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Veh No: SLT 409.5C  D.O.A: 2917118 17:28.  OD: AP' Reporting Only  TP Insurer:  Preferred Wksp / INC Assign Wksp / QW; (  TP Particulars: Veh No: SGY  Owner / Driver: (  Policy No: (  Confirmed by: (  Insured/Driver Liability: (  Year of Registration: (  Warran	-mail (within Motor Cla Motor W/( Photo Uple ssessment/S ss't Report i	is Shrs, AIC 2hrs) im Form O (Within: OD 2hrs onded urvey Report by Fax / Hand to	Owner/Wksp  Tel: F		09:12.
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Confirmed by : ( Insured/Driver Liability: ( %) [Note-Estate of Registration: ( ) Warrant	st Status (	1	Cover Type: (		-
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eneral Remarks:-	aharaa.				
) Walk-In Customer: Customer's information	strictly Co	ofidential & Str	intly NO refer of repairer		
) Total Loss Case : to e-mail Insurer URG	record and a second comments	miliodination of our	iony 110 Total of Toponor.	W	
Drive-In ( )/Towed-In ( ); Invoice: YES		VO ( ) . To	owing Co: (		
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Apply for Transport Allowance ( ) / Courtesy	y Car (	)			
QC Check / Post Repair Inspection	( )	)			
Upload Resurvey Photo [Repair Cost > \$3000]	(	)	<u> </u>		
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te/Time Actions	VIII L				
TO THE STATE OF TH				SON FACILITY	
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mant's Particulars:-	1000	2) DA : Damage A	ssessment (\$100); INC (\$8	10)	
river/Owner:		3) TF: Towing Fee \$40/\$45			
ontact No:		4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30			
		For claiming age 6) TR: Re-inspect	ainst INC Only (wef 10 Jan 2005 ion	\$75	
aged Portion:		7) N1 : Idad DA +	Market and the second	\$160	
71 1 1 1		8) NTUC Addition	al Services:-		
Checked by (Engr-In-Charge):		*N5: Courtesy C	Car / Tpt Allowance	\$5	
		*N6: Repair Co *N7: Post Repair		\$10 \$25	
CONTRACTOR NAMED IN COLUMN TO SERVE OF THE TWO IN THE PARTY OF THE PAR			ect Excess Coordination	\$5	
tors' Comments :-	Terror (				-
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# 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.

Insured/Policyholder         XIN BAO PTE. LTD.           Name Of Registered Owner         XIN BAO PTE. LTD.           Co Reg No         199905991N           Email Address         NOEMAIL           Mobile Phone No         OFFICE-67499500           Vehicle Particulars         MAZDA           Manufacturer         MAZDA           Model         MAZDA 6           Exact Purpose for which vehicle was being used at time of accident         PERSONAL 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         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Vape Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5099214897           Cover Note Number         -           Driver         Name of Driver           NRIC No         \$7468195F           Date Of Birth         15/02/1974           Occupation         INDOOR           Date Of Driving Pass         11/07/2000           Driving Experience         18 YEARS AND 0 MONTHS           Mobile Number         (LOCAL) +65-	half the title and the transfer space of the state of	ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss MALAYSIA/JOHOR DARUL TAKZIM  DETAILS OF OWN VEHICLE  Vehicle Registration Number SLT4095C Insured/Policyholder  Name Of Registered Owner Co Reg No 199905991N Email Address NOEMAIL Mobile Phone No Alternative Phone No OFFICE-67499500  Vehicle Particulars  Manufacturer MAZDA Model MaZDA 6 Exact Purpose for which vehicle was being used at lime of accident Imo of accident If No, Please state action to be taken Vehicle Category PRIVATE CAR  Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage Cover Note Number  Priver  Song YAT CHONG NRIC No S7468195F SNRIC No Date Of Birth 1502/1974 Occupation Date Of Diriving Pass 11/07/2000 Driving Experience Bunder MALE Mobile Number (LOCAL) +65-97726086	Date Of Report	30/07/2018 16:18
Country/State of Loss MALAYSIA/JOHOR DARUL TAKZIM  DETAILS OF OWN VEHICLE  Vehicle Registration Number SLT4095C  Insured/Policyholder  Name Of Registered Owner XIN BAO PTE. LTD.  Co Reg No 199905991N  Email Address NOEMAIL  Mobile Phone No  Alternative Phone No  OFFICE-87499500  Vohicle Particulars  Manufacturer MAZDA  Model MAZDA 6  Exact 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 THIRD PARTY  Vehicle Category PRIVATE CAR  Insurance Company  Name of Insurance Company  Type Of Coverage COMPREHENSIVE  Fleet Policy NO  Policy Number 5099214897  Cover Note Number 5099214897  Driver  Name of Driver BONG YAT CHONG  ST468195F  Date Of Birth 1502/1974  Cocupation INDOOR  Date Of Driving Pass 11/07/2000  Driving Experience 18 YEARS AND 0 MONTHS  Gender MALE  (LOCAL) +65-97726086	Date Of Accident	29/07/2018 17:25
Vehicle Registration Number SLT4095C  Insured/Policyholder  Name Of Registered Owner Co Reg No Semail Address NOEMAIL Mobile Phone No Alternative Phone Phone Alternative Phone No Alternative Phone Phone Alternative Phon	Exact Location Of Accident	SECOND LINK TWDS SINGAPORE
Vehicle Registration Number  Insured/Policyholder  Name Of Registered Owner  Or Reg No  199905991N  NOEMAIL  Mobile Phone No  Alternative Phone No  OFFICE-87499500  Vehicle Particulars  Manufacturer  MazDA  Model  Exact Purpose for which vehicle was being used at time of accident  If No. Please state action to be taken  ThiRD PARTY  Vehicle Category  NORPHENSIVE  NORPHENSIVE  Policy Number  Cover Note Number  Driver  Name of Driving Pass  11/07/2000  Date Of Driving Pass  11/07/2000  Driving Experience  BASD OFFICE-87499500  XIN BAO PTE, LTD.  AND PS99591N  NOEMAIL  NOEMAIL  NOEMAZDA  AAZDA  AA	Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
Insured/Policyholder         XIN BAO PTE. LTD.           Name Of Registered Owner         XIN BAO PTE. LTD.           Co Reg No         199905991N           Email Address         NOEMAIL           Mobile Phone No         OFFICE-67499500           Vehicle Particulars         MAZDA           Manufacturer         MAZDA           Model         MAZDA 6           Exact Purpose for which vehicle was being used at time of accident         PERSONAL 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         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Value of Insurance Company         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Value of Insurance Company         NO           Policy Number         5099214897           Cover Note Number         -           Driver         NAME OF THE NUMBER OF TH	distant live and a contract of	DETAILS OF OWN VEHICLE
Name Of Registered Owner         XIN BAO PTE. LTD.           Co Reg No         199905991N           Email Address         NOEMAIL           Mobile Phone No         OFFICE-67499500           Vehicle Particulars         MAZDA           Manufacturer         MAZDA 6           Exact Purpose for which vehicle was being used at ear of accident         PERSONAL 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         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5099214897           Cover Note Number         -           Driver         NAIR OF	Vehicle Registration Number	SLT4095C
Co Reg No         199905991N           Email Address         NOEMAIL           Mobile Phone No         OFFICE-67499500           Vehicle Particulars         MAZDA           Manufacturer         MAZDA           Model         MAZDA 6           Exact Purpose for which vehicle was being used at time of accident         PERSONAL 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         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         COMPREHENSIVE           Cover Note Number         -           Driver         NO           NRIC No         S7468195F           Date Of Driver         BONG YAT CHONG           NRIC No         S7468195F           Date Of Birth         15/02/1974           Occupation         INDOOR           Date Of Driving Pass         11/07/2000           Driving Experience         18 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number	Insured/Policyholder	
Email Address         NOEMAIL           Mobile Phone No         OFFICE-67499500           Vehicle Particulars         MAZDA           Manufacturer         MAZDA           Model         MAZDA 6           Exact Purpose for which vehicle was being used at time of accident         PERSONAL 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         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5099214897           Cover Note Number         -           Driver         Name of Driver         S7468195F           Date Of Birth         15/02/1974           Occupation         INDOOR           Date Of Driving Pass         11/07/2000           Driving Experience         8 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-97726086	Name Of Registered Owner	XIN BAO PTE, LTD.
Mobile Phone No Alternative Phone No OFFICE-67499500  Vehicle Particulars  Manufacturer Manufacturer Model MAZDA 6 Exact 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 THIRD PARTY Vehicle Category PRIVATE CAR  Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE NO Policy Number Cover Note Number  Driver Name of Driver Na	Co Reg No	199905991N
Alternative Phone No  Vehicle Particulars  Manufacturer  MaZDA  Model  Exact Purpose for which vehicle was being used at itime of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  THIRD PARTY  Vehicle Category  RIVATE CAR  Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  COMPREHENSIVE  Fleet Policy  NO  Policy Number  Cover Note Number  Driver  Name of Driver  Same of Driver  Same of Driver  BONG YAT CHONG  S7468195F  Date Of Birth  Occupation  Driving Experience  Gender  MALE  Mobile Number  (LOCAL) +65-97726086  Fax Number  Contact Number	Email Address	NOEMAIL
WazDa Manufacturer Model MazDa 6 Exact 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 THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number So99214897 Cover Note Number  Priver Name of Driver Name of Driver Name of Driver Name of Driver Name of Driving Pass 11/07/2000 Driving Experience Gender MALE Mobile Number (LOCAL) +65-97726086  Fax Number Contact Number	Mobile Phone No	
Manufacturer Model MaZDA Model Exact 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 Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number  Driver Name of Driver Name of Driver Name of Driver Name of Driver BONG YAT CHONG S7468195F Date Of Birth 15/02/1974 Occupation Date Of Driving Pass Driving Experience Gender MALE Mobile Number (LOCAL) +65-97726086 Fax Number Contact Number	Alternative Phone No	OFFICE-67499500
Model MAZDA 6  Exact 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  THIRD PARTY  Vehicle Category  PRIVATE CAR  Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  COMPREHENSIVE  Fleet Policy  NO  Policy Number  Cover Note Number  Driver  Name of Driver  Name of Driver  Name of Driver  Name of Driver  S7468195F  Date Of Birth  Occupation  Date Of Driving Pass  Driving Experience  48 YEARS AND 0 MONTHS  Gender  MALE  Mobile Number  Contact Number  Contact Number	Vehicle Particulars	
Exact 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  THIRD PARTY  Vehicle Category  Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  COMPREHENSIVE  Fleet Policy  NO  Policy Number  Cover Note Number  Driver  Name of Driver  Name of Driver  Name of Birth  Date Of Birth  Date Of Driving Pass  Driving Experience  Gender  MALE  (LOCAL) +65-97726086  Fax Number  Contact Number	Manufacturer	MAZDA
time of accident Are you claiming under your own insurance policy for repair to your vehicle?  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  Cover Note Number	Model	MAZDA 6
for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  COMPREHENSIVE  Fleet Policy  NO  Policy Number  Sogg214897  Cover Note Number		PERSONAL USE
Vehicle Category  Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  COMPREHENSIVE Fleet Policy  NO  Policy Number  So99214897  Cover Note Number	Are you claiming under your own insurance policy for repair to your vehicle?	NO
Insurance Company         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5099214897           Cover Note Number         -           Driver         BONG YAT CHONG           NRIC No         \$7468195F           Date Of Birth         15/02/1974           Occupation         INDOOR           Date Of Driving Pass         11/07/2000           Driving Experience         18 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-97726086           Fax Number         Contact Number	If No, Please state action to be taken	THIRD PARTY
Name of Insurance Company         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5099214897           Cover Note Number         -           Driver         BONG YAT CHONG           NRIC No         \$7468195F           Date Of Birth         15/02/1974           Occupation         INDOOR           Date Of Driving Pass         11/07/2000           Driving Experience         18 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-97726086           Fax Number         Contact Number	Vehicle Category	PRIVATE CAR
Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5099214897           Cover Note Number         -           Driver           Name of Driver         BONG YAT CHONG           NRIC No         \$7468195F           Date Of Birth         15/02/1974           Occupation         INDOOR           Date Of Driving Pass         11/07/2000           Driving Experience         18 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-97726086           Fax Number         Contact Number	Insurance Company	
Fleet Policy         NO           Policy Number         5099214897           Cover Note Number         -           Driver           Name of Driver         BONG YAT CHONG           NRIC No         \$7468195F           Date Of Birth         15/02/1974           Occupation         INDOOR           Date Of Driving Pass         11/07/2000           Driving Experience         18 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-97726086           Fax Number         Contact Number	Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Policy Number         5099214897           Cover Note Number         -           Driver           Name of Driver         BONG YAT CHONG           NRIC No         \$7468195F           Date Of Birth         15/02/1974           Occupation         INDOOR           Date Of Driving Pass         11/07/2000           Driving Experience         18 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-97726086           Fax Number         Contact Number	Type Of Coverage	COMPREHENSIVE
Cover Note Number         -           Driver         BONG YAT CHONG           NRIC No         \$7468195F           Date Of Birth         15/02/1974           Occupation         INDOOR           Date Of Driving Pass         11/07/2000           Driving Experience         18 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-97726086           Fax Number           Contact Number	Fleet Policy	NO
Driver         BONG YAT CHONG           NRIC No         \$7468195F           Date Of Birth         15/02/1974           Occupation         INDOOR           Date Of Driving Pass         11/07/2000           Driving Experience         18 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-97726086           Fax Number         Contact Number	Policy Number	5099214897
Name of Driver         BONG YAT CHONG           NRIC No         \$7468195F           Date Of Birth         15/02/1974           Occupation         INDOOR           Date Of Driving Pass         11/07/2000           Driving Experience         18 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-97726086           Fax Number         Contact Number	Cover Note Number	***
NRIC No         S7468195F           Date Of Birth         15/02/1974           Occupation         INDOOR           Date Of Driving Pass         11/07/2000           Driving Experience         18 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-97726086           Fax Number         Contact Number	Driver	
Date Of Birth         15/02/1974           Occupation         INDOOR           Date Of Driving Pass         11/07/2000           Driving Experience         18 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-97726086           Fax Number         Contact Number	Name of Driver	BONG YAT CHONG
Occupation INDOOR Date Of Driving Pass 11/07/2000 Driving Experience 18 YEARS AND 0 MONTHS Gender MALE Mobile Number (LOCAL) +65-97726086 Fax Number Contact Number	NRIC No	S7468195F
Date Of Driving Pass         11/07/2000           Driving Experience         18 YEARS AND 0 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-97726086           Fax Number         Contact Number	Date Of Birth	15/02/1974
Driving Experience 18 YEARS AND 0 MONTHS  Gender MALE  Mobile Number (LOCAL) +65-97726086  Fax Number  Contact Number	Occupation	INDOOR
Gender         MALE           Mobile Number         (LOCAL) +65-97726086           Fax Number         Contact Number	Date Of Driving Pass	11/07/2000
Mobile Number (LOCAL) +65-97726086 Fax Number Contact Number	Driving Experience	18 YEARS AND 0 MONTHS
Fax Number Contact Number	Gender	MALE
Contact Number	Mobile Number	(LOCAL) +65-97726086
	Fax Number	
EMail Address NOEMAIL	Contact Number	
	EMail Address	NOEMAIL

Address BLK 430C FERNVALE LINK #09-235

Postcode 793430

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

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Insurance Company of Driver's Own Vehicle

•

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

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? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

NO 4

Number of Passengers (Including Driver)

Passenger 1

NAME:

: UNKNOWN

GENDER: : MALE

Passenger 2

NAME:

: UNKNOWN

GENDER: : FEMALE

Passenger 3

NAME:

: UNKNOWN

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Tras tiere any video captared by our ourners

WITH DRIVER

Remarks/ Reasons: Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SGY7158T

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Page 2 of 20

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Please Refer to Statement

DECLARATION

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

X

Policyholder's Signatul Date & Time: Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

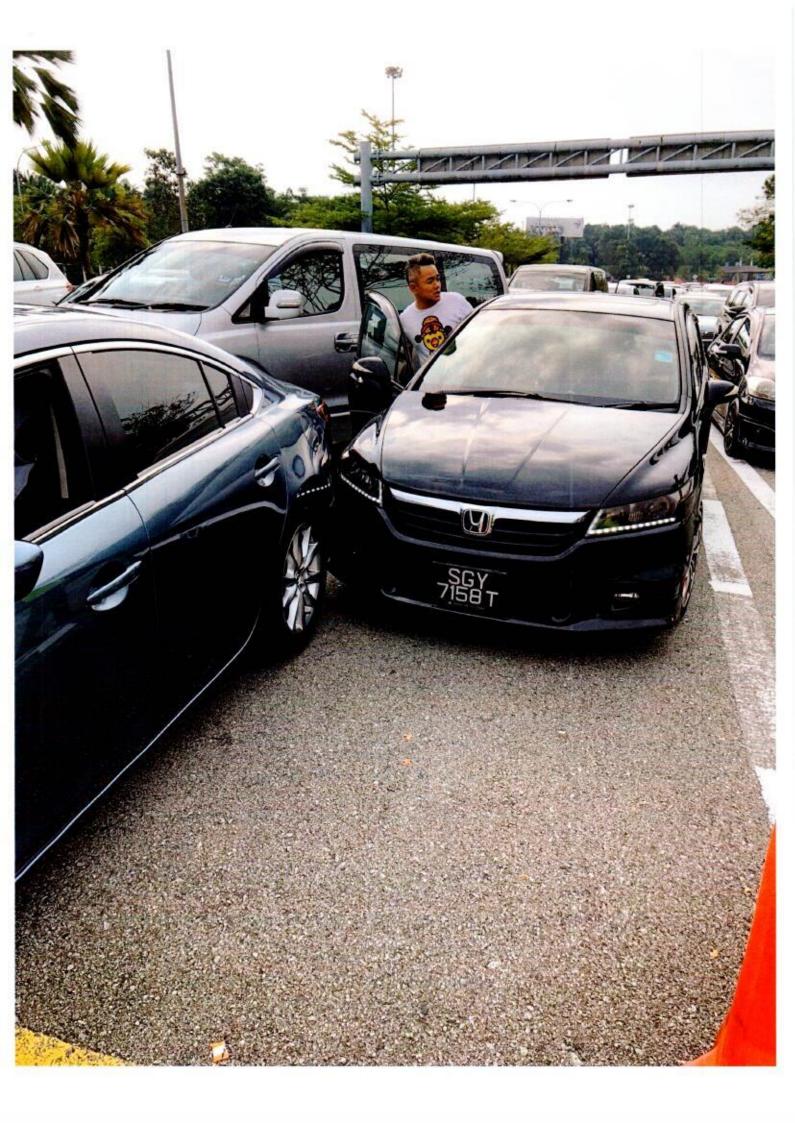
NRIC/FIN No.:

I WAS TRAVELLING ALONG SECOND LINK TWDS SINGAPORE ON THE THIRD LANE, THAT DAY WAS HEAVY TRAFFIC, MY VEH WAS STATIONARY, SUDDENLY I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I REALIZED VEH B FROM THE 4<sup>TH</sup> LANE CUT INTO MY LANE AND HIT ONTO MY VEH LEFT REAR PORTION.

# ACCIDENT STATEMENT

	CIDENT DATE: 29/ 7/18 )(DD/MM/YYYY CATION: Second Link toward	
	VI 18	
	1. DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: SLT 4095C	
	b)INSURANCE COMPANY: 1WC	112.25-2-2-3-2-2-2
	c)POLICY NUMBER:	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARE)MAKE & MODEL: Mazda 6.	RTY / THIRD PARTY FIRE &THEFT)
	f)TYPE: (SALOON / COUPE / MPV /V AN / LORR	Y / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCI	AL / MOTORCYCLE)
	h) PURPOSE OF USING AT ACCIDENT TIME: F	Personal use
	I) ARE YOU CLAIMING UNDER YOUR OWN INSU	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / RE	
2	. INSURED / POLICY HOLDER	5.555000 5.0554.050 <b>%</b>
	A)NAME: Xin Bao Ptc Ltd	(MALE / FEMALE)
	b)NRIC/FIN/PASSPORT:	
	c)ADDRESS:	
520 780	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	LDER
*Ho of passenga	, DRIVER	
Clinduding driver	) DINAME: Bong Yat Chong binRIC/FIN/PASSPORT:	(MALE / FEMALE)
	b) NRIC/FIN/PASSPORT:	CONTACT: 97726086.
(4)	c)ADDRESS:	
	-	
2	*d)DATE OF BIRTH: (/)(DD/N	MM/YYYY)
Tale female.	e)OCCUPATION: (INDOOR / OUTDOOR)	
	f) YEARS OF DRIVING EXPRERIENCE:	_
4.	WAS DRIVER AN EMPLOYEE OF THE INSURE	
	IF NO, RELATIONSHIP OF THE DRIVER WITH	
5.	a) WEATHER CONDITION: (CLEAR / RAINING / C	
	b)ROAD SURFACE: (DRY / WET / OTHERS	
	WAS ANYBODY INJURED (YES / NO)	
7.	a) REPORTED TO POLICE (YES / NO)	#I
	IF YES, PLEASE STATE WHICH POLICE STATION:	
M 11	THIRD PARTY VEHICLE	
# He of passenger	a) VEHICLE NUMBER: 367 71597	_MODEL:
(Including driver)	b) DRIVER'S NAME:	
	c) NRIC/FIN/PASSPORT:	_CONTACT:
9.	C) NRIC/FIN/PASSPORT:THIRD PARTY VEHICLE	
* No of paccanas-	d) VEHICLE NUMBER:	_MODEL:
( look dies de	e) DRIVER'S NAME:	
criminaing aniver	e) DRIVER'S NAME:	_CONTACT:
( )	£	
	U 8	

email = Pawline, fax = VIDEO = Yes.



# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7468195F





BONG YAT CHONG









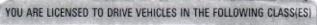
374**6819**5F

5222142

Country/Place of birth MALAYSIA

Date of Issue 24-09-2013





EFFECTIVE DATE

Class 3 Montercycles =< 200 CC
Class 3 Motor cars =< 3000 kg with =< 7 gamengers, exclusive of the delver; and motor tractural chicles =< 2500 kg
Class 4 Beasy motor cars and metor tractors > 2500 kg

11 Jul 2000 11 Jul 2000

26 Feb 2015

S7448195F

S / No. 9000217341

NP 428A



# Certificate of Insurance

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)

Certificate Number: 5099214897

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLT4095C

Chassis Number

: JM6GJ1071E0137391

2. Name of Policyholder

: XIN BAO PTE, LTD.

3. Effective Date of Insurance

: 26 Mar 2018

: 25 Mar 2019

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 business or profession.

### This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) · N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : LAKE-VIEW CREDIT PTE LTD SUM INSURED : 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)

: LAKE-VIEW (USED CARS) TRADING (00000614043)

Date of Issue

: 26 Mar 2018 11:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

**Chief Executive** 

Claim Handling	CI	ai	m	H	a	n	d	li	n	g	
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March   Marc	ccident MT/1005250					ANNEANS	100.000.000	
March Conference   March Conference   March Conference   March Conference   March Conference   March M	Policy No.	5099214897	Vehicle No.	SLT4095C		GST Regist	ration No.	
March   Marc	Certificate No.					270972732	12000	-792101
Content to Change   Cont	folicyholder Name	XIN BAO PTE. LTD.					r NRIC	19990
Section   Control   Cont	Product Code	PRIVATE CAR INSURANCE		drivo CLASSIC			Table of the Control	0
Total		67499500					,(nome)	No *
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## Accident Separation   11/17/2018 09/03								No
Accident Report Wiltin 2 has been will all a his of sections of se		No	NCD Entitlement(%)	10		Privace		
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The part of the p		29/07/2018		17.25				
		SECOND LINK TWOS SINGAPORE						
Control		SECOND LINE I PED SINGH ONE						
March   Marc								
Outside Singapore Of Discress 600.00  Outside Singapore Of Discress 600.00  Outside Singapore Of Discress 600.00  Outside Singapore To Excess 600.00  Outside Singapore To Excess 600.00  Outside Singapore Of Discress 600.00  Outside Singapore Outside Mailing Address 7  Policynoider Mailing Address 7  Outside Singapore address 7  Policynoider Mailing Address 7  Direct Maile University A		600.00	Additional Excess	0		Windscree	n Excess	100.00
There Party Excess 0.00 Outside Singapore IP Excess 0.00  ***OST Registered Information**  ***ST Registered Information**  ***ST Registered Information**  ***ST Registered Information**  ***ST Registered Information**  ***Policynolder Meilling Address**  ***Policynolder Meilling Ad		550.50			600.00			
The page of the control of the contr		0.00						
State   Stat			07.00000000000 <del>*</del> .15.000000.000000					
SST Registration No.  GST Status Verified No.  Modification History  **Policyholder Malling Address**  **Policyholder Malling Address**  **Policyholder Malling Address**  **Address 1				GST Regis	tration Date			
## Policyholder Mailling Address   2				GST Statu	s Verified	8	No	
Address 1 25 MNDAI ESTATE	Modification History							
Address 1 25 MNDAI ESTATE								
Address Type  Address Type  Address Type  Singapore address  Post Code  Post Code  Address Type  Singapore address  Post Code  Post			Paragonow:			Address 3		SINGA
Related Policy Number 5099214697  ***O 10 Triver Info  ***O 10 Triver In		25 MANDAI ESTATE			ON PLACE			72993
Driver Name  Unnamed Driver Driver Name  BONG VAT CHONG  Driver NBIC  Driver NBIC  S7468199F  Driver DOB  Register Date of Driver License  11/07/2000  Driver Age  44  Driving Experience Contact No.(Office)  9725086  Contact No.(Office)  46 FERNVALE LINK  Address 1  BL 4002 690-235  Address 2  FERNVALE LINK  Address 3  Address 4  SINGAROBE 793430  Address 17  Does Ne own a Singapore Registered acry  Ves x No  Driver Vehicle No.  Driver No.  Driver Vehicle No.  Driver						7001 0001		12333
Driver Name			Related Policy Number	3033514931				
Driver Type   Colim 001   Nacc   Preferred Workshop, Name unknown   Preferred Worksh		The amount Deliver	Driver Type	Unnamed Driver				
Register Date of Driver Liennas 11/07/2000 Driver Age 44 Driving Experience Contact No. (Monile) 97726086 Contact No. (Office) Contact No. (Monile) 97726086 Contact No. (Office) Contact No. (Monile) 1814 400 400-235 Address 2 FERNVALE LINK Address 3 Address 3 Singapore address Prox Singapore address Prox Driver Vehicle No. Driver Vehi						Driver DO	В	15/02/
Contact No. (Mobile) 97726086 Centact No. (Office) Contact No. (Nome) Address 1 BLK 430C e69-235 Address 2 FERNVALE LITIK Address 3 Address 4 SINGAPORE 1993430 Address 3 Post Code Unit No. 09-235  Does ne own a Singapore address Post Code Unit No. 09-235  Declaration  Breathalpear or Riod Test Reading?  Claim Type *  Contact No. (Mobile)  Liem Type *  Contact No. (Mobile)  Liem Type *  Claim Description  Insured Libility Not at Fault Performed Workshop, Name unknown Performance Company Preferred Declaration  Preferred Workshop, Name unknown Performed Workshop, Name unknown Performed Date Registered  Attachment  Attachment  Address Supplies  Save Submit  Address 2 FERNVALE LITIK Address Post Code Preferred Workshop, Name unknown Performed Performed Workshop, Name unknown Performed Date Registered  Attachment  Attachment								18
Address 1 BLK 430C #09-235 Address 2 FERNVALE LINK Address 3 Address 4 SINGAPORE 793410 Address Type Singapore address Post Code  Unit No. 09-235 Does he own a Singapore Registered across Type Singapore address Post Code  Presentation  Breathalyser or Blood Test Registered across Type Any injury?  Claim 1901 Next  Claim 1901 Next  Claim 1901 Next  Claim 2001 Next  Claim 4001 Next  Claim 4001 Next  Claim 500 Pecterred Workshop, Name unknown Poport  Preferred Date Registered  Address 3 Post Singapore address Singapore address Post No Driver Insurer Company  Preferred Singapore Any injury?  Preferred Singapore Any injury?  Preferred Singapore address No One Singapore address Singapore address No One Singapore Addre								
Address 4 SINGAPORE 793436 Address Type Singapore address Post Code Unit No. 09-235 Desire own a Singapore Registered dar?  Yes + No Driver Vehicle No. Driver No. Driver Insurer Company  Pectaration  Breatharyse or Blood Test Registered dar?  Claim 001 Next  Claim 001 Next  Claim 17pe *  Centact No. (Mobile)  Email Address  Claim Description  Str4opsc / Scry71581 On 29 Jul 2018  Preferred Workshop, Name unknown Y report Received  Preferred Workshop, Name unknown Y report Received  Address Save Submit  Attachment				FERNVALE LINK		Address 3		FERNY
Does now a Singapore Registered Car?  Ves = No  Driver Vehicle No.  Driver Insurer Company  Preserved  Any injury?  Ves = No  Any injury?  Ves = No  Modification History  Claim 901 Next  Claim 17pe *  Contact No. (Mobile)  Email Address  Claim Secretion  Insured Liability Not at Fault  Vesichoo  Option  Preferred  Option  Preferred  Option  Preferred  Option  Preferred  Option  Date Registered  Vesi = No  Driver Vehicle No.  Driver Insurer Company  Pres = No  DO-MX			Address Type	Singapore address		Post Code		79343
Declaration  Breathalyser or Blood Test Registry  Claim 1ype *  Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop  Preferred Workshop  Date Registered  Option  Insured Liability  Received  101  SLT4095C / SGY7158T ON 29 Jul 2018  Claim  Preferred Workshop  Preferred Workshop, Name unknown * report  Report Taken By  Any injury?  Wes * No  Contact No. (Home)  Other  SLT4095C / SGY7158T ON 29 Jul 2018  Claim  Date Registered  11/07/2018 09-10  Claim  Date  Report Taken By  Attachment  Save Submit	Unit No.	09-235						
Declaration  Bresthalyser or Blood Test Reading?  Any injury?  Yes a No  Modification History  Claim 001 Next  Claim 7pe *  Contact Nin.(Mobile)  Email Address  Claim Description  Sut4095C / SGY7158T ON 29 Jul 2018  Preferred Workshop Preferred Report Taken By  Any injury?  Yes a No  Contact Nin.  Cont	Does he own a Singapore	Yes . No	Driver Vehicle No.			Driver Ins	urer Company	
Breathelyser or Blood Test Reading?  Any Injury?  Yes a No  Modification History  Claim 001 Nexx  Contact No.(Mobile)  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Preferred Workshop Preferred Option  Preferred Option  Preferred Option  Any Injury?  Yes a No  Reading?  OPMX  Insured Win Bao PTE. LTD.  Contact No.(Mobile)  Str4095C / SGY7158T ON 29 Jul 2018  Str4095C / SGY7158T ON 29 Jul 2018  Preferred Preferred Workshop, Name unknown  Report Taken By  Any Injury?  Yes a No  Received  Insured  Str4095C / SGY7158T ON 29 Jul 2018  Thurst Claim Preferred Option  Claim Preferred Save Submit  Attachment	Registered Carr							
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Claim 1996 *  Claim 1996 *  Contact No. (Mobile)  Contact No. (Mobile)  Email Address  Claim Description  SLT4095C / SGY7158T ON 29 Jul 2018  Preferred Workshop Name unknown v report  Finalisation ves v Repair Preferred Workshop, Name unknown v report  Attachment  Attachment  OO-MX v Insured Lin Insured L		0 mg	Any Injury?	Yes a No				
Claim Type *  Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Description  Preferred Workshop Option  Preferred Workshop, Name unknown Preferred Report Taken By  Attachment  OD-MX  Insured No. No. (Nome) (Nome) St. 14095C / SGY7158T ON 29 Jul 2018  St. 14095C / SGY7158T ON 29 Jul 2018  St. 14095C / SGY7158T ON 29 Jul 2018  Claim Preferred Workshop, Name unknown Preferred Workshop, Name unknown Preferred Workshop, Name unknown  Insured No. (Nome) (No. (Nome) (Nome) St. 14095C / SGY7158T ON 29 Jul 2018  St. 14095C / SGY7158T ON 29 Jul 2018  Claim Date Date Date  Attachment	Modification History							
Contact No. (Mobile)  Email Address  Claim Description  Claim Description  SLT4095C / SGY71SBT ON 29 Jul 2018  Claim Description  Preferred Workshop Description  Preferred Workshop Preferred Workshop, Name unknown v report  Report Taken By  Print AX letter  Save Submit	Claim 001 New							
Contact No. (Mobile)  Email Address  Claim Description  Claim Description  SLT4095C / SGY7158T ON 29 Jul 2018  SETUP STATE OF THE Preferred Workshop, Name unknown vegort report  SLT4095C / SGY7158T ON 29 Jul 2018  Claim Description  SLT4095C / SGY7158T ON 29 Jul 2018  SLT4095C / SGY7158T ON 29 Jul 2018  Claim Description  SLT4095C / SGY7158T ON 29 Jul 2018  Claim Description  SLT4095C / SGY7158T ON 29 Jul 2018  Claim Description  SLT4095C / SGY7158T ON 29 Jul 2018  Claim Description  SLT4095C / SGY7158T ON 29 Jul 2018  Claim Description  SLT4095C / SGY7158T ON 29 Jul 2018  Claim Description  SLT4095C / SGY7158T ON 29 Jul 2018  Claim Description  SLT4095C / SGY7158T ON 29 Jul 2018  Claim Description  SLT4095C / SGY7158T ON 29 Jul 2018  SLT40	Claim Type *				OD-MX	Insured Name	XIN BAO PTE. LTD	45
Email Address  Claim Description  Str4095C / SGY7158T ON 29 Jul 2018  Preferred Workshop Description  Preferred Workshop O Preferred Workshop, Name unknown Teport  Preferred Workshop Option  Preferred Workshop, Name unknown Teport  Str4095C / SGY7158T ON 29 Jul 2018  Str4095C / SGY7158T ON 29 Jul 2018  Claim Period Workshop Option  Str4095C / SGY7158T ON 29 Jul 2018  Very Strain Strai						Contact		
Claim Description  Preferred Workshop Preferred Workshop Option  Preferred Option  Preferred Pre	Contact No.(Mobile)					(Home)		
Claim Description  Preferred Workshop Description  Preferred Workshop Description  Preferred Workshop Description  Preferred Workshop Description  Preferred Workshop, Name unknown Teport  Received Tinalisation  Date Registered  Report Taken By  Print AK letter  Save Submit	Email Address					Vehicle	SLT4095C	
Preferred Workshop O Preferred Workshop, Name unknown V GIA Received V Repair Option O						Number	875	
Workshop   O Preferred Workshop, Name unknown   Option   Preferred Workshop, Name unknown   Option   O	Claim Description				SLT4095C / SGY7158T	T ON 29 Jul 2018		
## Print AX letter    Print AX letter   Print A		Insured Liability						
Date Registered 31/07/2018 09:10 Close Date  Report Taken By  ✓ Print AX letter  Save Submit	Workshop 0 Bonues No. Was	Preferenced Industry	Name unknown GIA Becalus	erl T	A			
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Accident No. MT/1005250 Claim No. 001	and the case	D2.40.0.038.000 F12	100 <u>1</u> 2014/08		223			

· Yes No

Upload Date

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