The manufacture of the control of th	Services Wet Jamos M	14118123141	
Date In: 27 4 18-15:48	Jeb description	Date & Time Completed	Done by
Rei No: NA INCROIZIZETY	SAS e-filing		
Veh No: JUF 41400	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 2/9/18-13:15	i-Motor Claim Form	MT 1012571001	22/9/18 16:37
The second secon	i-Motor W/O (Within: OD 2hr		- Antonio de la Maria de Companio de Compa
OD / TP / Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
ir insurer.	Ass't Report by Fax / Hand	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:
TP Particulars: Veh No: Jhs 79	INC ()/Non-INC()	/
Owner / Driver: (Tel:)
Policy No: () Peri	iod: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [N	ote-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-	100%]
Year of Registration: () W	/arranty: YES () / NO ()	
Excess: (\$) Loading: \$1,00	0()/\$2,000()		
General Remarks;-			300
() Walk-In Customer : Customer's inform	nation strictly Confidential & St.	rictly NO refer of repairer.	
() Total Loss Case : to e-mail Insurer			
Drive-In ()/ Towed-In (); Invoice:	NUMBER OF STREET	owing Co. (
	128()/10(),1		
Remarks: (INC hotline: 6788 6616)		The secretary of the second	Done by
(17) (24) (17) (24) (11) (17) (17)		Date&Time Completed	Securification by
	ourtesy Car ()	Date & Third Colline 30	MET AND ONE DY
	ourtesy Car ()	Dates in the Continue 3u.	nar a pone by
1) Apply for Transport Allowance ()/Co	()	Lyate& 1 HTB Continue 3u.	S.E. S. Done by
1) Apply for Transport Allowance ()/Co 2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30	()	Dates in the Continue su	Security Security
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	Lyate& 1 H7 B Cotta) At 3.1	J. S. J. Done by
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	Dates in the Collaber su	Security Security
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	Lyate& Hilb Collabe 31	Done by
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	Dates in the Collaber su	Sec. CADE
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	Lyate& 1 HTB Cottalpte: 3L	Done by
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	Dates in the Cottable sur	SE SADGRE DY
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	Dates in the Cottable sur	
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	()	paration Checklist	Anet (5) Arit (
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	() noo] () Invoice Pre	naration Checklist	
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	[invoice Press] AR: Accident [2) DA: Damage	naration Checklist Reporting (\$30); Assessment (\$100); INC (\$60)	Ant (S) Ant (Fit Bill Add E
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions NA 1806019	invoice Pre 1) AR : Accident 2) DA : Damage 3) TF : Towing F	naration Checklist Reporting (\$30); Assessment (\$100); INC (\$30);	Ant (5) Ant (8)
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury : Date/Time Actions Actions Actions chimant's Particulars:	Invoice Pre 1) AR : Accident	Paration Checklist Reporting (530); Assessment (\$100); INC (\$30); The second Survey (Resurvey)	Ant (5) Ant (6) Ant (7) And E 80) 0/545 5120 530
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions Actions Actions Actions Injury: Injury	Invoice Pres 1) AR : Accident	naration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); The second Survey arough Survey (Resurvey) Trainst INC Only (wef 10 Jan 2005)	Ant (5) Ant (6) Ant (7) And E 80) 0/545 5120 530
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions Actions Actions Actions Injury: Injury: Date/Time Actions	Invoice Present Invoice Pr	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$30);	Ant (5) Ant (8) 80) 0/545 5120 530 (1)
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury : ———————————————————————————————————	Invoice President	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$30);	Ant (5) Ahit (
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury : ———————————————————————————————————	Invoice Present Invoice Present	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$30);	Ant (5) Ahit (
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions Liminant's Particulars:- river/Owner: Intact No: Imaged Portion: Checked by (Engr-In-Charge):	Invoice Pres 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming at 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OD: *N5: Courtesy *N6: Repair Co	Paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$30); The state of	Ant (5) Ant (6) Ant (7) Ant (7) Ant (7) And E
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury : ———————————————————————————————————	Invoice Present 1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming at 6) TR : Re-inspec 7) N1 : Idae DA : 8) NTUC Addition OD!* *N5: Courtesy *N6: Repair Co *N7: Fost Re	Paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$30); The state of	And (5) Ahit (15t.Bill Add E 80) 0/545 5120 530 1) 575 5160
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	Invoice Present Invoice Pr	naration Checklist Reporting (\$30); Assessment (\$100); INC (\$30);	Ant (5) Ant (80)
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions Inimant's Particulars:- river/Owner: Ontact No: Imaged Portion: C Checked by (Engr-In-Charge):	Invoice Pres 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming at 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OD!* *N5: Courtesy *N6: Repair Co *N7: Fost Repair Co	naration Checklist Reporting (\$30); Assessment (\$100); INC (\$30);	Ant (5) Ant (6) Ant (7) Ant (7) Ant (7) And E

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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	22/09/2018 15:48
Date Of Accident	21/09/2018 23:15
Exact Location Of Accident	JUNC NEW BRIDGE RD & UPP CROSS ST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLF4140D
Insured/Policyholder	
Name Of Registered Owner	LIM CHIN GUAN (LIN JINYUAN)
NRIC No	S8210256F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81824523
Alternative Phone No	OFFICE-81824523
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8L A
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	REPORTING ONLY
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	5099977193
Cover Note Number	
Driver	
Name of Driver	LIM CHIN GUAN (LIN JINYUAN)
NRIC No	S8210256F
Date Of Birth	01/04/1982
Occupation	INDOOR
Date Of Driving Pass	18/09/2006
Driving Experience	12 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81824523
Fax Number	

OFFICE-81824523

NOEMAIL

7 PUNGGOL FIRLD WALK Address

#08-16

Postcode 828742

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?

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

Number of Passengers (Including Driver)

Passenger 1

YES

2

NO

NAME:

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?

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, VEHICLE B WAS IN STATIONARY POSITION. I SAW THE TRAFFIC JUNCTION WAS GREEN. AS A RESULT, MY VEHICLE HIT ONTO VEHICLE B REAR 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

SGS796D

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)
 4

 Passenger 1
 NAME: : GENDER: : GENDE

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)

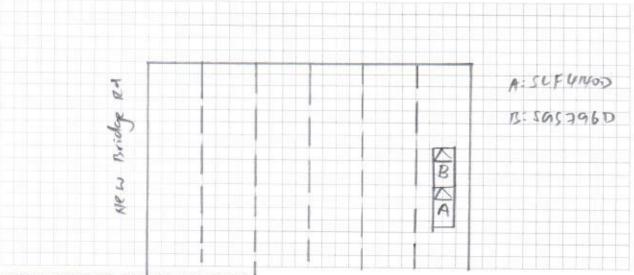
I understand, acknowledge, agree and consent that:

- (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 .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	0.94 V. XX 5ee5	
Refer to	Hatemaj.	

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) Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Date & Time:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8210256F

0

Name

LIM CHIN GUAN (LIN JINYUAN)

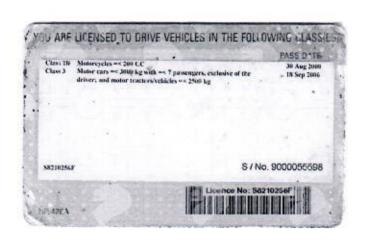
林 进 源 Flace CHINESE Date of birth Sex

O1-O4-1982 M Country of birth SINGAPORE









eBao Tech						A STATE OF		100	Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					· Change	Language	Chang	e Password	+ Log Out
My Desktop	Policy Query									,
Notice of Loss	Policy No.				Date o	of Accident	2	1/09/2018 2	3:15	
	Vehicle No.(For Motor)	SLF414	0D		Certifi	icate Number				
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5099977193		LIM CHIN GUAN (LIN JINYUAN)	58210256F	GPC	drivo CLASSIC	SLF4140D	SLF4140D	26/04/2018	25/04/2019
					Continue	I				

Policy No.	5099977193	Policyholder Name	LIM CHIN O	(NAUYNIL NIN NAU	Policyholder	S8210256F	
Certificate No.		ivame			NRIC		
Address	BLK 289D #15-845 PUNGGOL P	LACE SINGAP	ORE 824289				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	26/04/2018	Effective Date	26/04/2018	00:00	Expiry Date	25/04/2019 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			Young/	Inexperience Driver Excess
Agent	BENEFIT AUTO INSURANCE AGE	Agent Tel.	64445313		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policyl	holder Mailing Address						
Address 1	BLK 289D #15-845	Addre	ess 2	PUNGGOL PLACE		Address 3	SINGAPORE 824289
Address 4		Addre	ess Type	Singapore address		Post Code	824289
Jnit No.	15-845	Relati Numb	ed Policy er	5099977193			
) Insure	ed Object: SLF4140D						
000000000000000000000000000000000000000	sements						
	rements						

licy No.					
	5099977193	Vehicle No.	SUF41400	GST Registration No.	
ertificate No.					
dicyholder Name	LIM CHIN GUAN (LIN JINYUAN)			Policyholder NR3C	58210256P
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
oritact No.(Mobile)	81824523	Contact No.(Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	E V
FK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	150
CD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details	55	HCD challenging		Private rive	NO.
	22.22.22.22.22.22.22.22.22.22.22.22.22.				
port Date	22/09/2018 16:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ite of Accident	21/09/2018	Time of Academ thomm	23:15	Country of Academs	Singepore
porting Centre		Orange Force		JCM No.	
codent Location	JUNC NEW BRIDGE RD & UPP CROSS ST				
₩ Excess					
un damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
nnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
and Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Informa	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Venfied	Yes	
edification History			THE PROPERTY OF THE PROPERTY O	9757	
Policyholder Mailing Ad	dress				
idress 1	BLK 2890 ≠15-845	Address 2	PUNGGOL PLACE	Address 3	SINGAPORE 824289
Idress 4		Address Type	Singapore address	Post Code	824289
nt No.	15-045	Related Policy Number	5099977193	0000000000	
OI Driver Info			100000000000		
iver Name	LIM OHIN GUAN	Onver Type	Main Oriver		
named driver Name		Driver NRIC	S8210256F	Driver DOB	01/04/1982
gister Date of Driver License	18/09/2006	Driver Age	36		
intact No. (Mobile)	81824523	비사 전에 가장하다 되었다.		Driving Experience	1.2
		Contact No. (Office)	0	Contact No.(Home)	0
dress I	7 PUNGGOL FIELD WALK	Address 2	FLO RESIDENCE	Address 3	SINGAPORE 828742
Idress 4		Address Type	Singapore address	Post Code	828742
nit No.	96-16				
oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
CONTRACTOR CONTRACTOR					
daration					
reathalyser or Blood Test redingT	Omg	Any injury?	○ Yes ® No		
odification moreov					
dification History					
A					
Claim 001 New		95.2.2.3941		Name of the second	
Claim 001 New	ОО-MX	Insuland Name	LIM CHIN GUAN (LIN JIMPUAN)	Insured NRIC	\$8210256F
Claim 001 New wm Type * miect No.(Mobile)	OD-MX V	Insured Name Contact No.(Home)	LIM CHIN GUAN (LIN JINYUAN)	Insured NRIC Contact No. (Office)	\$8210258F
Claim 001 New Em Type * misci No.(Mobile)			LIM CHIN GUAN (LIN JINYUAN)		\$8210256F \$92796D
ctaim 001 New win Type * misct No.(Mobile) hall Address	01824523 PATRICIA, HANGHOS, COM	Contact No.(Home)		Contact No. (Office)	
craim 001 New son Type * misct No.(Mobile) and Address smant Type Claimant Type *	B1824523 PATRICIA, HANGHOS, COM	Contact No.(Home) Oil Vehicle Number	SUF41400	Contact No. (Office)	
craim 001 New win Type * misct No.(Mobile) had Address smant Type Claimant Type * smant Name *	B1824523 PATRICIA.HANISHDS,COM Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit *	SUF41400	Contact No. (Office)	
craim 001 New wm Type * misct No.(Mobile) half Address kmant Type Claimant Type * kmant Name *	B1824523 PATRICIA.HANISHDS,COM Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit *	SUF41400	Contact No. (Office)	SG5796D
em Type * mact No.(Mobile) all Address amant Type Claimant Type * amant Address amant Address amant Address amant Description ferred Workshop Contact	B1824523 PATRICIA.HAN®HDS,COM Please Select ≥≥	Contact No.(Home) OI Vehicle Number Type of Benefit *	SUF41400	Contact No. (Office) TP Vehicle Number	SG5796D
sim Type * misct No.(Mobile) nati Address smant Type Claimant Type * smant Address smant Address smant Address im Description ferred Workshop Corract	S1824523 PATRICIA,HAN®HDS,COM Please Select ✓ ≥≥	Contact No.(Home) 03 Vehicle Number Type of Benefit * Claimant NRIC *	SLF41400 Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	SG5796D
sim Type * misct No.(Mobile) nati Address smant Type Claimant Type * smant Address smant Address smant Address sm Description ferred Workshop Contact	1824523 PATRICIA,HAN®HDS,COM Please Select ✓ ≥≥	Contact No.(Horne) 03 Vehicle Number Type of Benefit * Clement NRIC * Insured Liability * Preferend Repair Option	SLF41400 Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report	SGS796D Received
in Type * misct No.(Mobile) all Address amant Type Claimant Type * amant Address amant Address amant Address am Description ferred Workshop Contact pure Finalization te Registered	S1824523 PATRICIA,HAN®HDS,COM Please Select ✓ ≥≥ SLF4140D / SG5796D DN 21 Sept 2018 Yes ✓ 22/09/2018 16:37	Contact No.(Home) 03 Vehicle Number Type of Benefit * Claimant NRIC *	SLF41400 Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	SG5796D
im Type * mact No.(Mobile) an Address imant Type Claimant Type * imant Address imant Address im Description ferred Workshop Confact ture Finalization e Registered port Taken by	1824523 PATRICIA,HAN®HDS,COM Please Select ✓ ≥≥	Contact No.(Horne) 03 Vehicle Number Type of Benefit * Clement NRIC * Insured Liability * Preferend Repair Option	SLF41400 Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report	SGS796D Received
chaim 001 New In Type * Iffact No.(Mobile) In Address Imant Type Claimant Type * Imant Address Imant Address Im Description ferred Workshop Corract Luce Finalisation Is Registered Doct Taken By	S1824523 PATRICIA,HAN®HDS,COM Please Select ✓ ≥≥ SLF4140D / SG5796D DN 21 Sept 2018 Yes ✓ 22/09/2018 16:37	Contact No.(Horne) 03 Vehicle Number Type of Benefit * Clement NRIC * Insured Liability * Preferend Repair Option	SLF41400 Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report	SGS796D Received
chaim 001 New In Type * Iffact No.(Mobile) In Address Imant Type Claimant Type * Imant Address Imant Address Im Description ferred Workshop Corract Luce Finalisation Is Registered Doct Taken By	S1824523 PATRICIA,HAN®HDS,COM Please Select ✓ ≥≥ SLF4140D / SG5796D DN 21 Sept 2018 Yes ✓ 22/09/2018 16:37	Contact No.(Horne) O3 Vehicle Number Type of Benefit * Clamant NRJC * Insured Lability * Preferend Repair Option Claim Close Date	SUF41400 Please Select Fully at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report	SGS796D Received
em Type * mact No.(Mobile) all Address mant Type Clamant Type * imant Address imant Address im Description ferred Workshop Correct gure Finalization te Registered port Taken by Print AK letter	S1824523 PATRICIA,HAN®HDS,COM Please Select ✓ ≥≥ SLF4140D / SG5796D DN 21 Sept 2018 Yes ✓ 22/09/2018 16:37	Contact No.(Horne) O3 Vehicle Number Type of Benefit * Clamant NRJC * Insured Lability * Preferend Repair Option Claim Close Date	SLF41400 Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report	SGS796D Received
win Type * win Type * misct No.(Mobile) and Address winant Type Claimant Type * winant Address im Description fierred Workshop Contact jure Finalisation te Registered port Taken by Print Add letter	S1824523 PATRICIA,HAN®HDS,COM Please Select ✓ ≥≥ SLF4140D / SG5796D DN 21 Sept 2018 Yes ✓ 22/09/2018 16:37	Contact No.(Horne) O3 Vehicle Number Type of Benefit * Clamant NRJC * Insured Lability * Preferend Repair Option Claim Close Date	SUF41400 Please Select Fully at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report	SGS796D Received
sun Type * misct No.(Mobile) nati Address smant Type Claimant Type * smant Address smant Address smant Address smant Address sm Description ferred Workshop Contact	S1824523 PATRICIA,HAN®HDS,COM Please Select ✓ ≥≥ SLF4140D / SG5796D DN 21 Sept 2018 Yes ✓ 22/09/2018 16:37	Contact No.(Horne) O3 Vehicle Number Type of Benefit * Clamant NRJC * Insured Lability * Preferend Repair Option Claim Close Date	SUF41400 Please Select Fully at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report	SGS796D Received
wm Type * misct No.(Mobile) nati Address smant Type Claimant Type * smant Address sman	S1824523 PATRICIA,HANBHDS,COM Please Select V 22/09/2018 16:37 Jackson 21/09/2018 16:37 Jackson 21/09/2018 16:37 Jackson 22/09/2018 16:37 Jackson 23/09/2018 16:37 Jackson 24/09/2018 24/09	Contact No.(Horne) 03 Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferenced Repair Option Claim Close Date	SLF41400 Please Select Fully at Faux Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report	SGS796D Received
wm Type * misct No.(Mobile) nail Address smant Type Claimant Type * smant Address smant Add	S1824523 PATRICIA,HANBHDS,COM Please Select V 22	Contact No.(Horne) 03 Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferenced Repair Option Claim Close Date Claim No.	SLF41400 Please Select Fully at Faux Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report	SGS796D Received
sun Type * misct No.(Mobile) nati Address smant Type Claimant Type * smant Address smant Address smant Address im Description fearred Workshop Correct	S1824523 PATRICIA,HANBHDS,COM Please Select V 22/09/2018 16:37 Jackson 21/09/2018 16:37 Jackson 21/09/2018 16:37 Jackson 22/09/2018 16:37 Jackson 23/09/2018 16:37 Jackson 24/09/2018 24/09	Contact No.(Horne) 03 Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferenced Repair Option Claim Close Date	SLF41400 Please Select Fully at Faux Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report	SGS796D Received
sun Type * misct No.(Mobile) nati Address smant Type Claimant Type * smant Address smant Address smant Address im Description fearred Workshop Correct	S1824523 PATRICIA,HANBHDS,COM Please Select V 22	Contact No.(Horne) 03 Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferenced Repair Option Claim Close Date Claim No.	SLF41400 Please Select Fully at Faux Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop SIA report Date Received	SGS796D Received
craim 001 New Interpretation of the control of the	S1824523 PATRICIA,HANBHDS,COM Please Select V 22	Contact No.(Horne) 03 Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferenced Repair Option Claim Close Date Claim No.	SLF41400 Please Select Fully at Fault Preferred Workshop, Name unknown 001 22/09/2018 16:38 Category *	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop SIA report Date Received	SG5796D Received 22/09/2018 00:00
wm Type * misct No (Mobile) nail Address smant Type Claimant Type * smant Address smant Add	S1824523 PATRICIA,HANBHDS,COM Please Select V 22	Contact No.(Horne) 03 Vehicle Number Type of Benefit * Clement NRIC * Insured Liability * Preferend Repair Option Claim Close Date Cleim No. Upload Date	SLF41400 Please Select Fully at Fault Preferred Workshop, Name unknown 001 12/09/2018 16:38 Category * Cear Please Select	Confidential Urge	SG5796D

