NATIONAL Assessment C			12 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Total Control
Date In: 12/9/18-10.42	Jeb description	1	Date &Time Completed	Done	py.
Ref No: HA INCL 80 16972/14	SAS e-filing	-7.1			
Veh No: MC38502	E-mail (within	Shrs, AIC 2hrs)			
D.O.A : Kalif-18:45	i-Motor Clai	im Form	100-0481101 MM	17/4/18 19	:31
	i-Motor W/C	O (Within: OD 2hr	s, 7'P 4brs)		
OD (TP) Reporting Only	i-Photo Uplo	paded			+
TP Insurer:	Assessment/Si	urvey Report			
Tr hisuter.	Ass't Report b	y Fax / Hand	to Owner/Wksp		AMASOUS STATES
Preferred Wksp / INC Assign Wksp / QV	V: (Tel:	Fax:	
TP Particulars: Veh No:	JE88888	. INC()/Non-INC()	2	
Owner / Driver: (S	Tel:)	
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-	-100%]	- 17
Year of Registration: () Warranty: YES ()/NO()		
Excess: (\$) Loading	:\$1,000()/\$2,000	()			
General Remarks;-			ACAR STRANGE CO.	15.00 S	
() Walk-In Customer : Customer			ALCOHOLD TO THE PARTY OF THE PA		
() Total Loss Case : to e-mail)		,	N		
		10 / \ \ T	Service Co. (
Drive-In ()/ Towed-In (); In	nvoice: YES () / N	10();1	owing Co: (
Remarks:- (INC horline: 6788 66	16)		Date&Time Completed	Done	by -
1) Apply for Transport Allowance () / Courtesy Car ()	1		to to
2) QC Check / Post Repair Inspection	())	*	-	
3) Upload Resurvey Photo [Repair Cos	st > \$30001 ()	 		
		-			
Injurý:		7/2			
Date/Time Actions	100	11.00		E ELECTION OF THE	7
				Technology and the	
•					
NA1825910		Invoice Pre	paration Checklist	Anit (S)	Amt (\$)
laimant's Particulars :-		1) AR : Accident			C COST CONT
The state of the s			Assessment (\$100); INC (\$		
river/Owner:	- 274 274 274 274 274 274 274 274 274 274			40/\$45	
	- May 50 0 1 10 10 10 10 10 10 10 10 10 10 10 1	3) TF : Towing F 4) FT : Follow-T	ee	\$120	
ontact No:	39	3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T	rough Survey hrough Survey (Resurvey)	\$120 \$30	
		3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec	ce So hrough Survey hrough Survey (Resurvey) geinst INC Only (wef 10 Jan 200 tion	\$120 \$30 35) \$75	
		3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idac DA	ce So hrough Survey hrough Survey (Resurvey) goinst INC Only (wef 10 Jan 200 tion + SMRT Survey	\$120 \$30 \$5)	
amaged Portion:	1	3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec	ce So hrough Survey hrough Survey (Resurvey) goinst INC Only (wef 10 Jan 200 tion + SMRT Survey	\$120 \$30 35) \$75	
nmaged Portion:		3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio QD: *N5: Courtesy	ce Sontough Survey hrough Survey (Resurvey) rainst JNC Only (wef 10 Jan 200 rainst Survey onal Services:- Car / Tpt Allowance	\$120 \$30 \$5) \$75 \$160	
amaged Portion: C Checked by (Engr-In-Charge):		3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idac DA 8) NTUC Additio Q1)* *N5: Courtesy *N6: Repair C	ce Son trough Survey hrough Survey (Resurvey) Rainst JNC Only (wef 10 Jan 200 ction + SMRT Survey chal Services:- Car / Tpt Allowance coordination	\$120 \$30 \$5) \$75 \$160	
amaged Portion: C Checked by (Engr-In-Charge):		3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio OD! *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 200 thon SMRT Survey onal Services:- Car / Tpt Allowance o-ordination air Inspection lect Excess Coordination	\$120 \$30 \$5) \$75 \$160 \$3 \$10 \$25 \$5	
amaged Portion: C Checked by (Engr-In-Charge): uditors' Comments::	*	3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio OD: *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col TP (N11): TP	hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 200 tion SMRT Survey hal Services:- Car / Tpt Allowance p-ordination hir Inspection lect Excess Coordination (N-m INC) against INC	\$120 \$30 \$5) \$75 \$160 \$5 \$10 \$25	
ontact No: amaged Portion: C Checked by (Engr-In-Charge): uditors! Comments:: 1. 1: 1. 2 / 3;		3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio OD! *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 200 tion SMRT Survey hal Services:- Car / Tpt Allowance p-ordination hir Inspection lect Excess Coordination (N-m INC) against INC	\$120 \$30 \$50 \$75 \$160 \$5 \$10 \$25 \$5 \$20 \$30	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

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.
- 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.

aloresaid,	
Central and Spring College (1975)	ACCIDENT STATEMENT
Date Of Report	17/09/2018 11:42
Date Of Accident	15/09/2018 18:45
Exact Location Of Accident	E COAST RD BEFORE JUNC STILL RD
Country/State of Loss	SINGAPORE
The state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMC3850Z
Insured/Policyholder	
Name Of Registered Owner	CHENG YEW KIT
NRIC No	S1310533B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96251795
Alternative Phone No	OFFICE-96251795
Vehicle Particulars	
Manufacturer	OPEL
Model	ASTRA-J 1.4 AT D/AB 2WD 5DR TURBO
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	5103381509
Cover Note Number	
Driver	
Name of Driver	CHENG YEW KIT
NRIC No	S1310533B
Date Of Birth	31/01/1958

14/06/1993

25 YEARS AND 3 MONTHS

(LOCAL) +65-96251795

OFFICE-96251795

INDOOR

MALE

NOEMAIL

Address 34 SEA AVENUE

Postcode 424254

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 COLLISION - HEAD TO REAR

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 Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

2

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG EAST COAST RD AS TRAFFIC LIGHT WAS RED. SUDDENLY VEHICLE B REVERSED HIS VEHICLE AND HIT ONTO MY VEHICLE FRONT LEFT PORTION.

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 SE8888B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver TAN HONG HUAT
NRIC/Passport Number S1085287J

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature Date & Time:

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

NRIC/FIN No.:

Policyholder's Signature

Date & Time:

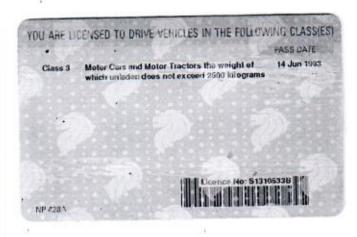
Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:













Policy No.					
	5103381509	Vehicle No.	5MC3850Z	GST Registration No.	
Certificate No.					
Policyholder Name	CHENG YEW KIT			Policyholder NRIC	S1310533B
Yoduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	Ů.
ontact No.(Mobile)	96251795	Contact No.(Office)	9	Contact No.(Home)	0
mail Address		Special Remark		eCode	To V
FK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	1
CD Protection			50	Private Hire	14.2
Accident Details	No	NCD Entitlement(%)	30	Private mire	No
eport Date	17/09/2018 19:30	Accident Report Within 24 hrs.	Yes	Acodent Type	Collision - Head to Rear
ne of Academ	15/09/2018	Time of Accident hhomm	18:45	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	E COAST RD BEFORE JUNC STILL RD				
7 Excess					
en damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
inames Driver Excess	0.00	Dutside Singapore OD Excess	600.00		
and Party Excess	0.00	Outside Singapore TP Excess	0.00		
7 Benefits	0.00	Outside Singapore IV Excess	8.00		
	atto				
GST Registered Informa			MAN M. V. D. L. DOS CO. M. C. C.		
T Registered IT Registration No.	No		GST Registration Date GST Status Venfled	22	
of Registration No.			COST DIRECT VERTING	Yes	
Total Constitution					
Policyholder Mailing Ad	idrasa				
		Address &	CHICADOOR (TATE	Autour *	
idress 1	34 SEA AVENUE	Address 2	SINGAPORE 424254	Address 3	
odress 4		Address Type	Singapore address	Post Code	424254
VE No.		Related Policy Number	5103381509		
OI Driver Info					
iver Name	CHENG YEW KIT	Driver Type	Main Driver		
named driver Name		Driver NRIC	St310533B	Driver DOB	31/01/1958
gister Date of Driver License	14/06/1993	Driver Age	60	Driving Experience	25
ritact No.(Mobile)	96251795	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	34 SEA AVENUE	Address 2	SINGAPORE 424254	Address 3	
Sdress 4	or service	Address Type	Singapore address	Post Code	424254
nt No.		more eas 140c	Singapore sources	TOST CODE	101231
oes he own a Singapore					
gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
ctaration					
eathalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
reathalyser or Blood Test	0 mg	Any injury?	☐ Yes ® No		
reathelyser or filood Test eading?	0 mg	Any injury?	○ Yes ® No		
realhelyser or filood Test eading?	0 mg	Any injury?	○ Yes ® No		
eathalyser or Blood Test ading? dification History	0 mg	Any injury?	○ Yes ® No		
eathalyser or Blood Test eding? dification History	0 mg	Any injury?	○ Yes ® No		
eathalyser or Blood Test eading? diffCation History	0 mg	Any injuy?	○ Yes ® No		
eathalyser or Blood Test ading? odification History Claim 001 New	0 mg	Any injury? Insured Name	Over ® No	Insured NRIC	513105336
eathelyser or Blood Test adding? dification History Claim 001 New				Insured NRIC Contact No.(Office)	513105330
eathalyser or Blood Test ading? dification History Claim 001 New Nor Type * nost No (Mobile)	00-мк ▼	Insured Name	CHENG YEW KIT		\$13105376 SE88886
eathalyser or filood Test ading? dification History Claim 001 New Inn Type * Incact No. (Mobile) Task Address	00-Mik 95251795 changsebastian79@gmail.com	Insured Name Consact No.(Home)	CHENG YEW KIT	Contact No.(Office)	
nathalyser or Blood Test ading? Jification History Claim 001 New Im Type * resct No. (Mobile) are Address Immat Type Claimant Type *	00-Mix Security Secur	Insured Name Consact No.(Home) Of Vehicle Number	CHENG YEW KIT. NII. SHC2850Z	Contact No.(Office)	
eathelyser or filood Test ading? dification History Claim 001 New Im Type * REAL No. (Mobile) are Address Imant Type Claimant Type * Imant Name *	00-Mix 95251795 chengsebastian79@gmail.com	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	CHENG YEW KIT. NII. SHC2850Z	Contact No.(Office)	
eathelyser or Blood Test ading? discotion History Claim ODI New INT Type * Interct. No. (Hobile) are Address Internit Type Claimant Type * Internit Address Internit Address	COD-MIX V 95251795 Chengsebastian 76 © gmail.com Please Select V ≥≥	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	CHENG YEW KIT. NII. SHC2850Z	Contact No. (Office) TP Vehicle Number	
eathelyser or Blood Test eating? dification History Claim OD1 New In Type * Incact No. (Mobile) Inal Address Inmant Type Claimant Type * Inmant Address	00-Mix Security Secur	Insured Name Contact No.(Horrie) OI Vehicle Number Type of Benefit * Claimans NRIC *	CHENG YEW KIT NIL SHC3850Z Please Select	Contact No.(Office)	
eathelyser or Blood Test ading? discotion History Claim ODI New INT Type * Interct No. (Hobile) are Address Intermit Type Claimant Type * Intermit Address I	000-Mix	Insured Name Connact No.(Home) OI Vehicle Number Type of Benefit * Claimans NRIC *	CHENG YEW KIT NIL SHC3850Z Please Select V	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	SE88880
eathelyser or Blood Test ading? Claim 001 New Im Type * react No. (Mobile) ale Address Imans Type Claimant Type * Imans Address Imans Addres	OO-Mix V 96251795 Changsebastian76 © gmail.com Please Select V ≥≥ SMC1850Z / SE8888B ON 15 Sept 2018 Yes V	Insured Name Connact No.(Home) Of Vehicle Number Type of Benefit * Claimain NRIC * Insured Liability * Preferend Regair Option	CHENG YEW KIT NIL SHC3850Z Please Select V	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SE89898
eathelyser or Blood Test ading? Claim 001 New Im Type * react No. (Mobile) ale Address Imans Type Claimant Type * Imans Address Imans Addres	000-Mix	Insured Name Connact No.(Home) OI Vehicle Number Type of Benefit * Claimans NRIC *	CHENG YEW KIT NIL SHC3850Z Please Select V	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	SE88880
nathalyser or Blood Test ading? Sification History Claim 001 New Imm Type * Insict No. (Mobile) Insict No. (Mobile) Insict No. (Mobile) Immin Type Claimant Type * Immin Type Claimant Type * Immin Address Immin Address Immin Address Immin Morkshop Cortact Insich Finalisation Ite Registered	OO-Mix V 96251795 Changsebastian76 © gmail.com Please Select V ≥≥ SMC1850Z / SE8888B ON 15 Sept 2018 Yes V	Insured Name Connact No.(Home) Of Vehicle Number Type of Benefit * Claimain NRIC * Insured Liability * Preferend Regair Option	CHENG YEW KIT NIL SHC3850Z Please Select V	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SE89898
eathelyser or Blood Test ading? Claim OD1 New Inner Type * Inner No. (Mobile) In Address Inner Name * Inner Address Inn	000-Mix	Insured Name Connact No.(Home) Of Vehicle Number Type of Benefit * Claimain NRIC * Insured Liability * Preferend Regair Option	CHENG YEW KIT NIL SHC3850Z Please Select V	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SE89898
eathelyser or Blood Test ading? Claim ODI New INTYPE * INTEREST OF THE TOTAL INTYPE * INTEREST OF THE TOTAL INTYPE * INTEREST OF THE TOTAL INTYPE COMMENT TYPE * INTEREST OF THE TOTAL INTEREST OF THE T	000-Mix	Insured Name Connact No.(Home) Of Vehicle Number Type of Benefit * Claimain NRIC * Insured Liability * Preferend Regair Option	Cheng Yew KIT NIL SHC38502 Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SE89898
eathelyser or Blood Test ading? Claim ODI New INTYPE * INTEREST OF THE TOTAL INTYPE * INTEREST OF THE TOTAL INTYPE * INTEREST OF THE TOTAL INTYPE COMMENT TYPE * INTEREST OF THE TOTAL INTEREST OF THE T	000-Mix	Insured Name Connact No.(Home) Of Vehicle Number Type of Benefit * Claimain NRIC * Insured Liability * Preferend Regair Option	CHENG YEW KIT NIL SHC3850Z Please Select V	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SE89898
eathelyser or Blood Test ading? Claim 001 New New New Type * react No. (Mobile) new Address sim and Address sim Description eferred Workshop Contact quire Finalsacion te Registered port Taken By Print AK letter	000-Mix	Insured Name Connact No.(Home) Of Vehicle Number Type of Benefit * Claimain NRIC * Insured Liability * Preferend Regair Option	Cheng Yew KIT NIL SHC38502 Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SE89898
eathelyser or Blood Test eating? discotion History Claim 001 New Interpretation of the Claim	000-Mix	Insured Name Connact No.(Home) Of Vehicle Number Type of Benefit * Claimain NRIC * Insured Liability * Preferend Regair Option	Cheng Yew KIT NIL SHC38502 Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SE89898
eathelyser or Blood Test eating? dification History Claim OD1 New Interpret New Interpret No. (Mobile) Interpret No. (Mobile) Interpret No. (Mobile) Interpret Nome * Interpret Nome * Interpret Nome Nome Interpret	000-Mix	Insured Name Connact No.(Home) Of Vehicle Number Type of Benefit * Claimain NRIC * Insured Liability * Preferend Regair Option	Cheng Yew KIT NIL SHC38502 Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SE89898
sathalysis or Blood Test sading? dification History Claim 001 New sim Type * incact No.(Hisbite) nas Address simant Type Claimant Type * simant Name * simant Name * simant Address sim Description seferred Workshop Contact re Registered sport Taken By Print AK letter Attachment	000-Mix	Insured Name Connact No.(Home) Of Vehicle Number Type of Benefit * Claimain NRIC * Insured Liability * Preferend Regair Option	Cheng Yew KIT NIL SHC38502 Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SE89898
sathalyser or Blood Test seding? dification History Claim 001 New sim Type * smact No.(Hobie) nas Address simant Type Claimant Type * simant Name *	OD-Mix	Insured Name Connact No.(Home) Of Vehicle Number Type of Benefit * Claimans NRIC * Insured Liabery * Preferend Regair Option Claim Close Date	CHENG YEW KIT. NIL. SHC3850Z Please Select Not at Fault Preferred Workshop, Name unknown Save Submit.	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SE89898
sathalyser or Blood Test seding? dification History Claim 001 New sim Type * smact No.(Hobie) nas Address simant Type Claimant Type * simant Name *	000-Mix	Insured Name Connact No.(Home) Of Vehicle Number Type of Benefit * Claimans NRIC * Insured Liabery * Preferend Regair Option Claim Close Date Claim No.	CHENG YEW KIT. NIL SHC38502 Please Select Not at Fault Preferred Workshop, Name unknown 001 17/09/2018 19-33	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	SE88888 SE888888 Received 17/09/2018 00:00
reathalyser or Blood Test reading? Claim 001 New aim Type * aim Type * aim Type Claim ant Type * aimant Name * aimant Address aim Description afferred Workshop Contact by claim 60 Print Ax letter Attachment	OD-Mix	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claiman NRIC * Insured Liability * Preferend Regair Option Claim Close Date Claim No. Upload Date	CHENG YEW KIT. NII. SHC3850Z Please Select Preferred Workshop, Name unknown Save Subma. 001 17/09/2028 19:33 Category +	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urgen	SE88888
reathalyser or Blood Test eading? Claim 001 New Laim Type * ornact No. (Mobile) may Address laimant Type Claimant Type * laimant Address laim Description seferred Workshop Coreact o, equire Finalisation ate Registered eport Takan By If Print AK letter Attachment	000-Mix	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claiman NRIC * Insured Liability * Preferend Regair Option Claim Close Date Claim No. Upload Date Browse.	CHENG YEW KIT. NII. SHC3850Z Please Select Preferred Workshop, Name unknown 17/09/2018 19:33 Category + Clear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urgen V Normal	
reathalyser or Blood Test eading? odification History	000-Mix	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claiman NRIC * Insured Liability * Preferend Regair Option Claim Close Date Claim No. Upload Date	Overag Yew Kit. NII. SHC3850Z Please Select Preferred Workshop, Name unknown 17/09/2018 19:33 Category * Clear Please Select Clear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urgen	SE88888

