapore OD Excess	600.00				
Trind Party Excess		0.00	Outside Singapore TP Excess	0.00				
GST Registered Informa	ation							
GST Registered	No			GST Registration Date				
GST Registration No.				GST Status Verified	Yes			
Modification History								
▼ Policyholder Hailing Ad								
Address 1	47		Address 2	JLN KENANGA 1/6 TMN DESA	Address 3			ULU TIRAM 81800
Address 4			Address Type	Foreign address	Post Code		000000	
Unit No.			Related Policy Number	5092560289				
⇒ OI Driver Info			Let an order	Europe and Architecture				
Driver Name Unnamed driver Name	HONG WEA KAN		Driver Type	Main Driver			23/05/1979	
			Driver NR3C	\$79000621	Driver DOB			
Register Date of Driver License			Driver Age	39	Driving Experience		9	
Contact No.(Mobile)	98569866		Contact No (Office)	0	Contact No.(Home)		0	
			100000000000					
Address 1	47		Address 2	JLN KENANGA 1/6 TMN DESA	Address 3		CEMERLANG	ULU TIRAM 81800
	47		Address Type	3LN KENANGA 1/6 TMN DESA Foreign address	Address 3 Post Code		CEMERLANG	ULU TIRAM 81800
Address 1 Address 4 Unit No.	47						CEMERLANG	ULU TIRAM 81800
Address 4 Unit No. Does he own a Singapore	47 ○ Yes <b>®</b> No					pany	CEMERLANG	ULU TIRAM 81800
Address 1 Address 4 Unit No.			Address Type		Post Code	pany	CEMERLANG	ULU TIRAM 81800
Address 1 Address 4 Limt No. Does he own a Singapore Registered car? Declaration			Address Type		Post Code	pany	CEMERLANG	ULU TIRAM 81800
Address 4 Unit No. Does he own a Singapore			Address Type		Post Code	pany	CEMERLANG	ULU TIRAM 81800
Address 1 Address 4 Unit No. Does he own a Singapore Registered car?  Declaration Breathwayer or Blood Test	○ res <b>®</b> No		Address Type  Driver Vehicle No.	Foreign address	Post Code	pany	CEMERLANG	ULU TIRAM 81800
Address 1 Address 4 Unit No. Does he own a Singapore Registered car?  Declaration Breathwayer or Blood Test	○ res <b>®</b> No		Address Type  Driver Vehicle No.	Foreign address	Post Code	pany	CEMERLANG	ULU TIRAM 81800
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathwaver or Blood Test. Reading?	○ res <b>®</b> No		Address Type  Driver Vehicle No.	Foreign address	Post Code	pany	CEMERLANG	ULU TIRAM 81800
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathwaver or Blood Test. Reading?	○ res <b>®</b> No		Address Type  Driver Vehicle No.	Foreign address	Post Code	pany	CEMERLANG	ULU TIRAM 81800
Address 1 Address 4 Linit No. Does he own a Singapore Registered car? Declaration Breathelyser or Blood Test Reading? Modification History	○ res <b>®</b> No		Address Type  Driver Vehicle No.	Foreign address	Post Code	pany	CEMERLANG	ULU TIRAM 81800
Address 1 Address 4 Linit No. Does he own a Singapore Registered car? Declaration Breathelyser or Blood Test Reading? Modification History	○ res <b>®</b> No	v	Address Type  Driver Vehicle No.	Foreign address	Post Code	pany	CEMERLANG 579886621	ULU TIRAM 81800
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathwyser or Blood Test Reading? Modification History Claim 001 New	○ Yes <b>®</b> No.	♥.	Address Type  Driver Vehicle No.  Any injury)	Foreign address	Post Code Driver Indurer Comp	pany		ULU TIRAM 81800
Address 1 Address 4 Lint No. Does he own a Singapore Registered car?  Declaration Breatheyser or Blood Test Reading?  Modification History  Claim 661 New  Claim Type +	○ Yes <b>®</b> No.	<b>≥</b>	Address Type  Driver Vehicle No.  Any injury)	Foreign address	Post Code  Driver Indurer Comp	pany		ULU TIRAM 8:800
Address 1 Address 4 Lint No. Does he own a Singapore Registered car? Declaration Breathwyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. [Mobile]	☐ Yes <b>®</b> No  Ding		Address Type  Driver Vehicle No.  Any Injury)  Insured Name  Contact No. (Home)	Foreign address  Yes ® No  HONG WEA KAN	Post Code  Driver Insurer Comp  Insured NRIC  Contact No.(Office)  TP Vehicle Number		57988621	ULU TIRAM 8:800
Address 1 Address 4 Unit No. Does he own a Singapore Registered car?  Declaration Breatheyser or Blood Test Reading?  Modification History  Claim 601 New  Claim 1401 New  Claim 1501 New  Cla	○ Yes <b>®</b> No.		Address Type  Driver Vehicle No.  Any Injury)  Insured Name  Contact No. (Home)  OI Vehicle Number	Foreign address  Yes ® No  HONG WEA KAN  SLR4013A	Post Code  Driver Insurer Comp  Insured NRIC  Contact No.(Office)		57988621	ULU TIRAM 8:800
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathewiser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.[Mobile] Email Address Claim Description Preferred Workshop Contact No.	☐ Tes  No  D mg  GD-MK  SLR4013A / SHD9640C D	ON 7 Jul 2018	Address Type  Driver Vehicle No.  Any Injury)  Insured Name  Contact No.(Home) Of Vehicle Number  Insured Liability *	Foreign address  O Yes ® No  HONG WEA KAN  SLR4013A  Partially at Fault	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred V		57988621 5HD9640C	
Address 1 Address 4 Jime No. Does he own a Singapore Registered car? Declaration Breathayser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. [Mobile] Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	☐ Yes  No  D mg  GD-MX  SLR4013A / SHD9640C D		Address Type  Driver Vehicle No.  Any Injury)  Insured Name  Concact No. (Home) OI Vehicle Number  Insured Liability *  Preferend Repair Option	Foreign address  Yes ® No  HONG WEA KAN  SLR4013A	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred W  GIA report		\$7988621 \$HD9640C	
Address 1 Address 4 Jime No. Does he own a Singapore Registered car? Declaration Breathayser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. [Mobile] Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	☐ Tes  No  D mg  GD-MX  SLR4013A / SHD9640C C  Yes  D9/07/2018 21:19	ON 7 Jul 2018	Address Type  Driver Vehicle No.  Any Injury)  Insured Name  Contact No.(Home) Of Vehicle Number  Insured Liability *	Foreign address  O Yes ® No  HONG WEA KAN  SLR4013A  Partially at Fault	Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred V		57988621 5HD9640C	
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