NATION W. ASSESSMENT CENTERS OF VICES	MN841870 660
NATIONAL Assessment Centre Services	- Done by
77777	
Ref No MENTAL COS 5 (1) Y SAS e-fil	
DULY 13	(than 8hrs, AIC 2hrs)
DIO A MILK TOLK	Claim Form (M) (008023-60) 20(08/20/3
and the state of the same of t	W/O (Within: OD 2hrs, TP 4hrs)
1-1-11010	Uploaded
21 III JUGISSISSINO	nt/Survey Report
TP fisurer: Ass't Rep	oort by Fax / Hand to Owner/Wksp
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:
TP Particulars: Veh No: SKE 3206	. INC()/Non-INC()
Owner / Driver: (Tel:
Policy No: () Period: () Cover Type: (
Configured by 1 (Date: Time:
Insured/Driver Liability: (%) [Note-Est St	nus (WO): N: 0-20%; P: 21-79%. P: 80-100%]
Year of Registration: () Warranty: Y	
	2,000()
Canadal Parmir Ire	Grant Control of the
() Walk-In Customer: Customer's information stric	tly Confidential & Strictly NO refer of repairer.
() Total Loss Case : to e-mail Insurer URGEN	rly.
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \) / NO (); Towing Co. ()
211 4 11 ()	Date&Time Completed Done by
Remarks:- (INC horling: 6788 6616)	All Compressions Compressions
Apply for Transport Allowance () / Courtesy Ca	
- Martin Britania Control Cont	
2) QC Check/ Post Repair Inspection	()
	()
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000]	()
2) QC Check / Post Repair Inspection	()
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000]	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	()
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	()
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	()
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	()
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	()
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	
2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Lime Actions MARO5226	Invoice Preparation Checklist Aut (5): An International Checklist Internation Address (5): An International Checklist Internat
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date I into Actions	Invoice Preparation Checklist Invoice Preparation Checklist Int Bill Add 1) AR: Accident Reporting (\$30): 2) DA: Damage Assessment (\$100): INC (\$50) 2) TE: Towing Fee \$40/\$45
2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Lime Actions MARO5226	Invoice Preparation Checklist Invoice Preparation Checklist Interpretation Checklist Interpre
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date Lims: Actions Claimant's Particulars: Driver/Owner:	Invoice Preparation Checklist Invoice Preparation Checklist I) AR: Accident Reporting (\$30); I) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee 4) FT: Fellow-Through Survey 5) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) 5) FT: Follow-Through Survey (Resurvey) For claiming assingt INC Only (wef 10 Jan 2005)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Daje / Lims Actions Claimant's Particulars: Driver/Owner: Contact No:	Invoice Preparation Checklist Ant (5): Ar Invoice Preparation Checklist 1) AR: Accident Reporting (530): 2) DA: Damage Assessment (5100); INC (580) 3) TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection 575
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date Lims: Actions Claimant's Particulars: Driver/Owner:	Invoice Preparation Checklist Invoice Preparation Checklist In Ant (5) And (
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Dafe Lims Actions Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion:	Invoice Preparation Checklist Invoice Preparation Checklist Int Bill Act 1) AR: Accident Reporting (\$30): 2) DA: Damege Assessment (\$100); INC (\$80) 3) TF: Towing Fee 4) FT: Fellow-Through Survey 5) FT: Follow-Through Survey (\$120 5) FT: Follow-Through Survey (\$20 5) FT: Follow-Through Survey (\$20 6) TR: Re-inspection 7) N1: Idao DA + SMRT Survey 8) NTUC Additional Services;- OD*
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date Lime Actions Claimant's Particulars: Driver/Owner: Contact No:	Invoice Preparation Checklist Invoice Preparation Checklist Island 1) AR: Accident Reporting (\$30); 2) DA: Damege Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40,545 4) FT: Follow-Through Survey (Resurvey) \$30 For claiming assingt INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) NI: Idao DA + SMRT Survey \$160 8) NTUC Additional Services: On: *NS: Courtesy Cer/Tp: Allowance \$5
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date Lime Actions Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	Invoice Preparation Checklist Intelligence of the control of the
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Dafe Lime: Actions Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion:	Invoice Preparation Checklist Invoice Preparation Checklist In Ar. Accident Reporting (\$30); In Danage Assessment (\$100); INC (\$80) In F: Towing Fee (\$40745) In Fr: Follow-Through Survey (\$120) In Follow-Through Survey (\$120) In Follow-Through Survey (\$120) In Follow-Through Survey (\$120) In I idao DA + SMRT Survey (\$10 Jan 2003) In The Country Carl Toward (\$100); INC (\$100) In The Country Carl Toward (\$100); INC (\$1
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Dafe Lime Actions Claumant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	Invoice Preparation Checklist Intelligence of the control of the

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number Fax Number

Contact Number

EMail Address

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- ereby consent to the archiving of this report at the centre and to copies of the report being made available

 By the lodgement of this report to the insurers, you hereby constanted. 	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	20/08/2018 16:59
Date Of Accident	19/08/2018 12:00
Exact Location Of Accident	27 BALMORAL ROAD CARPARK
Country/State of Loss	SINGAPORE
December 1981 Annual Property December 1981	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SDE448T
Insured/Policyholder	
Name Of Registered Owner	LOY CHEE KIT
NRIC No	S0014811C
Email Address	LOYCHEEKIT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96381963
Alternative Phone No	OTHERS-96381963
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200
Exact Purpose for which vehicle was being used at time of accident	PARKING INTO MY LOT
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No. Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO.
Policy Number	5002420845-13
Cover Note Number	
Driver	
Name of Driver	LOY CHEE KIT
NRIC No	S0014811C
Date Of Birth	24/01/1951
Occupation	INDOOR
Date Of Driving Pass	18/10/1972
Driving Experience	45 YEARS AND 10 MONTHS

MALE

(LOCAL) +65-96381963

LOYCHEEKIT@GMAIL.COM

OTHERS-96381963

Address

27 BALMORAL ROAD

#05-29

Postcode

259808

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLIDED INTO PARKED VEHICLE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2 NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKE3306S

Vehicle Make/Model/Colour

VOLKSWAGEN

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MR MULAY

NRIC/Passport Number

Contact Number

90820638

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or (c) 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

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

Reporting Centre Personniel's Signature
Name:
NRIC/FIN No.: , Washi Watters

		BOAD CARPI	
	\^n,	ock	
		, reweesk	
		ù la	
	X		
	SKE 13065	SUE 448 II	
ESCRIBE CIRCUMSTAN	ICES OF THE ACCIDENT	116	
	rsed into m	y car parki	ing lot at 27 Baju
A I		car park	at ~ 17 pm on 19/8
7 000			my neighbour's
	D Co.	my left at	the right with of
	mer. Undic	ated as x)	o capita
Front	Andre Chestin	1.	
1	vent and t	old my nei	gh your.
J- V	went and		V
			7
DECLARATION I/We declare the forego	ing particulars are true in eve	ery respect.	/11
SIL SECTION OF	2		20/00/2018
Fynn	200000000	Sector	Reporting Centre Personnel's Signature
Policyholder's Signature Date & Time: 20	Driver's Sign (If driver is n	ature ot the policyholder)	Name: NRIC/FIN No.: AND WELTON

dent MT/1008023	1000 - 00000 1 1 - 1	Vehicle No.	5064487		GST Registration No.		
	500242084E-13	German 1465	- 515.V				
ficate No.	Terrorise and				Pulicyhulder NKDC	5001	WELLC:
2000	LOY CHEE KIT	Cower Type	Trurd Party		Loading	-9	
	PRIVATE CAR INSURANCE	Contact No. (Office)			Contact No.(Home)	7	7
	H6381963	Ligardal Remark			eCode	No. 1	
all Address.	+ No Yes	TCA	a Nu Yes		eCode Reature	192291	
		NCD Entitlement(%)	50		Privata Hire	No.	
10 mm	794						
Accident Details	7250000000000	Accident Report Within 24 hrs	Yes		Accident Type		oud into Perked Vehic
ort Date	20/08/2018 17:21	Time of Accident his main	12:08		Country of Accident	Singi	eginne
or of Accident	19/08/2018	Drange Florar			ECH No.		
sorting Centre.							
odent Locatium	27 DALPHOUGH ROAD CARPASH						
- Benefits							
F Excess	7.50	Additional Excess			Windscreen Excusa	0.00	
en damage Excess	0.00	Outside Singapore CO Extress		8.60			
named Driver Excess	0.00	Curriede Singapore TP Excess		0.00			
and Party Excess	0.00	7 300000					
			GST Registratio	n Date			
T Repaired	Bu		GST Status Ver		Yes		
ST Registration No.							
semestern History							
0.000	222						
Policyholder Halling Add		Address 2	#05-29 BALMORAL TOV	NEA	Address 3		GAPORE 259808
adress I	27 BALMORAL ROAD	Animens Type	Singapore address		Past Code	291	180%
ddress 4		Related Holicy Number	5002410045-13				
NE No.							
⇒ OI Briver Info	7 V 200 V 20	Onver Type	Ham Oriver				
miver Name	FOX CHEE KIT	Driver NRSC	\$0014811C		Driver DGB		(01/1951
Innamed driver Name	**200250000	Driver Age	W. 2		Driving Experience		
equator Date of Drover License	01/02/1974	Contact Ne. (Diffice)			Contact No. (Home)		
Sirract No.(Muscle)	96391953	Appress 2	#65-29 BALHORAL TO	WITH	Address 3		NIJAPONE 259808
uldraw I	27 SALMORAL ROAD	Address Type	Singapore address		First Code	25	908
lotress 4		7788 ST-24C-2					
Jult No.		Driver Vehicle No.	SDEFFET		Driver Insurer Com	rpany M1	nuc
Does he own a Singapore	ves + No	Thinks advanta age.					
Registered (AF?							
Registered (JAT) Declaration Breathalister or Blood Test Residing?	ů mg	Any injury?	Yes + 50				
Registered CAT? Declaration Breatnalister or Book Test	ûmg	Any injury?	Yes × 500				
Registered (AP) Declaration Breathalour or Blood Test Reseting? Hodification History Claim 901 HER	ûmg	Алу іцыту?		(OC-HX	Insured EDY Contained	HEE KIT	Insured 5
Regulared (AP) Decignation Breginaturar or Book Test Residing?	Qmg	Алу ілдигу ^ў			Comact 67333		Contact No.
Registered (AP) Declaration Breathalour or Blood Test Reseting? Hodification History Claim 901 HER	ûmg	Алу пригу?		00-HX	(neme) 67332	200	Contact No. (Office)
Registered (AP) Decignation Designations or Blood Fast Residing? Claim 991 Ham Claim 7ype *	û mg	Алу Іприту?			(nome) 67332	200	Contact No. (Office) Te Vehicle Number
Registered (AP) Declaration Breathalour or Blood Test Reading T Claim 991 HER Claim Type * Contact No. (Mobile)	ûmg	алу іцыгуў		56361943	Contact tiu (7332 (7504)) Ol Venicle SDE44 Number	200	Contact No. (Office) TV Vwhice Number
Regulared CAT? Declaration Brestnalsur or Bood Test Reseting? Modification History Claim 991 HER Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop	J. Insured Listelling Sension			DOJELIKA LOTCHERITOGHALL	Contact (47332 (1960e)) Off (1960e)) Om (1960e) Om (1960e) Oh 19 Aug 2018	200	haric E. Contact No. (Office) The Wester Service Serv
Registered (AP) Declaration Bresthalsur or Bood Test Resting? Claim 901 HER Claim Type * Contact No.(Modile) Email Address Claim Description Preferred Registration Registration Preferred Registration Preferred Registration Registration Preferred Registration Regi	I (naured Lipbill)			DOJELIKA LOTCHERITOGHALL	Contact tiu (7332 (7504)) Ol Venicle SDE44 Number	200	Contact No. (Office) TV Vehicle Number Name of Preferred
Registered (AP) Decaration Brestnalsur or Bood Test Resting? Claim 981 Hem Contact No. (Mobile) Email address Claim Description Preferred Workshop Policy No. (Yes Prishadion Date Segistered	Project Capture Captur			EOTCHEERIT (SKEEZOES	Centact (#2332 (Ferner) Centact	200	halic E. Contact No. (Office) Ty Verside S Number N
Registered (AP) Decoration Brestnalsser or Bood Test Residing? Claim 981 Here Contact No. (Mobile) Email address Claim Description Preferred Workshop Collect No. (Yes Phaladion Yes Registered Report Teleni Es	Project Capture Captur			EOFCHEEKITAGMAN C SCIECHET / SKESSOGS Universides LT-29	Centact (#2332 (Ferner) Centact	200	halic E. Contact No. (Office) Ty Verside S Number N
Registered (AP) Decaration Brestnalsur or Bood Test Resting? Claim 981 Hem Contact No. (Mobile) Email address Claim Description Preferred Workshop Policy No. (Yes Prishadion Date Segistered	Project Capture Captur		ifi∙ed ₹	EOFCHEEKITAGMAN C SCIECHET / SKESSOGS Universides LT-29	Centact (#2332 (Ferner) Centact	200	halic E. Contact No. (Office) Ty Verside S Number N
Registered (AP) Declaration Bresthalour or Bood Test Reseting? Claim 991 HER Claim 7ype * Contact Nu.(Mobile) Email Address Claim Develoption Preferred Contact No. (Mobile) Email Address Claim Develoption Preferred Seport Telem Ep Finit AK letter	Project Capture Captur			EOFCHEEKITAGMAN C SCIECHET / SKESSOGS Universides LT-29	Centact (#2332 (Ferner) Centact	200	halic E. Contact No. (Office) Ty Verside S Number N
Registered (AP) Decaration Breathalour or Bood Test Resting? Claim 991 Hem Claim 17pp * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. (Yes Print Action Report Talen By # Print Act letter	Project Capture Captur		ifi∙ed ₹	EOFCHEEKITAGMAN C SCIECHET / SKESSOGS Universides LT-29	Centact (#2332 (Ferner) Centact	200	halic E. Contact No. (Office) Ty Verside S Number N
Registered (AP) Decaration Breathalour or Bood Test Resting? Claim 991 Hem Claim 17pp * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. (Yes Print Action Report Talen By # Print Act letter	Preferred Usban Preferred Preferre Repair Preferre Option	Fully in Fault	Bays Submit	EOFCHEEKITAGMAN C SCIECHET / SKESSOGS Universides LT-29	Centact (#2332 (Ferner) Centact	200	halic E. Contact No. (Office) Ty Verside S Number N
Registered (AP) Decaration Breathalour or Bood Test Resting? Claim 991 Hem Claim 17pp * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. (Yes Print Action Report Talen By Accordent No.	Preference Usbini Preference Pref	Fully in Fault # SIA Reco	Save Sub-Mi	EOTCHEEKITOGHALL (EOEGGIT / SKESSOGE Unrogrusse 17:29 EDSLI WAMAR	Centact (#2332 (Ferner) Centact	200	halic E. Contact No. (Office) Ty Verside S Number N
Regulared (AF) Decaration Bresthalour or Bood Test Resching T Modification History Claim 991 Hem Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. (Mobile) Email Address Claim Description Preferred Report Talent By Print AK letter Attachment	Parlament Usban Parlament Option H1/1008011 * Yes 710	Fully in Fault. # USIA Record * I report Record Re	Save Sub-Mi	EOTCHERNITGINALLE EOTCHERNITGINALLE EOTCHERNITGINALLE EOTCHERNITGING	Cpreact to the control of the contro	48T	hatic E. Contact No. (Office) Vehicle S Number Name of Preference Workshop Orate Date Received
Regulared (AF) Decaration Bresthalour or Boost Test Resching? Claim 991 Hem Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Conset No. Yes Finabation Date Registered Report Talen By Accelent No.	Preference Usbini Preference Pref	Fully in Fault. # USIA Record * I report Record Re	Save Sub-M	EOTCHEERITGIGHALL C EOECHIT / SKESSOCE Unrogrusie 17:29 EDSLI WAMAR	Cpreact to the control of the contro	48T	hatic E. Contact No. (Office) Vehicle S Number Name of Preference Workshop Orate Date Received
egistered CAFP ecoration Inestration or Boost Test Inestration Production Claim 901 Hem Committee Committee Email Address Claim Description Preferred Workshop Context No. (Mootle) Email Address Etaim Description Preferred Workshop Context No. (Mootle) Email Address Etaim Description Preferred Workshop Context No. (Mootle) Email Address Etaim Description Freshop	Insured Usban Paterned Paterned Option H1/10080JI * Yes To	Fully in Fault. # USIA Record * I report Record Re	Save Sub-M	EOTCHEERITGIGHALL C EOCCHERT / SKESSOGS Unrogrusse 17:29 EDSLI WAMAR EDSLI WAMAR CHESSY *	Confident	Hal Urgenty	hatic E. Contact No. (Office) TV Which E. Name of Preference Workshop Out to Backward
egistered CAT? ecotration irrestration or Bood Test testing? Claim 991 Here Connect No. (Mobile) Email Address Claim Description Preferred Workshop Cantot No. (Yes Preshadon Date Registered Report Telen By # Print AK letter Attachment W Accelent No. Last Doc. Received	Profession Profes	Fully in Fault. # USIA Record * I report Record Re	Save Sub-M	EOTCHEERITGIGHALL C EOECHET / SKESSOCE Unrobridle 17:29 EDSLI WANAB.	Confident	Ha Urgenty Tiornal	hatic Contact Roman (Office) The Wester Share of Preference Workshop Court Received Shareshop Co
egistered CAT? ecoration irrestraturar or Bood Test irrestraturar Claim 001 Ham Connect No. (Moode) Emel Address Claim Description Preferred Workshop Caningt No. Yes Preferred Workshop Date Engistered Report Telen By # Print AK letter Attachment W Accident No. Last Doc. Received Choose File No Se ono	Preferred Usban Preferred Paper Preferred	Fully in Fault. # USIA Record * I report Record Re	Save Sub-M	EOTCHEEKITGIGHALL (EOTCHE	Confident	Hal Urgenty # Normal # Utgenty # Utgenty	hatic Contact Record (Office) The Wester Name of Preference Workshop Code Name of Preference Workshop Code Name of Preference
restration Inestration Inestration Inestration restory Claim 991 Ham Coam Type * Connect No. (Mobile) Email Address Claim Description Preferred Workshop Context No. (Yes Prestored Report Telen By Academi No. Light Dot. Received Choose File No file chot	Preferred Usban Preferred Paper Repair Preferred Preferr	Fully in Fault. # USIA Record * I report Record Re	Save Sub-M	EOTCHEEKITGIGHALL (EOTCHE	Confident	Hal Urgenty Tiornal Tiornal Tiornal	hatic E. Contact No. (Office) TWO Monaster Name of Preference Workshop Workshop State Name of Preference Nam
egistered CATP ecotration irrestration or Bood Test teeding? Claim 991 Ham Coam Type * Connect No. (Moode) Email Address Claim Description Preferred Workshop Cantot No. (Yes Preferred Report Triben By # Print AK letter Attachment U Accordent No. Last Dot. Received Choose File No file chot	Preferred Usbins Preferred Usbins Preferred Usbins Repair Preferred Option H1/1008033 * Yes No Patt	Fully in Fault. # USIA Record * I report Record Re	Save Sub-M	EOTCHEERITGIGHALL C EOCCHERT / SKEEDOOS UR/OR/2018 17:29 EDSLI WAHAR PO/06/2018 17:29 CHESSY * Please Select Please Select Please Select Please Select	Confident NO MO MO NO NO NO NO NO NO NO	Ital Urgency * Fiormal * Normel * Normel * Normel	hatic Contact Roman (Office) The No. (Of
egistand Carr inestration restration of Bood Test testration restration confection ristory Claim 991 Ham Count Type * Connect No. (Moode) Email Address Claim Description Preferred Workshop Cantot No. Yes Preferred Report Telen By / Prof. AK letter Attachment // Choose File No file chot	Preferred Usbins Preferred Usbins Preferred Usbins Repair Preferred Option H1/1008033 * Yes No Fall Part	Fully in Fault. # USIA Record * I report Record Re	Save Sub-M	EOTCHEEKITGIGHALL (EOTCHE	Confident	Hal Urgenty Tiornal Tiornal Tiornal	hatic E. Contact No. (Office) TWO Monaster Name of Preference Workshop Workshop State Name of Preference Nam
registered (AF) scentration Sreethalour or Boost Test seethalour or Boost Test seethalour or Boost Test seethalour Coam Type * Contact No. (Mootle) Email Address Claim Description Preferred Workshop Contact No. (Yes Freshalour) Contact No. (Yes Freshalour) Accelent No. Last Doc. Received Choose File No Sia once Choose File No Sie chor	Preferred Usbins Preferred Usbins Preferred Usbins Repair Preferred Option H1/1008033 * Yes No Fall Part	Fully in Fault. # USIA Record * I report Record Re	Save Sub-M	EOTCHEERITGIGHALL C EOCCHERT / SKEEDOOS UR/OR/2018 17:29 EDSLI WAHAR PO/06/2018 17:29 CHESSY * Please Select Please Select Please Select Please Select	Confident NO MO MO NO NO NO NO NO NO NO	Ital Urgency * Fiormal * Normel * Normel * Normel	hatic Contact Roman (Office) The No. (Of
Proceduration Claim 991 Ham Claim 991 Ham Claim 991 Ham Claim 991 Ham Commat No. (Mobile) Small Address Claim Description Preferred Workshop Cartinet No. (Mobile) Small Address Claim Description Preferred Workshop Satisfact No. (Yes Preserved Report Taken By / Print AK letter Attachment // Choose File No file chot	Preferred Usbins Preferred Usbins Preferred Usbins Repair Preferred Option H1/1008033 * Yes No Fall Part	Fully in Fault. # USIA Record * I report Record Re	Save Sub-M	EOTCHEERITGIGHALL C EOCCHERT / SKEEDOOS UR/OR/2018 17:29 EDSLI WAHAR PO/06/2018 17:29 CHESSY * Please Select Please Select Please Select Please Select	Confident NO MO MO NO NO NO NO NO NO NO	Ital Urgency * Fiormal * Normel * Normel * Normel	hatic Contact Roman (Office) The No. (Of

	upitueded 8y/Cate	Folder Date	File	Name	T	Saurce	
						Contino	
5.7 M/S 6.7 R/T	NAC_BURIT_MERAN_B00676(NATIONAL ASSESSMENT CENTRE SERVICE \$ (BURIT MERAN)) on 20 Aug 2018 12:29		NRIC/ Driving License Normal		NRIC/ Orlving License 2018-8-20		
6.03	NAC_BURIT_MERAH_BOSH76(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAH)) on 20 Aug 2018 17:29		545	Normal	SAS 2018-8-20		
	NAC_BUXIT_MERAH_B09676(NAT. S (BUXIT MERAH))	CONAL ASSESSMENT CENTRE SERVICE on 20 Aug 2018 17:29	Photos	Normal	Pho	toe-2018-9-20	
	NAC_BUNIT_MERAH_600676; NATIONAL ASSESSMENT CENTRE SERVICE S (BUNIT MERAH)) on 20 Aug 2018 17:29		Photos	Nomal	Free	toe 2018-8-20	
	NAC_BURST_HERAM_800676/ NAT. \$ (BOKST MERAH)):	IONAL ASSESSMENT CENTRE SERVICE on 20 Aug 2018 17:29	Protos	Normal	Pho	tos 2018-8-70	
		IDNAL ASSESSMENT CENTRE SERVICE on 20 Avg 2018 17:29	Photos	Normal	Pho	ma 2018-2-20	
5	NAC_BUKIT_MERAH_BUURITE (NAT: 8 (BUKIT MERAH))	IDNAL ASSESSMENT CENTRE SERVICE on 20 Aug 2018 17:29	Prioring	Accemel		ins 2018-8-20	
(Pa	S (BUXIT MERAHI)	IDNAL ASSESSMENT CENTRE SERVICE	Photos	Normal	Pho	tos 2018-4-20	
	NAC_BURIT_MERAH_B00676(NATI S (BURIT MERAH))	ONAL ASSESSMENT CENTRE SERVICE on 20 Aug 2018 17:29	Photos	Normal	the	tos: 2018-8-20	
	NAC_BLIKIT_MERAH_B00676(NATI S (BLIKIT MERAH))	ONAL ASSESSMENT CENTRE SERVICE on 20 Aug 2018 17:29	Physical	Naprembe	That	nie 2018-8-20	
ĝ.							
0/2018	Claim Handling(accident reporting Claim Task)						

Cremay in New Window | Scan and uploading |

ACCIDENT STATEMENT

ACCIE	DENT DATE: 19/8/2018)(DD	/MM/YYYY), TIME:(** [2 : 00)(HH:MM)
LOCA	MON: 27. Balmorel R	d Car Pa	rk
1.	DETAILS OF VEHICLE DETAIL	8T	# X
	c)POLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE / e)MAKE & MODEL: 1200 f)TYPE: (SALOON / COUPE / MPV /V g) VEHICLE CATEGORY: (PRIVATE / C h)PURPOSE OF USING AT ACCIDENT I) ARE YOU CLAIMING UNDER YOUR IF NO, PLEASE STATE (THIRD PARTY	THIRD PARTY / THIRD AN / LORRY / MOTOS OMMERCIAL / MOTO TIME: Parting OWN INSURANCE (XI	SRCYCLE / OTHERS) SRCYCLE) into my let ES/NO)
2.	INSURED / POLICY HOLDER A) NAME: LOY CHEE D) NRIC/FIN/PASSPORT: SOO/4 C) ADDRESS: 27 BOM WO FALL S 259808	CIT	(MALE / FEMALE)
740	· CONTINUE TO 3.d IF DRIVER ALSO	POLICY HOLDER	
Huo of passangs	DRIVER		
(Including driver)	d)NAME:		(MALE / FEMALE)
The state of the s	b)NRIC/FIN/PASSPORT:	CONTA	.CI:
(_)	c ADDRESS:		
P	ODATE OF BIRTH: (24) 01 / (0) 000 000 000 000 000 000 000 000 000	18/10/72	9
4.	WAS DRIVER AN EMPLOYEE OF T	HE INSURED'S COM	PANY? (YES, NO)
72	IF NO, RELATIONSHIP OF THE DE	IVER WITH INSURE	:D::D:
5.	O) WEATHER CONDITION: (CLEAR / I	RAINING / OTHERS	
	b)ROAD SURFACE: (DRY / WET / OT.	HERS	
	WAS ANYBODY INJURED (YES / NO)		
	IF YES, PLEASE STATE WHICH POLICE	E STATION:	
8.	THIRD PARTY VEHICLE	201 0	:
total of the lateral are	a) VEHICLE NUMBER:	NODEL	: V, VV
Lister and the Control	a) VEHICLE NUMBER: SKE 3 b) DRIVER'S NAME: Wr M.	CIRY	ACT: 90820638
1 V	c) NRIC/FIN/PASSPORT:THIRD PARTY VEHICLE	CONT	AC1.
7.	THIRD PARTY VEHICLE	MODEL	Y
from the compe	d) VEHICLE NUMBER:	MODEL	,
	e) DRIVER'S NAME: 'f) NRIC/FIN/PASSPORT:	CONT	ACT:
	IJ INKIGITINI FASSFORI.		

email = loycheekert & gmail com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. SOO14811C





LOY CHEE KIT



CHINEBE Date of birth

24-01-1951 SINGAPORE





4037407



03-05-2007

27 BALMORAL ROAD #05-29 SINGAPORE 259808

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING C. ASSIES) PASS DATE Motor Cars and Motor Tractors the weight of which unlader does not acceed 2500 kilograms 16 Oct 1972

. eBao Tech						GeneralClaim					
Hello, NAC_BUKIT_MERAH	_800676						· Change	e Languag	e / Char	ige Password	· Log Ou
My Desktop	Pol	icy Query									
Notice of Lass	Policy	No.				Date	of Accident		19/08/2018	14:53	
	Vehicle	No.(For Motor)	SDE44	87		Certif	icate Number		1		
	Select	Policy No.	Certificate	Policyholder	Policyholder	Search	0-1000 00 to 1000 00 to	Vehicle	Insured	Commence	
	Select	Same 2011 - 5182 1	Number	Name	NRIC	Product	Cover Type	No.	Object	Date	Expiry Date
	0	5002420845- 13		TOX CHEE KIT	S0014811C	GPC	Third Party	SDE448T	SDE448T	01/10/2017	30/09/2016
					E	Continue					