Duty Ing et al.		10-FZP201311AN		
Date Int 6/8/18 -12:10	Jeb description	Date &Time Completed	Done	by
Ref No: NA   IN (18014 9 28 /24	SAS e-filing	i		
Veh No: UKM 6379 U	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 1618 19 - 05:00	i-Motor Claim Form	M1/1007476001	16/8/18 14	:47
OD : TD Character Code	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		NOTES 1840
OD / TP Reporting Only	i-Photo Uploaded	1		
Th	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		4: 477: 75
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:	)
TP Particulars: Veh No: /	(F17794 . INC	)/Non-INC()	a versa	
Owner / Driver: (		Tel:	)	alina e
Policy No: ( )	Period: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %)	) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	00%]	
Year of Registration: ( )	Warranty: YES ( )/NO(	)		
Excess: (\$ ) Loading: \$	1,000 ( )/\$2,000 ( )			
General Remarks:-			TOTAL TOTAL	
( ) Walk-In Customer: Customer's in				
( ) Total Loss Case : to e-mail Ins	urer URGENTLY.			
Drive-In ( )/ Towed-In ( ); Invo	oice: YES( ) / NO( ); T	owing Co: (		)
Remarks: (INC hotline: 6788 6616		Date&Time Completed	250000000	A 200 - P 101
		Dates into Comple su	Men Alagree	
Apply for Transport Allowance ( )	/ Courtesy Car ( )		144.40 - 1 02 L	
2) OC Charle / Day 2 - de Instantion	/ \	1864		
2) QC Check / Post Repair Inspection	( )			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost >	( ) \$3000] ( )			
	\$3000] ( )			
3) Upload Resurvey Photo [Repair Cost>	( ) \$3000] ( )		Marina de la constanta de la c	,
Upload Resurvey Photo [Repair Cost >  Injury:	( ) \$3000] ( )		es e	
Upload Resurvey Photo [Repair Cost >  Injury:	( )		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	( ) \$3000] ( )			
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	( ) \$3000] ( )			
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	( ) \$3000] ( )		TERESTON STATE	
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions			Ant (S)	Amt(3)
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	Invoice Pre	paration Checklist		Amt(t)
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	Invoice Pre  1) AR: Accident 2) DA: Damage	paration Checklist: Reporting (\$30); Assessment (\$100); INC (\$8	Anit (S) fit Bill	
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F	paration Checklist: Reporting (\$30); Assessment (\$100); INC (\$8	Amit (S) fé Bill	
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  NA N 05149  laimant's Particulars:	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T	paration Checklist: Reporting (\$30); Assessment (\$100); INC (\$8 66 \$40 hrough Survey hrough Survey (Resurvey)	Ant (\$)  fit Bill  0) /545 5120 530	
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  NA ROUTH  Inimant's Particulars:  river/Owner:  ontact No:	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T	paration Checklist; Reporting (\$30); Assessment (\$100); INC (\$8 66 \$40 hrough Survey hrough Survey (Resurvey) gainst JNC Only (wef 10 Jan 2005)	Ant (\$)  fit Bill  0) /545 5120 530	
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  NA N 05149  Inimant's Particulars:	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspet 7) N1: Idae DA	paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40	Amt (\$) fit Bill 0) 7545 5120 \$30	
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  NA ROSTUP  Claimant's Particulars:  river/Owner:  ontact No:  amaged Portion:	Invoice Pro  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspet 7) N1: Idao DA 3 8) NTUC Addition	paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40	Am((S)) fit Bill 0) /545 5120 \$30	
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  NA ROUTH  Inimant's Particulars:  river/Owner:  ontact No:	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 3 8) NTUC Addition	paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$8 66 \$40.  hrough Survey (Resurvey) resinst INC Only (wef 10 Jan 2005) tion + SMRT Survey onal Services:-  Car / Tpt Allowance	Ant((\$)) (\$\frac{1}{2}\text{Fit Bill}\text{Bill}\text{0}  \text{0} \text{3120} \text{330} \text{0} \text{\$\frac{2}{3}\text{5}} \text{5160}	
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  NA ROSTUP  Italimant's Particulars:  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	Invoice Pre  1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 3 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep	paration Checklist:  Reporting (\$30); Assessment (\$100); INC (\$8 see \$40 through Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) thion  SMRT Survey that Services:  Car/Tpt Allowance co-ordination air Inspection	Ant((\$)) (\$\frac{1}{5\tilde{8}}\tilde{Bill}) 0) (\$\frac{1}{5}\tilde{4}5 5120 \$\frac{1}{5}\tilde{5} 5160 \$\frac{1}{5}\tilde{5} 510 \$\frac{1}{5}\tilde{5} 525	
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  NA R 05/49  Inimant's Particulars:  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):  additors' Comments:	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 3 8) NTUC Addition On* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$8 for the second of the	Ant((S)) (fit Bill) 0) (545 8120 830 875 8160 855 850 825 85	
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  NA ROSTUP  Italimant'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-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 3 8) NTUC Addition On* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$8 for a second survey (\$100); INC (\$100	\$30 \$120 \$30 \$75 \$160 \$35 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5	

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Gender

Mobile Number

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.
- 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	16/08/2018 12:10
Date Of Accident	16/08/2018 08:00
Exact Location Of Accident	PURVIS ST AFTER JUNC BEACH RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKM6379U
Insured/Policyholder	
Name Of Registered Owner	KWIKWHEELS TRANSPORTATION SERVICES
Co Reg No	53121632B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90622797
Alternative Phone No	OFFICE-90622797
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VELLFIRE 2.4Z G-EDITION CVT 2WD 5DR SR
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5064789292-04
Cover Note Number	
Driver	
Name of Driver	KLEINMAN GERARD JOSEPH
NRIC No	S1222591A
Date Of Birth	11/03/1956
Occupation	OUTDOOR
Date Of Driving Pass	04/03/1974
Driving Experience	44 YEARS AND 5 MONTHS
Carried and Ministration 1997	

MALE

NOEMAIL

(LOCAL) +65-90622797

OFFICE-90622797

Address

BLK 758 YISHUN STREET 72

#12-448

OWNER

Postcode

760758

Was driver an employee of the Insured's Company NO

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

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

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

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?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SKF1339Y

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

CHOW FOONG

NRIC/Passport Number

S7311783F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER:

# 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.

KWIKWHEELS TRANSPORTATION SERVICES BLK 758 YISHUN ST 72 #12-448 S(760758) +65 90622797

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Persopnel's Signature

Name:

NRIC/FIN No.:

- 1 1		A: SICM 6379
- Rom	PA	A: SKM 6379 B: JKF1359Y
T 7000		
	Boach	
SCRIBE CIRCUMSTANCES OF THE ACCIDENT	110 m	
Refer to Hatement.		
42 Million I.		
	190	
	/	
		10 10 10 10 10 10 10 10 10 10 10 10 10 1
SIXALATION		
SUXNATION HEELS  NOR TO A going particulars are true in every respect  SERVICES		

Date & Time:

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

ON STATED DATE AND TIME, I WAS MAKING A LEFT TURN FROM BEACH RD ONTO PURVIS ST. SUDDENLY VEHICLE B DASH OUT FROM ILLEGAR PARKING WITHOUT CHECKING HIS BINDSPOT. IN A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT LEFT PORTION.

# **ACCIDENT STATEMENT**

ACCIDENT DATE: 16 18 1 18 10	DD/MM/YYYY), TIME:( <u>Of</u> : <u>00</u> )(HH:MM)
LOCATION: PURVIS ST aither in	Inclina beach Rd.
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: JKM 63	294
b)INSURANCE COMPANY: NT	
CIPOLICY NUMBER: 50 6428 989	
dipolicy type: Icompression	E / THURD DIESE / THURD
e)MAKE & MODEL:	E / THIRD PARTY / THIRD PARTY FIRE &THEFT)
GIVEHICLE CATECORY (PRIMATE)	VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE /	COMMERCIAL / MOTORCYCLE)
h)PURPOSE OF USING AT ACCIDEN	NT TIME: 6 MM (GGay
i) ARE YOU CLAIMING UNDER YOU	POWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PART)  2. INSURED / POLICY HOLDER	Y CLAIM / REPORTING ONLY)
AINAME: Kuikul and Ton	. L. Hevisec
DINRIC/FIN/PASSPORT:	
c)ADDRESS:	CONTACT: 900297
C/ADDRESS	
* CONTINUE TO 3.d IF DRIVER ALSO	POLICYLICIPER
the of passangs. DRIVER	POLICY HOLDER
(Including driver) alNAME: Kleinman Grand	Surl Court
(Including driver) alNAME: Kleinman Grand b)NRIC/FIN/PASSPORT: \$122259	The state of the s
CJADDRESS: DIK 758 YULVO	· ·
and the second s	
*d)DATE OF BIRTH: ( 1 / 3 / 1	956 MDD/MM/VVVI
e)OCCUPATION: (INDOOR / OUTD	OOR)
f) YEARS OF DRIVING EXPRERIENCES	1/2/1994
4. WAS DRIVER AN EMPLOYEE OF T	HE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DE	RIVER WITH INSURED: Owner
o. a) WEATHER CONDITION: (CLEAR / I	RAINING / OTHERS
b) ROAD SURFACE: (DRY) / WET LOT	HERS .
6. WAS ANYBODY INJURED IYES / NO!	
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE	CE STATION:
8. THIRD PARTY VEHICLE	5 tr section 2009 de Aprilia (1)
to of passenger a) VEHICLE NUMBER: SICF13394	MODEL:
Including driver) DI DRIVER'S NAME: Chow MONO	
( V ) C) NRIC/FIN/PASSPORT: 573 1179	3 FCONTACT:
Y. THIRD PARTY VEHICLE	. W. Zanga Califa and William Califa and Cal
No of passenger of VEHICLE NUMBER:	MODEL:
nduding driver )   DRIVER'S NAME:	
NRIC/FIN/PASSPORT:	CONTACT:
三三克斯 88. 10	
× 0.	
Omast - Viva	West and Comment com



# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

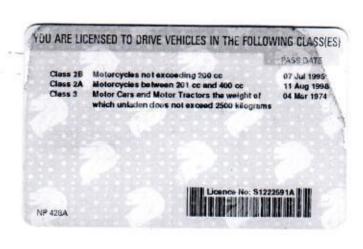
		ADDEN	DUM	
4)	PARTICULARS OF PERSON	MAKINGTHEAMENDMEN	NTS:	
	Original Report No :	NA118105957	Vehicle Registration No:	JKM6379U
	Name(as shownin NRIC) :/C	leinman Gerard Jase	PL_NRIC/FIN/Passport No : _	S1202591A
		Owner) (*) Please delete as		
	Address : Bli	c 758 yishun Huef	72 \$12-448	Singapore( 76978)
	Contact (Tel) :		Mobile No.: 906207	97
	Email Address :			
	Date of Accident :	8/18	Time of Accident :	00
	Place of Accident : A	ruis of offer juncti	son beach Rd.	
	Insurance Company: <u>NT</u>	vc		
	make the following amend		nt and would like to include add	ditional information or
	Policyholder / Driver's Sign Date:	nature .	Reporting Centre Person Name: NRIC/FIN No.:	nnel's Signature

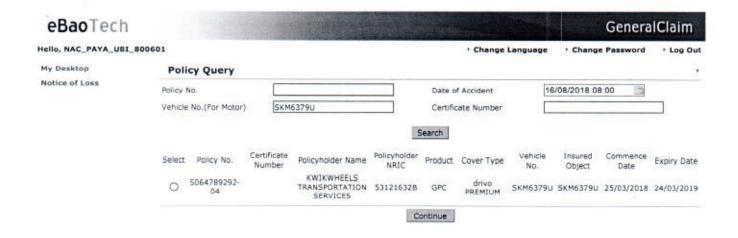
Date:

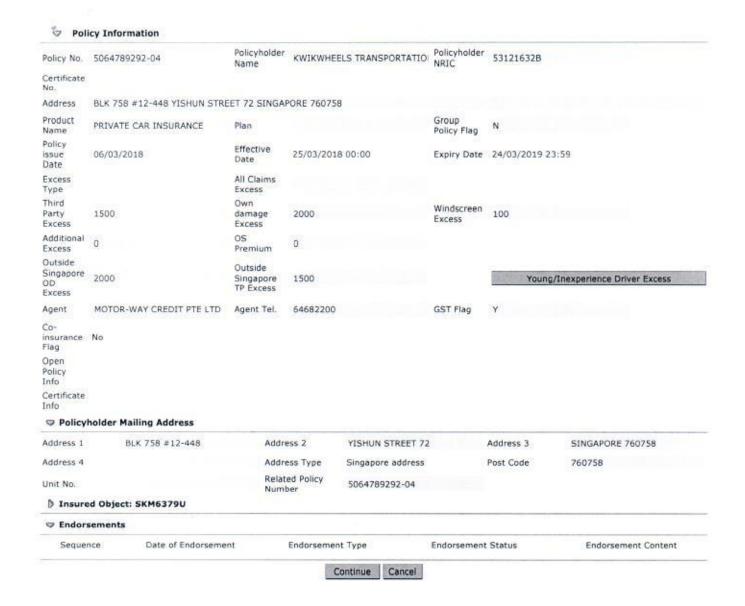












Claim Handling					- Ex
Accident MT/1007476					
Policy No.	5064789292-04	Vehicle No.	SKM6379U	GST Registration No.	
Certificate No.					
Policyholder Name	KWIKWHEELS TRANSPORTATION SERVICES			Policyholder NR3C	53121632B
Aroduct Code	PRIVATE CAR INSURANCE	Cover Type	ariva PREMIUM	Loading	٥
Contact No.(Motele)	90622797	Contact No.(Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	to: V
KPK	No □ Yes.	TCA	® No ○ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	40	Private Hire	Yes
W Accident Details					
Report Date	16/08/2018 14:53	Accident Report Within 24 hrs.	Yes	Accident Type	Side Swipe
Date of Accident	16/08/2018	Time of Accident hit;mm	06:00	Country of Acadent	Singapore
Reporting Centre		Orange Force		TOM No.	
Accident Location	PURVES ST AFTER JUNC BEACH RD				
♥ Benefits					
♥ Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Inform	ation		3411111		
GST Registered	No		GST Registration Date		
GST Registration No.	38		GST Status Venfied	No	
Modification History					
Policyholder Mailing Ad	ldress				
Address 1	8LK 758 #12-448	Address 2	VISHUN STREET 72	Address 2	SINGAPORE 760758
Address 4		Address Type	Singapore address	Post Code	760758
Unit No.		Related Policy Number	5064789292-04		
□ OI Driver Info					
Driver Name	KLEINMAN GERARD JOSEPH	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1222591A	Driver DOS	11/03/1956
Register Date of Driver License	04/03/1974	Driver Age	62	Driving Experience	44
Contact No (Mobile)	90622797	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 758	Address 2	YZSHUN STREET 72	Address 3	SINGAPORE 760758
Address 4		Address Type	Singapore address	Post Code	760758
Unit No.	12-448				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
we have no rec					
Declaration					
Breethelyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ® No		
March But March Street					
Modification Hunory					
Claim 001 New					
Charles and Charles and Consultation of the Co					
	factor and				-
Claim Type *	OD-MX	Insured Name	KWIKWHEELS TRANSPORTATIO	Insured NRIC	531216328
Contact No.(Mobile)	90622797	Contact No.(Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	SKM6379U	TP Vehicle Number	SKF1339Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	22	Claimant NRIC *			
Claim Description	SKM6379U / SKF1339Y ON 16 Aug 2018		V-11-	Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes 🔍	Preference Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	16/08/2018 14:55	Claim Close Date	GI.	Date Received	16/08/2018 00:00
Report Taken By	Jackson				
Print AK letter					
			Section (Section)		
Supranting			Save Submit		
Attachment					
9					
Accident No.	MT/1007476	Claim No.	001		
Last Doc. Received	● Yes ○ No				
AND PERSONS		Upload Date	16/08/2018 14:56		
	Path *		Category *	Confidential Urgen	cy * Description *
		Browse.		NO V Normal	▼
		Browse.	Oear Please Select S	NO V Normal	<u> </u>
		Browse.	Clear Please Select	V Normal	V
		Browse.	Clear Please Select	NO V Normal	V
			Section Co.	7	

