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Date In: 14/8/18 - MAS	Jeb description	Date &Time Completed	Done	o'i.
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Veh No. SET 3648 B	E-mail (within Shrs, AIC 2hrs)			a
D.O.A: 178/18-19:73	i-Motor Claim Form	100-431Ere 1/LM	14/8/8 17	22
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hr			1000
OD / IP . Reporting Only	i-Photo Uploaded			
TRI	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 50	600 690c . INC ()/Non-INC()		
Owner / Driver: (· // / / · · · · · · · · · · · · · · ·	Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()			
General Remarks:	CALL FOR STATE OF STATE			
() Walk-In Customer : Customer's in	oformation strictly Confidential & St	rictly NO rafer of repairer		-
() Total Loss Case : to e-mail Ins		ncuy NO Taler of Tepaner.		
		owing Co: (
				/
Remarks:- (INC hotline: 6788 6616	nether the second	Date&Time Completed	Done	by
Apply for Transport Allowance ()	/ Courtesy Car ()			9000000
2) QC Check / Post Repair Inspection	()			
 Upload Resurvey Photo [Repair Cost > 	\$3000] ()	*		
	\$3000] ()			
3) Upload Resurvey Photo [Repair Cost > Injury:	\$3000] ()			
	\$3000] ()			
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Injury: Date/Time: Actions ACTIONS	Invoice Pre	paration Checklist. Reporting (\$30);	Ant (5)	
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Injury: Date/Time Actions Actions almant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge): iditors! Comments::-	Invoice Pro 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: Idae DA: 8) NTUC Addition OIL* *N5: Courtesy *N6: Repair O *N7: Fost Repair O *N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC (\$6 ee \$40 brough Survey trough Survey (Resurvey) tainst INC Only (wef 10 Jan 2005 tion + SMRT Survey nel Services:- Cer / Tpl Allowance p-ordination hir Inspection lect Excess Coordination	55 510 525 55 55 55 55 55 55 55 55 55 55 55 55	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	14/08/2018 14:05
Date Of Accident	13/08/2018 19:30
Exact Location Of Accident	STARHUB GREEN
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKT3648B
Insured/Policyholder	
Name Of Registered Owner	DRIVERDAN
Co Reg No	53339838W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	CITY CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO.
Policy Number	5081784719-01
Cover Note Number	
Driver	
Name of Driver	CHUA ZHEN SIONG
NRIC No.	S9337573D
Date Of Birth	05/10/1993
Occupation	INDOOR
Date Of Driving Pass	18/12/2013
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91152442
C2 20 17	

OFFICE-91152442

NOEMAIL

BLK 122B SENGKANG EAST WAY Address

#10-23

542122 Postcode

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

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

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

NO

2

NAME: : CHUA YEE LING

: FEMALE GENDER:

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SGQ9699C Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category KIU YORK TIONG Name of Driver

NRIC/Passport Number

S1529204J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for Investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GiA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

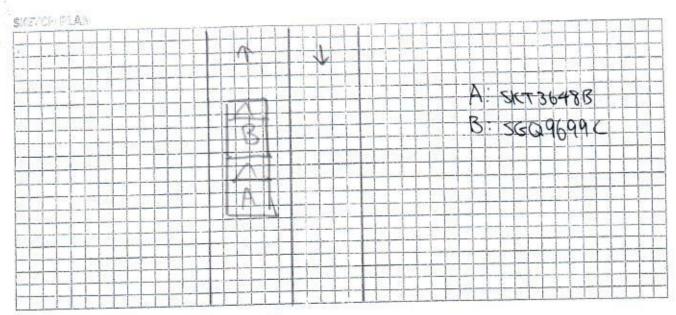
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of DRIVERDAN (53339838W)

Date: 27/07/2016

The Following Are The Brief Particulars of :

Name of Business

DRIVERDAN

Former Name(s) if any

Date of Change of Name

53339838W

Registration No. Registration Date

20/06/2016

Commencement Date

30/06/2016

Status of Business

Live

Status Date

20/06/2016

Renewal Date

Expiry Date

20/06/2017

Renewal via GIRO

NO

Constitution of Business

Sole-Proprietor

Principal Place of Business

122B SENGKANG EAST WAY

#10-23

RIVERVALE BANK SINGAPORE (542122)

Date of Change of Address

Principal Activities

Activities (I)

PASSENGER LAND TRANSPORT NEC (EG PRIVATE CARS FOR HIRE WITH OPERATOR)

(49219)

Description

PROVIDING CHAUFFEURING SERVICES

Activities (II)

PASSENGER LAND TRANSPORT NEC (EG PRIVATE CARS FOR HIRE WITH OPERATOR)

(49219)

Description

DELIVERY SERVICES

Particulars of Authorised Representative(s)

Name

ID

Nationality

Address

Address Source

Date of Appointment

Existing Sole-Proprietor(s) / Partner(s)

Name

ID

Nationality/Place of incorporation/Origin

Address

Address Source

Date of Entry

Position

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of DRIVERDAN (53339838W)

Date: 27/07/2016

Existing Sole-Proprietor(s) / Partner(s)

Name

ID

Nationality/Place of incorporation/Origin Address

Address Source Date of Entry

Position

CHUA ZHEN SIONG

S9337573D

SINGAPORE

122B SENGKANG EAST WAY

ACRA

30/06/2016

CITIZEN

#10-23

RIVERVALE BANK SINGAPORE (542122) .

Owner

Withdrawn Partner(s)

Name

ID

Nationality/Place of incorporation/Origin Address

Address

Source

Date of Entry

Date of Withdrawal

Position

Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

PLEASE NOTE THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS/TRANSACTIONS FILED WITH THE AUTHORITY

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES SINGAPORE

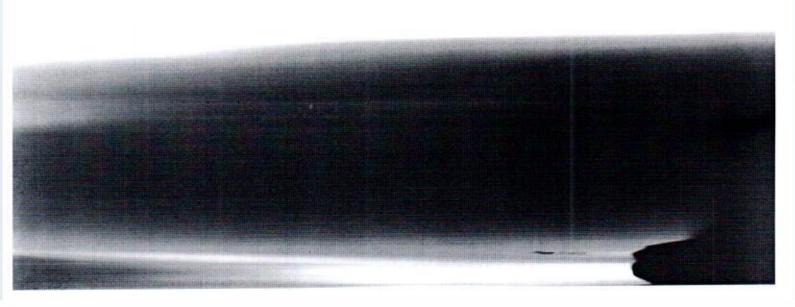
RECEIPT NO.

: ACRA160727102677

DATE

: 27/07/2016

This is computer generated. Hence no signature required.



SINDAPO RE AQQIDENT STATEMENY

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
 Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

ISSUED PROBLEM TO THE PROPERTY.	ACCIDENT DETAILS	THE SHARE SHARE THE
Date of accident	13/08/18	(DD/MM/YY)
Time of accident	1930	(HH:MM)
Exact location of accident	Along Startlub Green	

STATE OF THE PARTY OF THE PARTY.	DETAILS OF VEHICLE							
Vehicle registration number	SKT3648B							
Vehicle make and model	Honda city							
Type of vehicle	Saloon WPV CRV Van C							
Vehicle category	Private □ Commercial ✔ Motorcycle □							
Purpose of using at sald time								
Are you claiming under your own insurance company?	Yes □ No ☑ if no, please select: Third part claim □ Reporting only ☑							

THE RESERVE TO THE PARTY OF THE PARTY.	INSURANCE IN	FORMATION	1. 水平等的现在分词
Insurance company		MUC	
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

Name	Driverdan	Male □	Female
NRIC / Fin / Passport number			
Contact			
Address			

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Chua zhen siving Male of Female o
NRIC / Fin / Passport number	593375730
Contact	91152442
Address	BIK 1228 Senglang East way #10-23. 5(542122)
Email address	
Date of birth	05/10/1993
Occupation	Indoor D Outdoor D
Driving date pass	18/12/2013

Strategic and a special strategic (SENERAL INFORMATION OF THE ACCIDENT
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ha insuradis companyi	If no, relationship of the criver and insured:
coldent captured by camera?	Yes 🗆 No 🗷
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Name	
Gender	Male Female
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MANAGE AND ANY	OTHER INFORMATION
Was anybody injured?	Yes 🗆 No 🗗
Was other vehicle damaged?	Yes No 🗆
evas octio.	
white the second state of the second	DETAILS OF POLICE ACTION
Reported to police?	Yes No lf yes, please state which police station.
Police station name	
MARKET STATE OF THE STATE OF TH	WITNESS 1
Name	
Manie	
	WITNESS 2
Name	

A BREWERS HER STATE OF	SC-O 9400C
Vehicle registration number	560 96990
Vehicle make model	16' 1 W 24 100.0
Name	ICIU YORK TIONG
NRIC / Fin / Passport number	515292047
Contact	
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Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 5
TRACTION OF THE PARTY OF THE PA	Intime PARTIT VEHICLES
Vehicle registration number	
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NRIC / Fin / Passport number	
Contact	
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Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	5740
	THIRD PARTY VEHICLE 7
APPARENT AND ADDRESS OF THE PARENT AND ADDRE	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	SELECT SECTION	IMMURED CERSON T
Mama		
Injuries suscained		
Which wehicle person in?		
Were seat belts worm?	Yes □	No 🗆
Was injured conveyed to	Yes 🗆	No 🗅
hospital by ambulance?		
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Name		
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CHESTICATION DE LA CALIFORNIA DE LA CALI	新型 特別	INJURED PERSON 5
Name		
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Which vehicle person in?		
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Name Injuries sustained Which vehicle person in?	Yes 🗆 Yes 🗆	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9337573D



CHUA ZHEN SIONG

蔡政雄

CHINESE Date of birth

SINGAPORE

05-10-1993 M Country of birth

595576720



4291842



S9337573D

Date of Issue

13-10-2008

APT BLK 122B SENGKANG EAST WAY #10-23 SINGAPORE 542122

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 18 Dec 2013 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

Licence No:S93375730

NP 428A

eBao Tech						GeneralClaim					
Hello, NAC_PAYA_UBI_80	0601			The state of the s			• Change	Language	• Chang	e Password	• Log Out
My Desktop	Poli	cy Query									
Notice of Loss Policy No.					Date	of Accident	1:	3/08/2018 1	9:30		
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						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5081784719- 01		DRIVERDAN	53339838W	GPC	Third Party, Fire & Theft	SKT3648B	SKT3648B	01/09/2017	31/08/2018
				=		Continue	J				

Policy No.	5081784719-01	Policyholder Name	DRIVERDA	N.	Policyholder NRIC	53339838W			
Certificate No.									
Address	BLK 122B #10-23 SENGKANG EAST WAY RIVERVALE BANK SINGAPORE 542122								
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N			
Policy Issue Date	23/08/2017	Effective Date	01/09/201	7 00:00	Expiry Date	31/08/2018 2	3:59		
Excess Type		All Claims Excess							
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0			
Additional Excess		OS Premium	0						
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess		
Agent	META AGENCY PTE. LTD.	Agent Tel.	98585076		GST Flag	Υ			
Co- insurance Flag	No								
Open Policy Info									
Certificate Info									
Policy!	holder Mailing Address								
Address 1	BLK 122B #10-23	Addre	:55 2	SENGKANG EAST	WAY	Address 3	RIVERVALE BANK		
Address 4	SINGAPORE 542122	Addre	ss Type	Singapore address		Post Code	542122		
Unit No.	10-23	Relati Numb	ed Policy per	5081784719-01					
D Insure	ed Object: SKT3648B								
	sements								
♥ Endors									

ccident MT/1007164					
plicy No.	5081764719-01	Vehicle No.	SKT36488	GST Registration No.	
ertificate No.			30000000	T-0.0028030000012000	
	DRIVERDAN			National Control	\$3339838W
blicyholder Name				Policyholder NR3C	
roduct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
ontact No.(Mobile)	0	Contact No (Office)	٥	Contact No.(Home)	0
mail Address		Special Remark		eCode	(a. V
rk.	® No ○Yes	TCA	No ○Yes	eCode Reason	
CD Protection	No.	NCD Entitlement(%)	30	Private Hire	ves
Accident Details					
port Date	14/08/2018 17:53	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
te of Accident	13/08/2018	Time of Accident hhomm	19:30	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	STARHUB GREEN	SCHOOL STORY			
Benefits					
Excess					
en damage Excess	0.00	Applicional Excess		Windscreen Excess	0.00
named Driver Excess		Dutside Singapore OD Excess	0.00		
nd Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
		Suranae ampaporel IP Excess	1,300,00		
GST Registered Informa					
T Registered	No		GST Registration Date		
IT Registration No.			GST Status verified	No	
diffication History					
Policyholder Mailing Ad-	dress				
dress 1	BLK 1228 #10-23	Address 2	SENGKANG EAST WAY	Address 3	RIVERVALE BANK
dress 4	SINGAPORE \$42122	Address Type	Singapore address	Post Code	542122
				6073/107A	5.000
st No.	10-23	Related Policy Number	5081784719-01		
OI Driver Info			D. ROSE SKOVING WAS		
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	CHUA ZHEN SIONG	Driver NRIC	S9337573D	Oriver DOB	05/10/1993
gister Date of Driver License	18/12/2013	Driver Age	24	Driving Experience	4
	91152442				
ntact No (Mobile)		Contact No.(Office)	0	Contact No. (Home)	0
dress 3	BLK 1228	Address 2	SENGKANG EAST WAY	Address I	RIVERVALE BANK
dress 4	SINGAPORE \$42122	Address Type	Singapore address	Post Code	542122
					5775770
nit Na.	10-27		Company (Company Company Compa		27-07-72
ses he own a Singapore		Driver Vehicle No.	12-90- 1 -90-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		2000
ses he own a Singapore	10-27 ○ Yes No	Driver Vehicle No.		Driver Insurer Company	2000
oes he own a Singapore egistered car?		Driver Vehicle No.	1:00.00 (0.0		
ses he own a Singapore gistered car? claration	○ Yes ® No		Introduced Section 2015		2000
ses he own a Singapore resistered car? Claration eathalyser or Blood Test		Driver Vehicle No. Any Ingury?	○ Yes ® No		2000
oes he own a Singapore egistered car? sclaration reathalyser or Blood Test	○ Yes ® No		Introduced Section 2015		
nt No. oes the own a Singapore egisterior car? eclaration reathalyser or Blood Test eading?	○ Yes ® No		Introduced Section 2015		2000
ses he own a Singapore egistered car? sclaration reathalyser or Blood Test	○ Yes ® No		Introduced Section 2015		
ses he own a Singapore gistered car? gistered car? claration earthlyser or Blood Test ading? diffication History	○ Yes ® No		STONE SERVICE STONE		
es he own a Singapore gisterios car? Claration bathalyser or Blood Test ading? Officiation History	○ Yes ® No		STONE SERVICE STONE		
es he own a Singapore gisterios car? Claration bathalyser or Blood Test ading? Officiation History	○ Yes ® No		STONE SERVICE STONE		
es he own a Singapore gatered car? claration eathalyser or Blood Test ading? diffication History Claim 001 New	○ Yes ® No.	Any inguny?	○ Yes ® No	Driver Insurer Company	5.4674.2
es he own a Singapore gatered car? claration eathalyser or Blood Test ading? diffication History Claim 001 New	○ Yes ® No 0 ring	Any injury? Insured Name	○ Yes ③ No ORIVERDAN	Driver Insurer Company Driver Insurer Company Driver Insured NRIC	53339638W
es he own a Singapore gatered car? Claration cathalyser or Blood Test ading? Claim 001 New wm Type * mact No.(Mobile)	○ Yes No 0 mg	Any injury? Insured Name Contact No.(Home)	○ Yes ⑥ No ORIVERDAN NIL	Driver Insurer Company Driver Insurer Company Insured NRIC Contact No. (DMCR)	\$3239838W NIL
es he own a Singapore geteres car? claration colthalyser or Blood Test adding? Stitication History Claim 001 New Im Type 4 mast No.(Mobile) use Address	○ Yes No 0 mg 0 mg CO-MX	Any injury? Insured Name Contact No.(Home) OI Vehicle Number	○ Yes € No ORIVERDAN NIL SHT36486	Driver Insurer Company Driver Insurer Company Driver Insured NRIC	53339638W
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es he own a Singapore gatered car? claration conthelyser or Blood Test adding? Stification History Claim 001 New Inn Type * react No.(Mobile) as Address Hemant Type Claimant Type *	○ Yes No 0 mg 0 mg CO-MX	Any injury? Insured Name Contact No.(Home) OI Vehicle Number	○ Yes € No ORIVERDAN NIL SHT36486	Driver Insurer Company Driver Insurer Company Insured NRIC Contact No. (DMCR)	\$3239838W NIL
es he own a Singapore gateres car? claration conthelyser or Blood Test adding? diffication History Claim 001 New wm Type * next No.(Mobile) has Addrass umant Type Claimant Type * umant Name *	O mg CO-MX P1152442 Ganetchue0510@gmeil.com Prease Select	Any injury? Insured Name Contact No (Home) O) Vehicle Number Type of Benefit *	○ Yes € No ORIVERDAN NIL SHT36486	Driver Insurer Company Driver Insurer Company Insured NRIC Contact No. (DMCR)	\$3239838W NIL
es he own a Singapore getered car? claration eatheryser or Blood Test eding? diffication History Claim 001 New wm Type * mart No. (Mobile) air Address simant Type Claimant Type * simant Name *	One No One No One No One No Di 152442 danielchue0510@gmail.com Presse Select	Any injury? Insured Name Contact No.(Home) D3 Vehicle Number Type of Benefit * Clement NRIC *	ORIVERDAN NIL SKT26ABB Please Select	Driver Insurer Company Drisured NRIC Contact No. (Office) TP Vehicle Number	\$3239838W NIL
es he own a Singapore gatered car? claration cathylyser or Blood Test ading? diffication History Claim 001 New wm Type * neart No.(Mobile) saf Address kmarn Type Claimant Type * kmarn Name * km Description pherred Workshop Confact	O mg DO-MX D1152442 danielchue0510@gmail.com Please Select SXT35485 / SGQ9699C ON 13 Aug 2018	Insured Name Contact No.(Home) O) Vehicle Number Type of Benefit * Clement NRIC *	ORIVERDAN NIL SKT26AMS Please Select Fully at Fault	Driver Insurer Company Dreured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	53339638W NIL
es he own a Singapore getered car? claration contralyser or Blood Test adding? diffication History Claim 001	O mg DO-MX P1152442 Sanielchus0510@gmail.com Please Select SXT35488 / SGQ9699C ON 13 Aug 2038 Ves	Insured Name Contact No. (Home) DI Vehicle Number Type of Benefit * Clement NAIC * Insured Liability * Preferend Repair Option	ORIVERDAN NIL SKT26ABB Please Select	Driver Insurer Company Drisured MRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G14 report	S3339638W NIL SGQ9699C
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es he own a Singapore gateres car? claration contralyser or Blood Test adding? diffication History Claim 001	0 mg 0 mg 0 mg 0 mg 0 mg 0 mg 152442 danielchus0510@gmail.com Please Select SXT35485 / SGQ9699C ON 13 Aug 2018 Tes 14/08/2018 17:55	Insured Name Contact No. (Home) DI Vehicle Number Type of Benefit * Clement NAIC * Insured Liability * Preferend Repair Option	ORIVERDAN NIL SKT26AMS Please Select Fully at Fault	Driver Insurer Company Drisured MRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G14 report	S3339638W NIL SGQ9699C
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es he own a Singapore gatered car? claration eathilipser or Blood Test adding? diffication History Claim 901 New wm Type * neat No. (Mobile) half Address wmant Type Claimant Type * imant Nome * im Description element Workshop Confact Quire Finalisation te Registered port Taken By Print AK letter Attachment y cident No.	O mg O mg O mg DO-MX 91152442 Ganetchus0510@gmail.com Please Select □ SXT35485 / SGQ9699C ON 13 Aug 2018 TVS 14/08/2018 17:55 Jackson MT/1007184	Insured Name Contact No. (Home) DI Vehicle Number Type of Benefit * Claimant NAIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date	ORIVERDAN NIL SICT36486 Please Select Pulty at Fault Preferred Workshop, Name unknown Sexe Submit 001 14/08/2018 17:56 Category •	Driver Insurer Company Driver Insurer Company Driver MRIC Contact No. (DMCR) TO Vehicle Number Name of Preferred Workshop GIA report Date Received Confidencial Urgen	\$3339838 W NIL SGQ9699C W
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