NATIONAL Assessment Centre	e Services.	wef 1 Jan'06] MN	AIRIZHIS		1	
Date In: 1/10/18 -18:38	Jeb description		Date &Time Comp	oleted	Don	e by
Ref No: NA/IN/18017777/24	SAS e-filing					
Veh No: SH 6922H	E-mail (within S)	irs, AIC 2hrs)			1150)2= NI	
D.O.A: 21/9/18-22:30	i-Motor Claim		MT 10138 56-00		lialis.	20:30
OD / TP Reporting Only	i-Motor W/O	(Within: OD 2hrs			11-11-0	
OD / IT Reporting Only	i-Photo Uploa	ded	1			
TP Insurer:	Assessment/Sur	vey Report			1/4	
11 Insurer.	Ass't Report by	Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:		
TP Particulars: Veh No: MCX	0012	INC (	)/Non-INC(	).	4	
Owner / Driver: (			Tel:		)	
Policy No: ( ) Per	riod: (	)	Cover Type: (		)	
Confirmed by : (		Date:	Time:		)	
Insured/Driver Liability: ( %) [N	Note-Est. Status (W	O): N: 0-20	%; P: 21-79%. F	: 80-100	%]	
	Varranty: YES (	)/NO(	)			
Excess: (\$ ) Loading: \$1,00	00()/\$2,000(	)				
General Remarks:-		* 177				34
( ) Walk-In Customer : Customer's inform	The second secon	the state of the state of the				-
( ) Total Loss Case : to e-mail Insurer						
				,		
	YES ( ) / NO	)( ); To	wing Co: (			)
Remarks: (INC hotline: 6788 6616)	Alarma della company	100	Date& Time Comple	od b	Done	by
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/Co	The state of the s		Date & Time Comple	ed bis	Done	by
Apply for Transport Allowance ( )/Co	ourtesy Car ( )		Date&Time Comple	34%	Done	by
	ourtesy Car ( )		Date&Time Comple	*ad	Done	by
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30	ourtesy Car ( )		Date&Time Comple	od b	Done	by
Apply for Transport Allowance ( )/Co     QC Check / Post Repair Inspection	ourtesy Car ( )		Date&Time Comple	ed V	Done	by
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Detection	ourtesy Car ( )		Date&Time Comple	\$300KJ2-		
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Detection	ourtesy Car ( )		Date&Time Comple	\$300KJ2-	Done	
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1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	ourtesy Car ( )		Date&Time Comple	\$300KJ2-		
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1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	ourtesy Car ( )		Date&Time Comple	\$300KJ/2-		
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### SINGAPORE ACCIDENT STATEMENT

### 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.
- 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.
- 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.

of the American Section (Control of the Control of	ACCIDENT STATEMENT
Date Of Report	01/10/2018 18:58
Date Of Accident	21/09/2018 22:30
Exact Location Of Accident	MANDAI LAKE RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN6922H
Insured/Policyholder	
Name Of Registered Owner	THE WHEEL PRINTS
Co Reg No	53383758L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	AVEO 1.4AT 5DR T255
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5102322113
Cover Note Number	
Driver	
Name of Driver	KOK YIN YIN JASMINE
NRIC No	S9112502A
Date Of Birth	13/04/1991
Occupation	INDOOR
Date Of Driving Pass	18/06/2010
Driving Experience	8 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97418860
Fax Number	
Contact Number	OFFICE-97418860

BLK 422 CHOA CHU KANG AVENUE 4 Address

#13-232

680422

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Postcode

Insurance Company of Driver's Own Vehicle

### General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

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

NAME:

Number of Passengers (Including Driver)

2

Passenger 1

: ALLAN TANG

GENDER: MALE

### **Details of Police Action**

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

BUKIT TIMAH NEIGHBOURHOOD POLICE POST

Police Station Name Police Station Address

ROAD: BLK 1 TOH YI DRIVE , POSTCODE: 590001 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4689999 - FAX NO: 64623782

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

### Circumstances of Accident

REFER TO POLICE REPORT - T/20180922/2073.

### Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

ANG CHEE KEONG

Phone Number 83336785

Email Address

Name

**Details of Witness 1** 

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC2001Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI Name of Driver

LAY ENG KIAN

NRIC/Passport Number

S1721884J

Contact Number

92371057

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

Name

KOK YIN YIN JASMINE

Approximate Age

Injuries Sustain

LEFT WRIST & SHOULDER

Injured person in which vehicle?

SJN6922H

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

### SKETCH PLAN

### **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.
- 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>.
- 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.
- 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 22/9/2018

(1 gm

Reporting Centre Personne Signature

Name:

NRIC/FIN No.:

Flow Traffic. SKETCH PLAN MANDAI LAKE ROAD. A - SJN6922H Jasmine Kok. B - SHC 20012 Lay Eng Kian. C - SLU 9818 X. Witness.

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 2/19/2018 at about 22/5 hrs. I was driving my
which (SDN 6972 H) along Mandai Cake Road, new to
Suggested Zoo bus stop. If was on 21 name road; I was
driver as the left land. The said of a side of a
driving on the left lang. The orcident happened after 1
and past the Wayse jundon. while I was during,
Suddenly one taxi (SHC 20012) Collided with my
behide on my right. The front night and night stall
of my relicie was damaged.
After that, he got of and extranged particles. There
was repolice or ambdance at scene. There was a
with a the line by the colin after the
witness outh blackby volve (SLU 9818 x), behind
our con. The fortage also showed (SHC 20012) did
not signal before charges lave. My ceft with wist
and shoulder was also winned. There is also a
poissenge, Allow Tong Sifting in my cor or nell.

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Driver's Signature

(If driver is not the policyholder)
Date & Time: 77/9/2018

ilam

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

### PERSONAL PARTICULARS

Date of accident:
Exact location of accident: Mandai Cake Road
Driver's Name: Kok Yim Yin Jasmal NRIC: S9112502A Handphone No: 97418860
Driver's DOB: (3/04/1607) License passed date (back of license): 18 June 2010
Driver's Address: BIK 422 Class Che tang the 4#13-222 St 650+22
Vehicle's No: 5JN 6922H Make & Model: Cherolet
Insurance Co: KTUC Income Policy No: 5102322113
Email Address: jaskoky - By Noc. Com so
Policy Holder name: THEWHEEL PRINTS Policy Holder IC: 59337213A
Driver's relation with owner: Frend Occupation: Indoor/Outdoor
(PLEASE TICK ACCORDNGLY)
What do u wish to claim?
O Own Insurance (O)Other vehicle (3rd party) Not claiming, just reporting only (record purpose)
Exact Purpose for which the vehicle was being used at time of accident?
O Private use O Work O Hire & Rent
Total no of passenger for reporting vehicle (including driver) : 2
Weather condition at time of accident?
OClear O Raining O Others:
Was anybody injured in the accident? O No O yes
Was accident reported to police? O No O Yes at which police station: Bukit Timah NPP
Name of Injured person : Jossan ne Kak Vehicle no : SJN 6022H Was injured conveyed to Hospital?
Any camera in your car: Yxx/No
Third Party driver's particular:
Driver's Name: Lay Eng KIGN NRIC: S1721884J HP No: 92371057
Vehicle no: SHC2017 vehicle make & model: Hyadoi Compat Delbro
Witness's Particular
Witness's Name: A(KAng (lee Kews) HP No: 83336785





1 of 4

Report No. T/20180922/2073

Police Station Of Origin: Bukit Timah NPP

1 Toh Yi Drive #01-139 SINGAPORE 591501

Tel No: 1800-4689999

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2018 13:19			Vide Report No.:	Station Diary No.		
Informan	t's Partic	ulars				
KOK YIN	Informant: YIN JASN		Address: APT BLK 422 CHOA CH SINGAPORE 680422	HU KANG AVENUE 4 #13-232		
ID Type / ID No.: NRIC NO / S9112502A			Contact No.: Home/Office:	Mobile: 97418860		
Nationalit SINGAPO	y: DRE CITIZ	EN .	Email:			
Sex: Female	Age: 27	Date of Birth: 13/04/1991	Type of Informant:			
Race: Chinese			Language:	Institution / School Name:		
Occupation: MARKETING			Driving Licence Information: Class: 3 Date of Expiry:			

General Infor	mation of the Acc	ident	No.		SSSSAG	
Type of Accident:	Injury Others	Drir Driv No		Date/Time of Accident: 21/09/2018 22:1	15	Type of Location: Straight Road
Location: Along Road 1 MANDAI LAK		V2			19	
Weather: Clear		Road Surfa	ce:		Roa	d Speed Limit:
Traffic Flow: One Way		Traffic Cont Traffic Light		rking	Trafi	fic Volume: t
Type of Collis Between Mov	ion: ing Vehicles - Side	Swipe - Same Dire	ction			one conveyed by ulance:

Details of V	ehicle Invo	lved	ASSESSED BY THE BOOK AS		DAY CANDON	ACCUSATION TO A STREET
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SHC2001Z	Car					0
SJN6922H	Car				-	1
ALMOROCOCIA CHA CENTRA CENTRA	NGC/SKY/N					

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Bukit Timah NPP

1 Toh Yi Drive #01-139 SINGAPORE 591501

Tel No: 1800-4689999

### CONTINUATION OF REPORT

2 of 4 Report No. T/20180922/2073

Driver	Control of the state of the		55-56-10	A 100 A 100	hrii as porporation parities descend
Name	LAY ENG KIAN	ID No	).	S1721884J	
Related Vehicle	SHC2001Z (Car)		Conta	act No.	92371057
Hospital/Clinic	NIL			of ng ce & y Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
	ted Medical Leave NIL	Degree o			
Passenger		M. 444 4 555 555	a milating	SOS CHOOSE	200 200 A SECURE SECURE SECURE SECURE
Name	ALLAN TANG		ID No	).	NIL
Related Vehicle	SJN6922H (Car)		Conta	act No.	94885407
Hospital/Clinic	NIL			of g ce & y Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
No. of Days gran	ted Medical Leave NIL	Degree o		NIL	
Driver			SC300-54-5	SEASON BOOK	
Name	KOK YIN YIN JASMINE		ID No		S9112502A
Related Vehicle	SJN6922H (Car)		Contact No.		97418860
Hospital/Clinic	NIL			of g ce & Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
	ed Medical Leave NIL	Degree of		NIL	
VITNESS			\$30000	75556	
Name	ANG CHEE KEONG		ID No.		NIL
	NIL			ct No.	83336785
Related Vehicle		NIL			
			Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Related Vehicle Hospital/Clinic		Date Disc	Driving Licence Expiry	e &	





Police Station Of Origin: Bukit Timah NPP 1 Toh Yi Drive #01-139 SINGAPORE 591501 Tel No: 1800-4689999

Report No. T/20180922/2073

3 of 4

CONTINUATION OF REPORT

### Brief Details.

On the 21/09/2018 at about 2215hrs, I was driving my vehicle (SJN6922H) along Mandai Lake Road, near to Singapore Zoo bus stop. It was a two lane road; I was driving on the left lane. The accident happened after I drove past the traffic junction. While I was driving, suddenly one taxi (SHC2001Z) collided with my vehicle from the right. The front right and right side of my vehicle was damaged.

After that, we got off and exchange particulars. There was no police or ambulance at scene. After that another person came over to me and told me that he has in car camera and asked me to get it from him. He was driving behind both our vehicle. The footage show that the vehicle SHC2001Z did not signalled before changing lane. I have yet to see the doctor, but my left wrist and shoulder felt weird. I am going to see a doctor. There was no passenger in the taxi. There is one passenger in my vehicle. I wish to add on that I was driving a rented vehicle.





Police Station Of Origin: Bukit Timah NPP 1 Toh Yi Drive #01-139 SINGAPORE 591501 Tel No: 1800-4689999

4 of 4 Report No. T/20180922/2073

CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: D / Sgt 3 TAN WEILUN, EUGENE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/09/2018 13:19
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	

## IDENTITY CARD NO. S9112502A REPUBLIC OF SINGAPORE



Name

### YIN JASMINE KOK YIN



茵

Race

13-04-1991 Date of birth

CHINESE

Sex

SINGAPORE Country of birth



5569396 APT BLK 422 CHOA CHU KANG AVENUE 4 #13-232 SINGAPORE 680422 NRIC NO. S9112502A 15-02-2016 Date of issue

# FINDLIC OF SIZE OF THE SIZE OF



Licence Number: \$ 9 1 1 2 5 0 2 A Name:

KOK YIN YIN JASMINE

Issue Date: 18 Jun 2010 Birth Date: 13 Apr 1991

001866927H

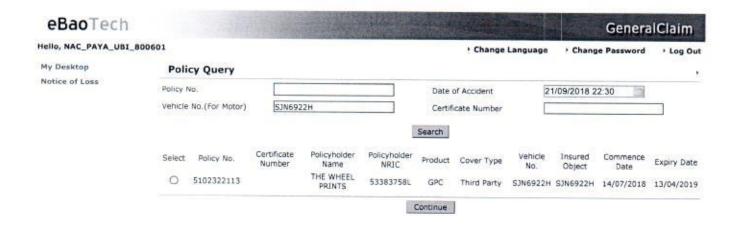
## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motor Cars=< 3000kg with =<7 passengers, exclusive 18 Jun 2010 of the driver; and other motor vehicles =< 2500kg 388 3

Licence No: S9112502A

**VP 428A** 



Policy No.	5102322113	Policyholder Name	THE WHEE	L PRINTS	Policyholder NRIC	53383758L	
Certificate No.		46.430.40			ALCOHOL:		
Address	BLK 430 #02-599 CHOA CHU	KANG AVENUE	SINGAPOR	E 680430			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	14/07/2018	Effective Date	14/07/201	8 00:00	Expiry Date	13/04/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Young	g/Inexperience Driver Excess
Agent	ASSURE PTE: LTD.	Agent Tel.	68489119		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 430 #02-599	Addre	ss 2	CHOA CHU KANG A	VENUE 4	Address 3	SINGAPORE 680430
Address 4		Addre	ss Type	Singapore address		Post Code	680430
MINDS AND THE	02-599	Relate	ed Policy er	5102808396			
Unit No.	ಸಹಾಂಕವನು						
	ed Object: SJN6922H						
	ed Object: SJN6922H	\$1,6000					

Claim Handling					
Accident MT/1013856					
Palick No.	5102322113	Vehicle No.	\$3N6922H	GST Registration No.	
Certificate No.				an replication eq.	
Policyholder Name	THE WHEEL PRINTS			Policyhelder NRJC	53383758L
Yoduct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
ontact No.(Mobile)	0	Contact No.(Office)	D		
mail Address		Special Remark		Contact No. (Home)	0
PK .	® No ○Yes	TEA	8 m - Ov-	eCode	W. V.
CD Protection	No.		® No ○Yes	eCode Reason	
Accident Details		NCD Entitlement(%)	0	Private Hire	No
sport Date					
	01/10/2018 20:28	Accident Report Within 24 hrs.	ves	Accident Type	Collision - Change / Cross lane
te of Accident	21/09/2018	Time of Accident hh:mm.	22:30	Country of Accident	Singapore
porting Centre		Orange Force		3CM No.	
cident Location	MANDAJ LAKE RO				
Excess					
n damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
named Driver Excess		Outside Singapore OD Excess	0.00		
rd Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
Registration No.			GST Status Verified	No	
dification History					
Policyholder Mailing Ad	A TOTAL CONTROL OF THE PARTY OF				
dress 1	BLK 430 #02-599	Address 2	CHOA CHU KANG AVENUE 4	Address 3	SINGAPORE 680430
dress 4		Address Type	Singapore address	Post Code	680430
it No.	02-599	Related Policy Number	5102808396		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	KOK YIN YIN JASMINE	Driver NRIC	59112502A	Driver DOB	13/04/1991
pister Date of Driver License	18/06/2010	Driver Age	27	Driving Experience	. 8
Mact No. (Mobile)	97418960	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BUK 422	Address 2	CHOA CHU KANG AVENUE 4	Address 3	SINGAPORE 680422
dress 4		Address Type	Singapore address	Post Code	680422
t No.	13-232		2007-02-02-000	72.22232202	030722
es he own a Singapore	☐ Yes  ® No	Driver Vehicle No.		52100297002507000	
gistered car?		Direct venicle no.		Driver Insurer Company	
claration					
eathalyser or Blood Test	0 mg	VERTICALLY)	2000200		
ading?		Any injury?	® Yes □ No		
dification History					
Claim 001 New					
THE PART OF THE PA					
m Type *	OD-MX	Insured Name	THE WHEEL PRINTS	Insured NRIC	53383758L
stact No.(Mobile)	NIL	Contact No.(Home)		Contact No. (Office)	
ail Address		Of Vehicle Number	SJN6922H	TP Vehicle Number	SHC2001Z
ment Type Claimant Type •	Please Select	Type of Benefit *	Please Select	100000000000000000000000000000000000000	Total Colonia Colonia
mant Name +	22	Claimant NR3C *			
marit Address					
m Description	SJN6922H / SHC2001Z ON 21 Sept 2018			Name of Preferred Workshop	
erred Workshop Contact	1 397 2010	Service of Principalities	No. of Street,	reams or Preferred Workshop	
		Insured Liebility *	Not at Fault		
uire Finalisation	Yes v	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	01/10/2018 20:30	Claim Close Date		Date Received	01/10/2018 00:00
ort Taken By	Jackson				
Print AK letter					
			WATER SWITCHIST		
Hachmant		1	Save Submit		
tachment					
ident No.	MT1101 1866				
	MT/1013856	Claim No.	001		
t Doc. Received	● Yes ○ No	Upload Date	01/10/2018 20:31		
	Path •		Category •	Confidential Urgen	cy • Description •
		Browse.	Clear Please Select	▼ Normal	V
		Browse_	Clear Please Select	▼ Normal	V
		Browse	Clear Please Select		
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