NATIONAL Assessment Cent	re Services	[wel I Jan'05][M ]	1A118130733		
Date In: 0/10 / 18-10:36	Jcb description		Date &Time Complete	ed D	Done by
ROTNO: NA /14(180 18377 /44	SAS e-filing				
Veh No: JLC 97201	E-mail (within	Shrs, AIC 2hrs)			
D.O.A : 6]10]18 - 12:30	i-Motor Cla	im Form	M110N953-002	9).0)1	8 1814
OD (TB / Reporting Only	i-Motor W/0	) (Within: OD 2hrs	, TP 4brs)		
OD THE Reporting Only	i-Photo Uple	paded			
TDL	Assessment/S	urvey Report			
TP Insurer:	Ass't Report	y Fax / Hand t	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh No: SLC	W8014	, INC (	)/Non-INC( )	\$0.00	
Owner / Driver: (		-	Tel:	)	7
Policy No: ( ) P	eriod: (	)	Cover Type: (		)
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est. Status (	WO): N: 0-20	%; P: 21-79%. P: 8	0-100%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
	000 ( )/\$2,000		-	-	
General Remarks:-			North Control of Control	5 2788 TV.	
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( ) Walk-In Customer: Customer's info		nfidential & Str	ictly NO refer of repair	er.	Sarata de la
( ) Total Loss Case : to e-mail Insur	rer URGENTLY.				
Drive-In ( ) / Towed-In ( ); Invoic	e: YES( ) / 1	NO( ); To	wing Co: (	1	
		49994		404 PH 201-A SP 200	a rodina (m.
Remarks: (INC horline: 6788 6616)	To a fallenting stable to		Date&Time Completed	PARTIND	one by
		Section and Control of Manager	The state of the s	A Particulation of	
Apply for Transport Allowance ( )/(	Courtesy Car (	)			
Apply for Transport Allowance ( )/(     QC Check / Post Repair Inspection	Courtesy Car (	)			
2) QC Check / Post Repair Inspection	(	)			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$.	(	)			
2) QC Check / Post Repair Inspection	(	)			
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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.
- 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 liability.
- 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.

	ACCIDENT STATEMENT
Date Of Report	09/10/2018 10:36
Date Of Accident	06/10/2018 12:00
Exact Location Of Accident	RIVERVALLEY RD IN FRONT OF LIANG COURT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC9730J
Insured/Policyholder	
Name Of Registered Owner	CHOOI ENG LOON
NRIC No	S2606495C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93869222
Alternative Phone No	OFFICE-93869222
Vehicle Particulars	
Manufacturer	KIA
Model	FORTE K3 1.6A SX
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	5100216952
Cover Note Number	
Driver	
Name of Driver	CHOOI ENG LOON
NRIC No	S2606495C
Date Of Birth	05/04/1965
Occupation	OUTDOOR
Date Of Driving Pass	19/10/1989
Driving Experience	28 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93869222
Fax Number	
Contact Number	OFFICE-93869222
EMail Address	NOEMAIL

BLK 449B BUKIT BATOK WEST AVENUE 9 Address

#03-80

Postcode 652449

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 CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES

NO

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) 2

Passenger 1

NAME:

: KIM EUI JIN

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

NO

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20181006/7016.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SLC4580H

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)

1

#### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SJB5050T

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)

11.0

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

Name CHOOI ENG LOON

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLC9730J

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

#### **DETAILS OF INJURED PERSON 2**

Name KIM EUI JIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLC9730J Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- 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. 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
- 7. 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:
  - (i) 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")
- 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.
- 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 \$ignature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Vehicle A SL 69730 J fiver valley Road Vehicle B: SLC4580H [LIANG COURT] Vehicle C: SJB9050T

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.	
my passenger: kim Eui Jin s Pass #: 0 52296307	
•	

DECLARATION

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

Policyholder's Signature

Date & Time:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

### ACCIDENT STATEMENT

ACCIDE	NT DATE: 06/10/	YYYMM/DD)L8106	Y), ПМЕ: (12: 00 НН:ММ
LOCATIO			of hang court.
c b	DETAILS OF VEHICLE  A) VEHICLE NUMBER:  D) INSURANCE COMPANY	SLC 9730J NTM C 5100216951	32 <del>2</del>
e f) g h i).	)MAKE & MODEL: TYPE:(SALOON / COUPE )VEHICLE CATEGORY:(PI )PURPOSE OF USING AT A ARE YOU CLAIMING UND IF NO, PLEASE STATE (THIS USURED / POLICY HOLDES  [NAME:	MENSIVE / THIRD PAI LIM E3 /MPV /VAN / LORR RIVATE / COMMERC ACCIDENT TIME: DER YOUR OWN INSU RD PARTY CLAIM / RE OI ENG LOON S)-60644	RANCE (YES/NO)  PORTING ONLY)  [MA(E / FEMALE)  15(CONTACT; 9366 49)))
• (	CONTINUE TO 3.d IF DRIV	103-50 (6524	49)
A transfer to be a proper to the first	RIVER		(MALE / FEMALE)
(Indiaing striver) b)	NAME: NRIC/FIN/PASSPORT: ADDRESS:		CONTACT:
6)( f)Y 4. W/ IF 5. a)V b)F 6. W/ 7. a)R	DATE OF BIRTH: (_U_2) DCCUPATION: (INDOOR EARS OF DRIVING EXPRE AS DRIVER AN EMPLOY NO, RELATIONSHIP OF WEATHER CONDITION: (C ROAD SURFACE: (DRY / ) AS ANYBODY INJURED (Y EPORTED TO POLICE (Y EYES, PLEASE STATE WHICE	POUTDOOR)  ERIENCE:  EEE OF THE INSURE  THE DRIVER WITH  CLEAR / RAINING / CLEAR / OTHERS  ES / NO)  ES / NO)	D'S COMPANY? (YES / NO)
He of passenger al	VEHICLE NUMBER:	SLC4580H -	_MODEL:
manufacting convers	DRIVER'S NAME: NRIC/FIN/PASSPORT:		_CONTACT:
( <u>U</u> ) 9. THIR	PARTY VEHICLE VEHICLE NUMBER:	838 5050 T	_MODEL:
Induding driver) f	DRIVER'S NAME: NRIC/FIN/PASSPORT:		_CONTACT:
(01)	12		8 8

email =

fax =





1 of 3

Report No. T/20181006/7016

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

#### REPORT OF A TRAFFIC ACCIDENT

	ne Report M 18 16:08	/lade:	Vide Report No.:	Station Diary No.		
Informa	nt's Partic	ulars				
Name of Informant: CHOOI ENG LOON			Address: APT BLK 449B BUKIT BATOK WEST AVENUE 9 #03-80 SINGAPORE 652449			
ID Type / ID No.: NRIC NO / S2606495C			Contact No.: Home/Office:	Mobile: 93869222		
Nationality: SINGAPORE CITIZEN		EN	Email: engloon9@gmail.com			
Sex: Male	Age: 53	Date of Birth: 05/04/1965	Type of Informant: Driver			
Race: Chinese		- ½	Language: English	Institution / School Name:		
Occupation: Grab Driver			Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/10/2018 12:00	Type of Location T-Junction
RIVER VALLI	EY ROAD	Road Surface:		Road Speed Limit:
vveatner:	Clear			
Weather: Clear		Dry		Road Speed Limit.
		Dry Traffic Control: Traffic Light - Wor	king	Traffic Volume:

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
SJB5050T	Car	TOYOTA			Slightly Damaged	1		
SLC4580H	Car	HONDA			Seriously Damaged	1		
SLC9730J	Car	KIA	FORTE K3 1.6A SX	Silver	Seriously Damaged	2		

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			





2 of 3 Report No. T/20181006/7016

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

#### CONTINUATION OF REPORT

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SLC9730J	NTUC Income Insurance Co-Operative Limited	5100216952	31/05/2018	30/05/2019			

<b>Details of Perso</b>	n Involved	allega alleg	5 NO 2 3 NO	Sign S	4000	
Any Pedestrian II	nvolved: No					
No. of Pedestriar	s Injured: NIL		Use of Pe	edestriar	Cross	sing: NA
Driver	THE RESERVE TO STREET,		A CENTRAL	3.74	N. Lebert	
Name	CHOOI ENG LOON			ID No		S2606495C
Related Vehicle	SLC9730J (Car)			Contact No.		93869222
Hospital/Clinic	CENTRAL 24-HR C	OOK)	Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL	
Date Treatment	06/10/2018 Date			charge		)/2018
No. of Days gran	ted Medical Leave	03	Degree o		Slight	

#### Brief Details.

ON 06/10/2018 AT ABOUT 12PM, I WAS DRIVING MY VEHICLE - SLC9730J ALONG RIVER VALLEY ROAD, WITH A FEMALE PASSENGER - KIM EUI JIN , IN MY VEHICLE. DUE TO RED LIGHT, FRONT VEHICLE STOPPED AND I STOPPED AS WELL. MOMENTS LATER, VEHICLE NUMBER - SLC4580H, HIT ONTO MY VEHICLE'S REAR PORTION. THE GREAT IMPACT CAUSED MY VEHICLE TO PROPEL FORWARD & HIT ONTO THE FRONT VEHICLE - SJB5050T.

SUBSEQUENTLY, MY PASSENGER MS. KIM & THE DRIVER OF SLC4580H WERE CONVEYED TO SINGAPORE GENERAL HOSPITAL. I ALSO SEEKED MEDICAL ATTENTION AT CENTRAL 24-HR CLINIC & WAS GIVEN 3 DAYS MC.





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20181006/7016

#### CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/10/2018 16:08
Officer In Charge Of Case: TP / TPIB / NOR FAIZAL BIN YAHYA Contact No.: 65476202	Classification Of Case:

## TERMINET SET OF THE PROPERTY OF THE SET OF THE PROPERTY OF THE PARTY OF THE PROPERTY OF THE PR



Licence Number: S 2 6 0 6 4 9 5 C

Name

**CHOOLENG LOON** 

Birth Date: 05 Apr 1965

Issue Date: 18 Nov 2011



# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2606495C





Name

CHOOI ENG LOON

徐涌偏

Race CHINESE

Date of birth Se 05-04-1965 M

Country of birth



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

#### **EFFECTIVE DATE**

Class 2B Motorcycles =< 200 cc Class 3 Motor Cars=< 3000kg y

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

19 Oct 1989 19 Oct 1989

Class 4

\*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg

19 Oct 1989

\*Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg

NP 428A



3952737



NRIC No. S2606495C



Date of Issue 01-11-2006

APT BLK 449B BUKIT BATOK WEST AVENUE 9 #03-80 SINGAPORE 652449

NRIC No:

S2808495C

Date:

02/06/2018

<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chan	ge Password	• Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date	of Accident	[0	6/10/2018	12:00	
	Vehicle	No.(For Motor)	SLC973	303		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	5100216952		CHOOI ENG LOON	S2606495C	GPC	drivo CLASSIC	SLC97303	SLC97303	31/05/2018	30/05/2019
					0	Continue	]				

	sements						
) Insure	d Object: SLC9730J						
Unit No.	#03-80	Related Policy Number		5100216952			
Address 4	SINGAPORE 652449	Address Type		Singapore address		Post Code	652449
Address 1	BLK 449B #03-80	Addre	ss 2	BUKIT BATOK WE	EST AVENUE 9	Address 3	WEST VALLEY @ BUKIT BATO
Policyl	holder Mailing Address						
Certificate Info							
Open Policy Info							
insurance Flag	No						
Agent Co-	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777		GST Flag	Y	
Excess			5252550		12222		
Outside Singapore OD	2000	Outside Singapore TP Excess	1500			Young	g/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Party Excess	1500	damage Excess	2000		Windscreen Excess	100	
Type Third		Excess			00000		
Date Excess		All Claims					
Policy issue	02/05/2018	Effective Date	31/05/2018	00:00	Expiry Date	30/05/2019 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 449B #03-80 BUKIT BATO	OK WEST AVENU	E 9 WEST V	ALLEY @ BUKIT BA	TOK SINGAPOR	E 652449	
Certificate No.							
Policy No.	5100216952	Policyholder Name	CHOOI ENG	LOON	Policyholder NRIC	S2606495C	

laim Handling						
Hoy No.	5100216952		Vehicle No.	SLC97303	GST Registration No.	
rtificate No.				3027730	don regionation no.	
Rcyholder Name	CHOOLENG LOON				Policyholder NRIC	\$2606495C
oduct Code	PRIVATE CAR INSURA	ANCE	Cover Type	drivo CLASSIC	Loading	0
ontact No.(Mobile)	93869222		Contact No.(Office)	CANTAGAME	Contact No.(Home)	
nail Address			Special Remark		eCode	new .
ĸ	® No ○Yes		TCA	® No ○ Yes	eCode Reason	Tarre .
D Protection	T40		NCD Entitlement(%)	0	Private Hire	No
Accident Details					10000000000000000000000000000000000000	V-155
port Date	09/10/2018 16:02		Academt Report Within 24 hrs	Yes	Acodem Type	Chain Collision
te of Academ	06/10/2018		Time of Accident hh:mm	12:00	Country of Accident	Singapore
porting Centre	administrator		Orange Force	Yes	ICM No.	3707030
odent Location:	RIVERVALLEY RD IN	FRONT OF LIANG COURT		7.77	570070	3701030
Excess						
n damage Excess		2,000.00	Additional Excess	Ö	Windscreen Excess	100.00
named Driver Excess		0.00	Outside Singapore OD Excess	2,000.00		100.00
nd Party Excess		1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits			O THE RESIDENCE OF THE PROPERTY OF THE PROPERT	2,200.00		
GST Registered Informa	ation					
T Registered	No			GST Registration Date		
Registration No.	(05%)			GST Status Verified	Yes	
dification History					1623	
Policyholder Mailing Ad						
dress 1	BLK 4498 #03-80		Address 2	BUKIT BATOK WEST AVENUE 9	Address 3	WEST VALLEY @ BUKIT BATOK
dress 4	SINGAPORE 652449		Address Type	Singapore address	Post Code	652449
vt No.	#03-80		Related Policy Number	5100216952		
OI Driver Info						
ver Name	Chaoi Eng Loon		Driver Type	Main Driver		
named driver Name			Driver NRIC	52606495C	Driver DOB	05/04/1965
jister Date of Driver License	01/01/3010		Driver Age	53	Driving Expenence	8
stact No.(Mobile)	93869222		Contact No.(Office)		Contact No.(Home)	
fress 1	BLK 4498 #03-80		Address 2	BUKIT BATOK WEST AVENUE 9	Address 3	WEST VALLEY @ BUKIT BATOK
dress 4	SINGAPORE 652449		Address Type	Singapore address	Post Code	652449
E No.	#03-B0					
es he own a Singapore gistered car?	O Yes ® No		Driver Vehicle No.		Driver Insurer Company	
laration athalyser or Blood Test						
sding?	0 mg		Any injury?	○ Yes ® No		
Ification History						
laim 002 New						
47.04.00 III (10.00)						
72232						
m Type *	DD-MX		Insured Name	CHOOLENG LOON	Insured NRIC	S2606495C
rtact No.(Mobile)	93869222		Contact No.(Home)	52192569	Contact No. (Office)	
el Address			OI Vehicle Number	SLC97303	TP Vehicle Number	SLC4580H
mant Type Claimant Type *	Please Select	~	Type of Benefit *	Please Select		
mant Name *		22	Claimant NRIC *			
ment Address				and the state of t		
m Description	SLC97301 / SLC4580F	4 ON 6 Oct 2018			Name of Preferred Worksho	p
erred Workshop Contact			Insured Liability *	Not at Fault.		
uire Finalization	Yes	V	Preferered Repair Option	Preferred Workshop, Name unknow	n 💟 GIA report	Received
e Registered	09/10/2018 18:45		Claim Close Date		Date Received	09/10/2018 00:00
ort Taken By	Jackson			95		
Print AK letter						
				Save Submit		
ttachment						
1						
ident No.	MT/1014953		Claim No.	002		
ident No.	MT/1014953 ● Yes ○ No		Claim No. Upload Date	002 09/10/2018 18:47		
dent No.	● Yes ○ No	Path *			Confidential Urg	ency * Description *
dent No.	● Yes ○ No	Path +		09/10/2018 18:47 Category *	Confidential Urg	
dent No.	● Yes ○ No	Pain *	Upload Date	09/10/2018 18:47  Category *  Clear Please Select	The second secon	<u> </u>
p cident No.	● Yes ○ No	Pain *	Upload Date  Browse.	09/10/2018 18-47 Category *   Clear   Please Select   Clear   Please Select	▼ Norma	

