	Jcb description	Date & Time Completed	Done	by
Date In: 3   0   19-15109		- Bate te rano dempated	Done	
Ref No: NA INC 180 9964 24	SAS e-filing			
Veh No: 5085674	E-mail (within 8hrs, AIC 2hrs)			
D.O.A : 3/0/18-19:00	i-Motor Claim Form	MT 1014244 - 021	3/0/8	19:15
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4brs)	-	
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(	Tel: F	ax:	)
TP Particulars: Veh No: St	LV27003 INC (	)/Non-INC()		311011111111111111111111111111111111111
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: ( )	Cover Type: (	)	1000
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %	6) [Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ( )	) Warranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$	\$1,000( )/\$2,000( )			
General Remarks:-			Carried Street	
( ) Walk-In Customer: Customer's	information strictly Confidential & St	rictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Ins				
Drive-In ( )/ Towed-In ( ); Inve	roice: YES( )/NO( );T	owing Co: (		)
Remarks:- (INC hotline: 6788 6616			7.925838383775	<del>,</del>
	-2 days to so her as were a removed that the restriction of \$1940.	Date&Time Completed	SEN CALIFORNIA	py
A CONTRACT OF A				
	)/Courtesy Car ( )	-		
2) QC Check / Post Repair Inspection	( )			
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost >	( )			
2) QC Check / Post Repair Inspection	( )			
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury:	( )			
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury:	( )			
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury:	( )		es es carres	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury:	( )			
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:  Date/Time Actions	( )		Ant (S)	· Ami (5)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:  Actions  Actions	( ) > \$3000] ( ) Invoice Pre	paration Checklist		: Amt(3)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:  Pate/Time Actions  Umant's Particulars:	( ) > \$3000] ( )  Invoice Pre  1) AR: Accident 2) DA: Damage	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80	Ant (5)	A CONTRACTOR OF THE PARTY OF TH
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Pate/Time Actions  Actions  Liminat's Particulars:	( ) > \$3000] ( )  Invoice Pre	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$80	Ant (5)	A CONTRACTOR OF THE PARTY OF TH
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:  Actions  Actions  umant's Particulars:	Invoice Pre    Invoice Pre    1) AR : Accident     2) DA : Damage     3) TF : Towing F     4) FT : Follow-T     5) FT : Follow-T     7   7   7   7   7     8   7   7   7     9   7   7   7     10   10   7	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$80 os \$40/hrough Survey \$ hrough Survey (Resurvey)	Ant (5)	A CONTRACTOR OF THE PARTY OF TH
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost >  Injury :  Pate/Time Actions  umant's Particulars :-  ver/Owner:	Invoice Pre    Invoice Pre    1) AR : Accident     2) DA : Damage     3) TF : Towing F     4) FT : Follow-T     5) FT : Follow-T     7   7   7   7   7     8   7   7   7     9   7   7   7     10   10   7	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$80 es \$40/hrough Survey \$ hrough Survey (Resurvey) goinst INC Only (wef 10 Jan 2003)	Ant (5) (#Bill ) 545 120	A CONTRACTOR OF THE PARTY OF TH
Agobjou  umant's Particulars:  ver/Owner:	Invoice Pre	Daration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$80 os \$40/\$  brough Survey \$  brough Survey (Resurvey)  gainst INC Only (wef 10 Jan 2005)  tion  SMRT Survey \$	Ant (5) 	A CONTRACTOR OF THE PARTY OF TH
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Agobyou  Umant's Particulars:  Nated No:  maged Portion:	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For cleiming a 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OD: *N5: Courtesy	Daration Checklist  Reporting (\$30); Assessment (\$100); INC (\$80 or \$40/\$  Arough Survey \$100 or \$2005)  Resinst INC Only (wef 10 Jan 2005)  Stion  SMRT Survey \$200 or \$200 o	Ant (S) fit Bill ) S45 120 530 573 160	A CONTRACTOR OF THE PARTY OF TH
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost >  Injury :  Pate/Time Actions  umant's Particulars :-  ver/Owner:  ntact No:  maged Portion:  Checked by (Engr-In-Charge):	Invoice Pre	Daration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$80 os \$40/\$  brough Survey \$5 or \$40/\$  Brough Survey (Resurvey)  Brough Survey (Resurvey)  Brough Survey (Resurvey)  Brough Survey (\$5 or \$5	Ant (S) fit Bill ) S45 120 530 573	A CONTRACTOR OF THE PARTY OF TH
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury :  Date/Time Actions  Actions  Actions  imant's Particulars :-  iver/Owner:  maged Portion:  Checked by (Engr-In-Charge):  ditors' Comments :-	Invoice Pre	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$80 os \$40/\$ brough Survey \$ brough Survey (Resurvey) Reinst INC Only (wef 10 Jen 2005) Reinst INC Only (wef 10 Jen 2005) Reinst INC Only (wef 10 Jen 2005) Reinst Inspection	Ant (S)  fit Bill  ) 545 120 530  575 160  55 510 525 55	A CONTRACTOR OF THE PARTY OF TH
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	Invoice Pre	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$80 es \$40/hrough Survey \$ \$ hrough Survey (Resurvey) Rejust INC Only (wef 10 Jan 2003) Reion SMRT Survey \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Ant (S) fit Bill 0) 545 120 530 573 160	A CONTRACTOR OF THE PARTY OF TH

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

<ol> <li>By the loagement of this report to the insurers, you aforesaid,</li> </ol>	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	03/10/2018 15:09
Date Of Accident	02/10/2018 19:00
Exact Location Of Accident	JUNC MOUNTBATTEN RD & OLD AIRPORT RD
Country/State of Loss	SINGAPORE
total services a service service	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU8567A
Insured/Policyholder	
Name Of Registered Owner	GREEN FROG TRANSPORT
Co Reg No	53372709W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93833081

Alternative Phone No
Vehicle Particulars

Manufacturer HONDA

Model JAZZ GLI 1.3 M

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL USE

OFFICE-93833081

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

THIRD PARTY If No, Please state action to be taken Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5095493383

Cover Note Number

Driver

Name of Driver WEE KEE TOON ADRIAN

NRIC No S7613339E Date Of Birth 04/04/1976 Occupation OUTDOOR Date Of Driving Pass 10/02/1995

**Driving Experience** 23 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93833081

Fax Number

Contact Number OFFICE-93833081

**EMail Address** NOEMAIL

BLK 643 ANG MO KIO AVENUE 5 Address

#08-3005

Postcode 560643

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 - 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? 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) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: 8 2

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE

YES

2

ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-6659999 - FAX NO: 66655793

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident REFER TO POLICE REPORT - T/20181002/2177.

Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SLV2700S

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)

## 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.

REG.NO. S3372709W D

Policyholder's Signature Date & Time: Driver's Signature

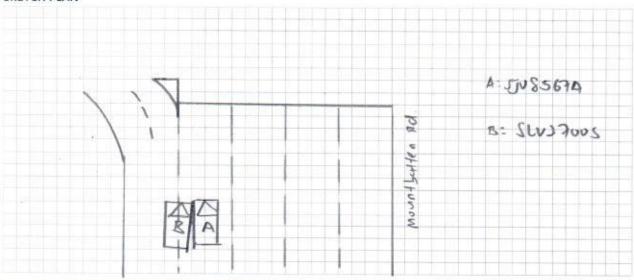
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel

Name:

NRIC/FIN No .:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Set Annual Control of the Control of
Refer to potice report- Tho18/002/277.

PEG.NO. O S3372709W

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.:





T/20181002/2177

1 of 3

Report No. T/20181002/2177

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Tel No: 1800-6659999

REPORT O	F A TRAFFIC	CACCIDENT

	ne Report M 118 20:48	Made:	Vide Report No.:	Station Diary No.: 144	
Informa	nt's Partic	ulars			
Name of Informant:		Address:			
WEE KE	E TOON A	DRIAN	APT BLK 643 ANG MO KIO AVENUE 5 #08-3005 SINGAPORE 560643		
ID Type	/ ID No.:	ot Mag	Contact No.:	EGG (200) (0.000	
NRIC NO	D / S76133	39E	Home/Office:	Mobile: 93833081	
National SINGAP	ity: ORE CITIZ	'EN	Email:		
Sex: Male	Age:	Date of Birth: 04/04/1976	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupat	tion: Hire Driver		Driving Licence Inform Class:	ation: Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run						
MOUNTBATT FORT ROAD			4				
Weather:		Road Surface:		Road Speed Limit:			
Traffic Flow:		Traffic Control:	Control: Traffic Volume:				
				Anyone conveyed by			

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
SJU8567A	Car					1	
SLV2700S	Car					0	

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





2 of 3

Report No. T/20181002/2177

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Tel No: 1800-6659999

CONTINUATION OF REPORT

Driver						
Name	WEE KEE TOON A	DRIAN	ID No.		S7613339E	
Related Vehicle	SJU8567A (Car)				ct No.	93833081
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	Variation and the second
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL	

#### Brief Details.

On 02/10/2018 at about 1900hrs, I was driving along Mountbatten Road towards Fort Road and was on the forth lane and the 5th lane is a turn left only lane. Subsequently there was a car on the 5th lane signaled to the right which I believed he wanted to enter my lane. As the traffic had stopped I was unable to give way to the car. The traffic then moved and I gave way for the car to move in. However the car did not move. Thus I decided to move and that is when the car drove fast into my lane and due to that the car collided with my car. However the said car did not stop and continued to move off. I pressed my horn to tell the driver to stop but he did not stop. The collision caused scratches and dents on my left side mirror and left front bumper. The car driver is a male indian. My car was installed with in-car camera and I have the footage for the incident.





T/20181002/2177

3 of 3

Report No. T/20181002/2177

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Tel No: 1800-6659999

# Sketch Plan

NP168

Informant is not able to provide sketch plan

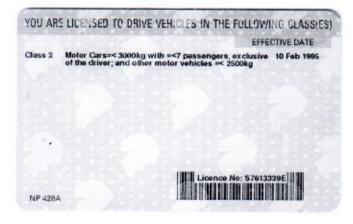
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: J / Staff Sgt MUHAMMAD RIDHWAN BIN BORHAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/10/2018 20:48
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case:
Authentication Stamp	









<b>eBao</b> Tech									GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chang	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	Vo.				Date	of Accident	0	2/10/2018 1	19:00	
	Vehicle	No.(For Motor)	S3U856	57A		Certif	icate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095493383		GREEN FROG TRANSPORT	53372709W	GPC	drivo CLASSIC	SJU8567A	S3U8567A	13/11/2017	31/12/2018
				112111111111111111111111111111111111111		Continue	1				

Policy No.	5095493383	Policyholde Name	GREEN FRO	G TRANSPORT	Policyholder NRIC	53372709W			
Certificate		Name			NRIC				
Address	BLK 643 #08-3005 ANG MO KIO AVENUE 5 ANG MO KIO 61 SINGAPORE 560643								
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N			
olicy ssue oate	13/11/2017	Effective Date	13/11/2017	00:00	Expiry Date	31/12/2018	23:59		
xcess ype		All Claims Excess							
hird arty xcess	1500	Own damage Excess	2000		Windscreen Excess	100			
Additional excess	0	OS Premium	0						
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Your	ng/Inexperience Driver Excess		
Agent	ASSURE (SINGAPORE) PTE. LT	C Agent Tel.	68038751		GST Flag	Y			
o- nsurance	No								
Flag									
Dpen Policy Info									
Open Policy									
Open Policy nfo Certificate nfo	holder Mailing Address								
Open Policy nfo Certificate nfo Policy	holder Mailing Address BLK 643 #08-3005	Add	Iress 2	ANG MO KIO AV	ENUE 5	Address 3	ANG MO KIO 61		
Open Policy nfo Certificate nfo Policyh Address 1	II I SANCON POR PROPERTY CONTRACTOR CONTRACTOR		iress 2 iress Type	ANG MO KIO AV Singapore addre		Address 3 Post Code	ANG MO KIO 61 560643		
Open Policy Info Certificate Info Policy Address 1 Address 4	BLK 643 #08-3005	Add	ress Type			36500 R0008784			
Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	BLK 643 #08-3005 SINGAPORE 560643	Add	ress Type	Singapore addre		36500 R0008784			
Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No. Insure	BLK 643 #08-3005 SINGAPORE 560643 08-3005 ed Object: SJU8567A	Add	ress Type	Singapore addre		36500 R0008784			
Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	BLK 643 #08-3005 SINGAPORE 560643 08-3005 ad Object: SJU8567A	Add Rek Nur	ress Type	Singapore addre 5095493383		Post Code			

aim Handling xident MT/1014244					
ikcy No.	5095493353	Vehicle No.	SJU8567A	GST Registration No.	
rtificate No.				Consideration of the Co	
cyholder Name	GREEN FROG TRANSPORT			Policyholder NRIC	53372709W
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
tact No.(Mobile)	93833081	Contact No.(Office)	0	Contact No.(Home)	0
or Address	737364	Special Remark	ă.	eCode	ni. V
to constitution of the con	® No ○Yes		2		Int. V
		TCA	® No ○Yes	eCode Reason	
Protection Accident Details	No	NCD Entitlement(%)	0	Private Hire	Yes
ort Date	03/10/2018 19:14	Acodent Report Within 24 hrs	Yes	Acadent Type	Collision - Change / Cross lane
of Accident	02/10/2018	Time of Accident hh:mm	19:00	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
dent Location	JUNC MOUNTBATTEN RD & OLD AIRPORT RD				
Excess					
damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
amed Driver Excess		Outside Singapore OD Excess	2,000.00		
d Party Excess	1.500.00	Outside Singapore TP Excess	1,500.00		
Benefits			1,000		
GST Registered Informa	ation				
Registered			APP BASIS		
Registered Registration No.	No		GST Registration Date	Mark	
fication mistory			GST Status Venfied	Yes	
Policyholder Mailing Ad	ldress				
was i	BLK 643 #08-3005	Address 2	ANG MO KIO AVENUE 5	Address 3	AND NO VID AT
ress 4	SINGAPORE 560643	Address Type	Singapore address	Post Code	ANG NO KIO 61
t No.	08-3005	Related Policy Number		Post Code	560643
DI Driver Info	08-9009	Related Policy Number	5095493383		
er Name	WEE KEE TOON ADRIAN		1		
	WEE REE TOON ADICIAN	Driver Type	Main Driver		
amed driver Name		Driver NRIC	\$76133398	Driver DOB	04/04/1976
ster Date of Driver License	10/02/1995	Driver Age	42	Driving Experience	23
ract No.(Mobile)	93833061	Contact No.(Office)	0	Contact No.(Home)	0
ress 1	BLK 643	Address 2	ANG MO KID AVENUE 5	Address 3	ANG MO KIO 61
ress 4	SINGAPORE 560643	Address Type	Singapore address	Post Code	560643
1 No.	08-2005				
es he own a Singapore	○ Yes   No	Driver Vehicle No.		Driver Insurer Company	
extered car7		Supramo con croates		grives blade & Company	
aration					
athalyser or Blood Test	Omp	Any injury?	○ Yes ® No		
sding?			0100		
dification History					
Daim 001 New					
and the same of					
m Type *	GD-MX	Insured Name	GREEN FROG TRANSPORT	Insured NRIC	53372709W
tact No.(Mobile)		Contact No (Home)	NIL	Contact No.(Office)	NIL
el Address		Ol Vehicle Number	SJU8567A	TP Vehicle Number	SLV2700S
mant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
nant Name *	22	Claimant NR3C *			
ment Address	)22				
	Chippeda / Chippeda and S. C. Chip			2000 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1	
n Description arred Workshop Contact	SJU8567A / SLV27005 ON 2 Oct 2018			Name of Preferred Workshop	
		Insured Liebility *	Not at Fault		Green and a series
uire Finalisation	Yes. 🔍	Preference Repair Option	Preferred Workshop, Name unknown	GIA report	Received 💟
e Registered	03/10/2018 19:15	Claim Clope Date		Date Received	03/10/2018 00:00
ort Taken By	Jackson				
Print AK letter					
			Save Submit		
tachment					
dent No.	MT/1014244	Claim No.	001		
Doc. Received	● Yes ○ No	Upload Date	03/10/2018 19:17		
0.0000000000000000000000000000000000000	Path +	300000 1000		AND SHIP IN	g 2 00
	Path *		Category *	Confidential Urgen	cy * Description *
		Constitution	Special Communication	The second second	The same of the sa
		Browse.		V Normal	<u> </u>
		Browse.		NO Normal	
			Clear Please Select		
		Browse.	Clear Please Select  Clear Please Select	NO V Normal	<u> </u>

