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Veh No: 364318C	E-mail (within Shrs, AIC 2hr	s)	
D.O.A : 25/6/18-19:00	i-Motor Claim Form	My 100 6742-001	21/8/18/19:36
	i-Motor W/O (Within: OD	2hrs, TP 4hrs)	
OD TP Reporting Only	i-Photo Uploaded		1
TP Insurer:	Assessment/Survey Repo	rl	
IP Insurer.	Ass't Report by Fax / Ha	nd to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	:(Tel:	Fax:
TP Particulars: Veh No: J	LPG77D . INC	C()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WO): N:	0-20%; P: 21-79%. P: 80-	100%]
Year of Registration: () Warranty: YES ()/NO ()	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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,	28 Nt
and the second street and the	ACCIDENT STATEMENT
Date Of Report	21/08/2018 18:31
Date Of Accident	20/08/2018 19:00
Exact Location Of Accident	PIE (CHANGI) BEFORE JALAN EUNOS EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGN318C
Insured/Policyholder	
Name Of Registered Owner	NG CHENG CHUAN
NRIC No	S6801868D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96355220
Alternative Phone No	OFFICE-96355220
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	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 5075059643-02

Cover Note Number

Driver

Name of Driver KOH SIOK HOON NRIC No. S7108721B Date Of Birth 06/03/1971 Occupation INDOOR Date Of Driving Pass 16/09/1995

Driving Experience 22 YEARS AND 11 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-98452411

Fax Number

Contact Number OFFICE-98452411

EMail Address NOEMAIL Address 33 LUCKY GARDENS

Postcode 467674 Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

5

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 5
Was any body injured in the Accident? YES
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.

Number of Passengers (Including Driver) 4

Passenger 1 NAME: : NG JING XUAN

GENDER: : MALE

Passenger 2 NAME: : EVANGELINE

GENDER: : FEMALE

Passenger 3 NAME: : JOSH

GENDER: : MALE

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?

If Yes, against whom?

NO

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

Vehicle Registration Number SLP8771D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJV7447P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SJX687Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

SKL3209C

Vehicle Make/Model/Colour

MERC S-CLASS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

KOH SIOK HOON

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SGN318C

Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

YES

NO

Address Postcode

IMPORTANT NOTICE

- Please report <u>corregly</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>aruthful</u> and <u>accurate as cossible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>reoudiane 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)

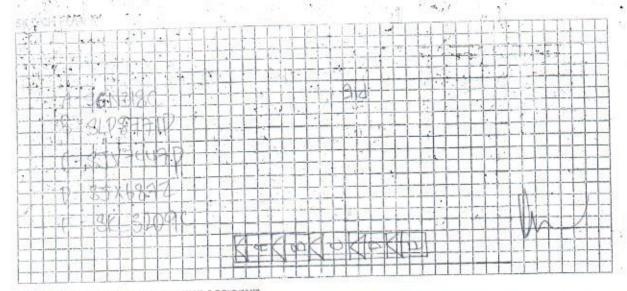
I understand, acknowledge, agree and consent that:

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

Reporting Centre Personnel's Signature

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE towards Changi before exit 9. While travelling, the vehicle in front of my suddenly jammed braked. So, I stopped behind the front vehicle without any contact with it. Suddenly, I felt 4 impacts consecutively from the rear portion of my vehicle. When I got down of my vehicle, I realised I was involve in a chain collision.

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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.:

THE WATER'S TWEENERS AROUND A STATEMENT

- Complete and submit this form to the individual insurance authorized 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.

Date of accident	20 August 2018		(DD/MM/YY)
Time of accident	6: 48 PM		(MM:HH)
Exact location of accident	PIE towards changi	before Exit 9	

1 1 1 1 1 1 1 1 1 1 1 1	DETAILS OF VEHICLE
Vehicle registration number	36N318C
Vehicle make and model	Hoyag VIZI
Type of vehicle	Saloon, D MPV D CRV D Van D Lorry D Bus D Motorcycle D Others:
Vehicle category	Private, Commercial Motorcycle D
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes D No.D if no, please select: Third part claim D Reporting only D

ALL ALL MANDERS OF	(NSURANCE IN	FORMATION	TALL BENDERALD
Insurance company	NTUC		
Policy number		100	
Type of policy	Comprehensive D	Third party fire & theft []	TP only [

A DE LOS MANTES MANTES DE SE	INSURED / POLICY HOLDER	No. of Concession, Name of Street, or other Party of Street, or other	
Name	NG CHENG CHUAN	Male 🗆	Female
NRIC / Fin / Passport number	36801868D		
Contact	96355220		
Address	33 LUCKU GARDEN		

DRIVER	SAME AS INSURED ABOVE	(SKIP TO D.O.B)	NAME OF STREET
Name	KON SIOK HOON	Male □	Female a
NRIC / Fin / Passport number	371087218		
Contact	98452411		
Address	33 Lucky Gardin S(467674)		#
Email address			
Date of birth	Ob March 1971		
Occupation	Indoor Ø Outdoor □		
Driving date pass	16 September 1995		

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Road surface	Dryp	Wet a		
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Was anybody injured?	Yes/ti	No 🗆		
Was other vehicle damaged?	Yes D	NO		
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Vehicle registration number	31787710
Vehicle make model	
Name	
NRIC / Fin / Passport number	
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THE RESERVE AND THE PERSON OF	THIRD PARTY VEHICLE 2
Vehicle registration number	8317447
Vehicle make model	
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NRIC / Fin / Passport number	
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BORDESSER OF THE PROPERTY	THIRD PARTY VEHICLE 3
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Contact

AND DESCRIPTION OF THE PARTY.	INJURED PERSON 1
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Were seat belts worm?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	STORT COARS. NO WORKS AND STORY OF THE STORY
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Was injured conveyed to	Yes D No D
hospital by ambulance?	Tables A
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Injuries sustained		-	
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes □	No 🗆	

REPUBLIC OF SINGAPORE WENTITY CARD NO. \$7108721B





KOH SIOK HOOH

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Date of birth Se
D6-D3-1971 F
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SINGAPORE

371067218



Muc Min 871087218

0415 of least 09-11-2006

33 LUCKY GARDENS SINGAPORE 467674 NAIC No: \$71087218

Date: 29/12/2010

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NP 428A

Licence No: S7166721R

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POlicy No.	5075059643-02	Policyholder Name	NG CHENG C	HUAN	Policyholder NRIC	S6801868D	
Certificate No.					2270277		
Address	33 LUCKY GARDENS SINGAPOR	E 467674					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	24/10/2017	Effective Date	30/10/2017	00:00	Expiry Date	29/10/2018	23:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			You	ng/Inexperience Driver Excess
Agent	THONG LEE TRADING PTE LTD	Agent Tel.	62569655		GST Flag	Υ	
	No						
Flag Open Policy Info Certificate	NO						
Flag Open Policy Info Certificate Info	nolder Mailing Address						
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Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	nolder Mailing Address 33 LUCKY GARDENS d Object: SGN318C	Addre Relate	ss Type	Singapore address			467674
Plag Den Policy Info Certificate Info Policy Address 1 Address 4 Juit No. Insure	33 LUCKY GARDENS d Object: SGN318C	Addre Relate Numb	ss Type	Singapore address 5075059643-02		Post Code	467674 Endorsement Content

Accident HT/1008242 Policy No.					. 6
A	5075059843-02	Vehicle No.	SGN318C	GST Registration No.	
Certificate No.					
Policyholder Name	NO CHENO CHUAN			Poncyholder NAIC	968018680
Product Code	PRIVATE CAR INSURANCE	Cover Type	SHY6 CLASSIC	Loading	0
Contact No.(Mobile)	96355220	Contact No. (Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	100
KFK	® No ○ Yes	TCA	No ○Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
W Accident Details					
Report Date	21/08/2018 19:35	Accident Report Within 24 hrs	Ves	Accident Type	Chain Collision
Date of Accident	20/06/2016	Time of Accident hh:mm	19:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (OHANGI) BEFORE JALAN EUNOS EXIT				
♥ Benefits					
♥ Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100,00
Unnamed Driver Escess	0.00	Outside Singapore OD Eucess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
□ GST Registered Information	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
Policyholder Mailing Ad	dress				
Address 1	33 LUCKY GARDENS	Address 2	SINGAPORE 467674	Address 3	
Address 4		Address Type	Singapore address	Post Code	467674
Une No.		Related Policy Number	5075059643-02		
OI Driver Info					
Driver Name	KOH STOK HOOM	Driver Type	Named Driver		
Unnamed driver Name		Oriver NRJC	571087218	Driver DOB	06/03/1971
Register Date of Driver License	19/05/1995	Driver Age	47	Oriving Experience	23
Contact No.(Mobile)	98452411	Contact No. (Office)	0	Contact No.(Home)	o .
Address 1	33 LUCKY GARDENS	Address 2	SINGAPORE 467674	Address 3	
Address 4		Address Type	Singapore address	Post Code	467674
Une No.					
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.		Oriver Insurer Company	
Registered car?	C148 @ No.	Driver vehicle No.		Univer Insurer Company	
Declaration					
Breathalyser or Blood Test					
Reading?	0 mg	Any injury?	® Yes ○ No		
Modification History					
No. of the State o					
Claim 001 New					
Claim 001 New					
	OD-MX	Insured Name	NG CHENG CHUAN	Insured NRSC	S68018680
Claim Type +	OD-MX V	Insured Name Contact No.(Home)	NG CHENG CHUAN	Insured NRIC Contact No. (Office)	\$6801868O
Claim Type + Contact No.(Mobile)	and the same of th	Contact No.(Home)		Contact No.(Office)	
Claim Type * Contact No.(Mobile) Email Address	96355220	Contact No.(Home) OI Vehicle Number	SGN318C		\$68018680 SLP6771D
Claim Type + Contact No.(Mobile) Email Address Claimant Type Oalmant Type •	96395220 Please Salect	Contact No.(Home) Of Vehicle Number Type of Senerit *		Contact No.(Office)	
Claim Type + Contact No.(Mobile) Email Address Claimant Type Claimant Type • Claimant Name •	96395220 Please Salect >>	Contact No.(Home) OI Vehicle Number	SGN318C	Contact No. (Office) TP Vehicle Number	
Claim Type + Contact No.(Mobile) Email Address Claimant Type Oalmant Type + Claimant Name + Claim Description	96395220 Please Salect	Coreact No.(Home) OI vehicle Number Type of Benefit, * Claimant NRIC *	SGN318C Please Select	Contact No.(Office)	
Claim Type + Contact No.(Mobile) Email Address Claimant Type Claimant Type • Claimant Name •	96395220 Please Salect >>	Contact No.(Home) Of Vehicle Number Type of Senerit *	SGN318C	Contact No. (Office) TP Vehicle Number	
Claim Type + Contact No.(Mobile) Email Address Claimant Type Claimant Type + Claimant Name + Claim Description Preferred Workshop Contact No.	96395220 Please Salect >>	Coreact No.(Home) OI vehicle Number Type of Benefit, * Claimant NRIC *	SGN318C Please Select	Contact No. (Office) TP Vehicle Number	
Claim Type + Contact No.(Mosile) Email Address Claimant Type Claimant Type + Claimant Name + Claim Description Preferred Workshop Contact	96395220 Please Select ≥≥ SGN338C / SLP87710 DN 20 Aug 2018	Contact No. (Home) OI vehicle Number Type of Benefit * Claimant NRIC *	SGN318C Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	SLP8771D
Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	96395220 Please Select	Contact No. (Home) Of vehicle Number Type of Benefit, * Claimant NRIC * Insured Liebrity * Preferend Reper Option	SGN318C Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLPS771D Received
Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	96395220 Please Salect ≥≥ SGN318C / SLP8771D DN 20 Aug 2018 Yes 21/06/2016 19:36	Contact No. (Home) Of vehicle Number Type of Benefit, * Claimant NRIC * Insured Liebrity * Preferend Reper Option	SGN318C Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLPS771D Received
Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claim Description Preferred Workshop Contact No. Require Finalisation Date Rogistered Report Taken By	96395220 Please Salect ≥≥ SGN318C / SLP8771D DN 20 Aug 2018 Yes 21/06/2016 19:36	Coreact No. (Home) Of vehicle Number Type of Senefs * Claimant NRIC * Insured Liability * Preferenced Repeir Option Claim Close Date	SGN318C Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLPS771D Received
Claim Type + Contact No.(Mobile) Email Address Claimant Type Claimant Type + Claimant Name + Claim Description Preferred Workshop Contact No. Require Finalisation Dase Registered Report Taxen By Di Print AK letter	96395220 Please Salect ≥≥ SGN318C / SLP8771D DN 20 Aug 2018 Yes 21/06/2016 19:36	Coreact No. (Home) Of vehicle Number Type of Senefs * Claimant NRIC * Insured Liability * Preferenced Repeir Option Claim Close Date	SGN318C Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLPS771D Received
Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claim Description Preferred Workshop Contact No. Require Finalisation Date Rogistered Report Taken By	96395220 Please Salect ≥≥ SGN318C / SLP8771D DN 20 Aug 2018 Yes 21/06/2016 19:36	Coreact No. (Home) Of vehicle Number Type of Senefs * Claimant NRIC * Insured Liability * Preferenced Repeir Option Claim Close Date	SGN318C Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLPS771D Received
Claim Type + Contact No.(Mosile) Email Address Claimant Type Claimant Type + Claimant Type Claimant Type + Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By D Print AK letter	96395220 Please Salect ≥≥ SGN318C / SLP8771D DN 20 Aug 2018 Yes 21/06/2016 19:36	Coreact No. (Home) Of vehicle Number Type of Senefs * Claimant NRIC * Insured Liability * Preferenced Repeir Option Claim Close Date	SGN318C Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLPS771D Received
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claim Description Preferred Workshop Contact No. Require Finalisation Done Registered Report Taken By Drint AK letter Attachment	96395220 Please Select ≥≥ SGN318C / SLP8771D DN 20 Aug 2018 Yes 21/06/2018 19:36 Jackson	Coreact No. (Home) Of vehicle Number Type of Benefit * Claimant NRIC * Insured Lieblity * Preferend Reper Option Claim Close Date	SGN318C Please Select Not at Fault Preferred Workshop, Name unknown Seve Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLPS771D Received
Claim Type * Centact No.(Mobile) Email Address Claimant Type Oalmant Type * Claimant Name * Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By 2 Print AK letter Attachment	96395320 Please Select ≥≥ SGN318C / SLP8771D DN 20 Aug 2018 Yes 21/06/2018 19:36 Jackson MT/1008242	Coreact No. (Home) Of vehicle Number Type of Benefit * Claimant NRIC * Insured Lieblity * Preferened Reper Option Claim Close Data Claim No.	SGN318C Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLPS771D Received
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claim Description Preferred Workshop Contact No. Require Finalisation Done Registered Report Taken By Drint AK letter Attachment	96395220 Please Select ≥≥ SGN318C / SLP8771D DN 20 Aug 2018 Yes 21/06/2018 19:36 Jackson	Coreact No. (Home) Of vehicle Number Type of Benefit * Claimant NRIC * Insured Lieblity * Preferend Reper Option Claim Close Date	SGN318C Please Select Not at Fault Preferred Workshop, Name unknown Seve Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLPS771D Received
Claim Type * Centact No.(Mobile) Email Address Claimant Type Oalmant Type * Claimant Name * Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By 2 Print AK letter Attachment	96395320 Please Select ≥≥ SGN318C / SLP8771D DN 20 Aug 2018 Yes 21/06/2018 19:36 Jackson MT/1008242	Coreact No. (Home) Of vehicle Number Type of Benefit * Claimant NRIC * Insured Lieblity * Preferened Reper Option Claim Close Data Claim No.	SGN318C Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLP8771D Received 21/08/2016 00:00
Claim Type * Centact No.(Mobile) Email Address Claimant Type Oalmant Type * Claimant Name * Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ### Drine AK letter Attachment ###################################	Please Salect Please Salect >> SGN318C / SLP8771D DN 20 Aug 2018 Yes 21/08/2018 19:36 Jackson MT/1008242 ● Yes ○ No	Coreact No. (Home) Of vehicle Number Type of Benefit * Claimant NRIC * Insured Lieblity * Preferened Reper Option Claim Close Data Claim No.	SGN318C Please Select Not at Fault Preferred Workshop, Name unknown Save Submit 001 21/08/2018 19:37 Category *	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G(A report Date Received	SLP8771D Received 21/08/2016 00:00
Claim Type * Centact No.(Mobile) Email Address Claimant Type Oalmant Type * Claimant Name * Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ### Drine AK letter Attachment ###################################	Please Salect Please Salect >> SGN318C / SLP8771D DN 20 Aug 2018 Yes 21/08/2018 19:36 Jackson MT/1008242 ● Yes ○ No	Coreact No. (Home) Of vehicle Number Type of Benefit * Claimant NRIC * Insured Lieblity * Preferened Reper Option Claim Close Data Claim No. Upload Date	SGN318C Please Select Not at Fault Preferred Workshop, Name unknown O01 21/08/2018 19:37 Cetegory * Clear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urgen	SLP8771D
Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Attachment # Acodem No.	Please Salect Please Salect >> SGN318C / SLP8771D DN 20 Aug 2018 Yes 21/08/2018 19:36 Jackson MT/1008242 ● Yes ○ No	Coreact No. (Home) Of vehicle Number Type of Benefit * Claimant NRIC * Insured Liebility * Preferened Reper Option Claim Close Date Claim No. Upload Date Browse.	SGN318C Please Select Not at Fault Preferred Workshop, Name unknown O01 21/08/2018 19:37 Cetegory * Clear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G(A report Date Received Confidential Urgen	Received 21:08:2018 00:00
Claim Type * Centact No.(Mobile) Email Address Claimant Type Oalmant Type * Claimant Name * Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ### Drine AK letter Attachment ###################################	Please Salect Please Salect >> SGN318C / SLP8771D DN 20 Aug 2018 Yes 21/08/2018 19:36 Jackson MT/1008242 ● Yes ○ No	Coreact No. (Home) Of vehicle Number Type of Benefit * Claimant NRIC * Insured Liebility * Preferend Reper Option Claim Close Date Claim No. Upload Date Browse. Browse.	SGN318C Please Select Not at Fault Preferred Workshop, Name unknown 21/08/2018 19:37 Category * Clear Please Select Dear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urgen V Normal V Normal	Received 21:08:2018 00:00

