NATIONAL Assessment Cen	tre Services.	[wef 1 Jan'05] M	JA118134927	1	
Date In: 12 10 10-16:04	Jeb descripti		Date & Time Completed	Do	ne by
Res No: NA/INCLEDIRES / Try	SAS e-filir	18		<del> </del>	
Vch No: 8482964		hia Shrs, AIC 2hrs)		<del>-</del>	
D.O.A: 16/10/18 - 12:10	The second secon	laim Form	Malenda		
OD TP Reporting Only		7/O (Within: OD 2hrs	100- Fued 101 1 1M	13/10/18	18140
Taporting Only	i-Photo Up		1	<del></del>	
TP Insurer:		Survey Report		-	
		t by Fax / Hand to	Owner/When		
Preferred Wksp / INC Assign Wksp / QW: (		y <u></u>			
TP Particulars: Veh No: She	G6TWP	. INC(	1/11	Fax:	
Owner / Driver: (		· INC(	)/Non-INC( ).		
Policy No: ( ) F	Period: (	1			
Confirmed by : (	· ·	Date:	Cover Type: (	)	
Insured/Driver Liability: (%)	Note-Est Status		Time: %; P: 21-79%. P: 30-	)	
Year of Registration: (	Warranty: YES (	the contract of the contract of		100%]	
Excess: (\$ ) Loading: \$1	000 ( )/\$2.00		)		
General Remarks:-	,000 ( )/\$2,00				
Acure marciful Kar.			San Maria		
( ) Walk-In Customer: Customer's inf	ormation strictly C	onfidential & Sta	the NO section of	SECOND ST.	
( ) Total Loss Case : to e-mail Insur	res IIDCENION XX		ouy NO Taler of repairer.		
D-! • •					
Drive-In ( )/ Towed-In ( ); Invoice	e: YES( )/	NO ( ); To	wing Co: (		1
Remarks: (INC hotline: 6788 6616)	Charles and the same of the sa				
(			Date&Time Completed	Don	e by
1) Apply for Transport Allowance ( )/	Courtesy Car (	)		9	
2) QC Check / Post Repair Inspection	(	)	- 19		
<ol> <li>Upload Resurvey Photo [Repair Cost &gt; \$</li> </ol>	30001 (	,			
		/			
Injury:			1 1		
Date/Time Actions					
Actions Actions			· · · · · · · · · · · · · · · · · · ·	02200	**************************************
			**************************************	288284PPC748733	
No. of the second secon					
NA 180 6652			Control of the Control	CEPERAL STATE	Divine a
COST AND THE COST OF THE COST	#1	Invoice Prepa	ration Checklist	Anit (\$)	Amt (
umant's Particulars :-		1) AR : Accident Re	porting (\$30);	fit Bill	Add
		2) DA : Damage Ass		0)	
ver/Owner:		3) TF : Towing Fee	- \$40	/\$45	
ntact No:		4) FT : Follow-Thro		120	
	132	For claiming and	igh Survey (Resurvey) ast INC Only (wef 10 Jan 2005)	\$30	
naged Portion:		6) TR : Re-inspection	An experience a contrata contrata deportmental	\$75	
		7) N1 : Idao DA + SI		160	
		8) NTUC Additional			-
Checked by (Engr-In-Charge):		OD.			
		*N5: Courtesy Car		\$5	
ditors! Comments :-	Diff Children Berker	*N6: Repair Co-or *N7: Fost Repair I		\$10	
2 CONTROL OF THE PROPERTY OF T	CYCOUNG, MARKE		Excess Coordination	\$25	
1:	A.	TP (N11) : TP (N		\$20	
2/3:		9) N12: Idac Mobile		30	
		Invoice dated	Fee Charged		-
The state of the s		Invoice dated	The Charges	A constant	特的技艺

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Gender

Mobile Number Fax Number

Contact Number EMail Address

- 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 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.
- 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.

50 1 No. 10 No.	
agazat za dialida da jaka dipisa a considir a	ACCIDENT STATEMENT
Date Of Report	17/10/2018 15:09
Date Of Accident	16/10/2018 12:10
Exact Location Of Accident	SERANGOON CENTRAL
Country/State of Loss	SINGAPORE
The state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FY8296H
Insured/Policyholder	
Name Of Registered Owner	LEOW DE XIAN JONATHAN
NRIC No	S9619563Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85003467
Alternative Phone No	OFFICE-85003467
Vehicle Particulars	
Manufacturer	HONDA
Model	PHANTOM 200M
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5088988653-01
Cover Note Number	
Driver	
Name of Driver	LEOW DE XIAN JONATHAN
NRIC No	S9619563Z
Date Of Birth	09/06/1996
Occupation	INDOOR
Date Of Driving Pass	22/03/2017
Driving Experience	1 YEAR AND 6 MONTHS
0 1	MALE

MALE

NOEMAIL

(LOCAL) +65-85003467

OFFICE-85003467

Address

BLK 316 UBI AVENUE 1 #05-369

Postcode

400316

NO Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

OWNER

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

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

#### **Details of Police Action**

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Name Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

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/20181016/2153.

#### Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGG6500P

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

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

Name LEOW DE XIAN JONATHAN

Approximate Age

Injuries Sustain HAND, LEG, HIP & SHOULDER

Injured person in which vehicle? FY8296H

Were seat belts worn?

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.
- 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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:
  - 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.:

SKETCH PLAN	16.4.	
		Mehille A. FI BEAL
		Valuate 18 ISIG 6 65 do P
$H_{\uparrow\downarrow\uparrow\downarrow\uparrow\uparrow\uparrow}$		
ESCRIBE CIRCUMSTAN	CES OF THE ACCIDENT	
Refer to	Policy report.	
WITT	TEXMIT	
- 37 - 37 - 37 - 37		
		4
	A MARINE MANAGEMENT OF THE STREET	
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ton, hotter and to the		
LARATION	- A - A - B	
	culars are true in every respect.	
Justin	Justin	
holder's Signature	Driver's Signature	M
& Time:	(If driver is not the policyholder)	Reporting Centre Personnel's Signature . Name:
And Angles of Page 11 Tolking 1991	Date & Time:	NRIC/FIN No.:

2.

DIARMIC SKEETHPERFORM \_ V.S

#### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

- Complete and submit this form to the Individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

### **Accident details**

Date and time of accident	Date: 16/10/2018	(DD/MM/YY) Time: 12 10 pm	(HH:MM)
Exact location of accident	Serangeon central	A.	

### **Details of vehicle**

Vehicle registration number	FY8296H
Vehicle make and model	Honda Phantom 200m ta200
Type of vehicle	Saloon   MPV   CRV   Van   Lorry   Bus   Motorcycle   Others:
Vehicle category	Private   Commercial   Motorcycle
Purpose of using at said time	Un the way to work
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim   Reporting only □

### **Insurance information**

Insurance company	NTVC		Company of the second
Policy number	5088988653-0	1	
Type of policy	Comprehensive p	Third party fire & theft ø	TP only

### Insured / Policy holder

Name	Leow Pe xian longthan	Male	Female
NRIC / Fin / Passport number	596145632		
Contact	8500 3467		
Address	APT BIK 316 Ub   avenue 1 #05-364 5 (400316)		

# <u>Driver</u> Same as insured above (skip to D.O.B)

Name			Male		Female
NRIC / Fin / Passport number		was a second			
Contact					
Address				-3-5	
Email address					
Date of birth					
Occupation	Indoor	Outdoor			
Driving date pass	Tall Co.				

## General information of the accident

Was driver an employee of the insured's company?	Yes   If no, rel	No □ ationship of the	driver and insured:	
Accident captured by camera?	Yes 🗆	Nove		
Weather condition	Clear	Raining	Others:	
Road surface	Dry.z	Wet 🗆		
No of passenger	1			(Inclusive of driver)

### Passenger 1

Name	LEOU DE	EXIAN JONAT WAN
Gender	Male 🗹	Female □

### Passenger 2

Name			
Gender	Male 🗆	Female	

### Passenger 3

Name			
Gender	Male 🗆	Female	

### Passenger 4

Name			
Gender	Male 🗆	Female	

### Passenger 5

Name			- V-3
Gender	Male 🗆	Female □	

### Passenger 6

Name		
Gender	Male 🗆	Female

### Other information

Was anybody injured?	Yes	No 🗆
Was other vehicle damaged?	Yes 🗸	No 🗆

### **Details of police action**

Reported to police?	Yes	No 🗆	If yes, please state which police station.
Police station name	Tradi	Pic poli	ce head granter 116

### Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	566 65008
Vehicle make model	

## Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

### Witness 1

Name		
Witness 2		
Name		

## Injured person 1

Name	LEOL DE XIAN JONATHAN
Injuries sustained	beart to Hund, leg, hip, shoulder
Which vehicle person in?	FY8296H
Were seat belts worn?	Yes 🗆 / No ø
Was injured conveyed to hospital by ambulance?	Yes o No 🗆

## Injured person 2

Name	7.0		
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

## Injured person 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆

## Injured person 4

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆





1 of 3

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20181016/2153

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/10/2018 20:20		Made:	Vide Report No.: F/20181016/0111	Station Diary No.:		
Informa	nt's Partic	ulars				
	f Informant: DE XIAN JC		Address: APT BLK 316 UBI AVENUE 1 #05-369 SINGAPORE 400316			
	/ ID No.: O / S96195	63Z	Contact No.: Home/Office: Mobile: 85003467			
	Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male			Type of Informant: Rider			
Race: Chinese			Language: Institution / School Name: English			
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B.2A.3	Date of Expiry:		

General Infor	mation of the Accident				
Type of Accident:	Injury Conveyed By Ambuland	Drink Drive: No	Date/Time of Accident: 16/10/2018 12:10	Type of Location:	
Along Road 1 SERANGOO		D)			
Weather:		oad Surface:	R	oad Speed Limit:	
Traffic Flow:	Tr	raffic Control:		Traffic Volume:	
Type of Collis	sion:		ar	nyone conveyed by mbulance: es	

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FY8296H	Motorcycle	HONDA	PHANTOM 200M	Blue		0
SGG6500P	Car		S-CROSS 1.6 GLX 2WD CVT	Brown		0

Details of Vehicle Insurance								
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date				
FY8296H	NTUC Income Insurance Co-Operative Limited	5088988653-01	23/03/2018	22/03/2019				





(258 988)

2 of 3 Report No. T/20181016/2153

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

CONTINUATION OF REPORT

#### Brief Details.

ON THE ABOVE MENTION DATE TIME AND LOCATION.

ON 16 OCTOBER 2018 AT AROUND 1210HRS, I WAS TRAVELLING AT SERANGOON INFRONT OF NEX SHOPMALL RIGHT OF 2 LANE ROAD A CAR MAKING U-TURN WHILE I APPROACHING, THE CAR PROCEED FORWARD AND COLLIDED ONTO FRONT RIGHT PORTION OF MY VEHICLE WITH HIS FRONT LEFT OF HIS VEHICLE AND I FELL TOWARDS MY LEFT. AFTER THAT, THE OTHER PARTIES WENT DOWN HIS VEHICLE AND CHECK ON MY CONDITION. AFTER THAT, POLICE AND AMBULANCE CAME I WAS CONVEYED TO TTSH AND WAS GIVEN 2 DAYS MC FROM 16/10/2018 TO 17/10/2018.





3 of 3

Report No. T/20181016/2153

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

#### 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: TP / TAN KOK RAY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/10/2018 20:20
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No.: 65476202	Classification Of Case:
Authentication Stamp NP168	7.



No. S9619563Z

4689552

Date of leave 01-03-2011

APT BLK 316 UBI AVENUE 1

#05-369 SINGAPORE 400316

# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) EFFECTIVE DATE Matercycles ~< 200 CC Motorcycles between 201 CC and 400 CC Mater cars ~ 3000 kg with ~< 7 passengers, exclusive of the drh sr. and motor tractorshebicles ~ 2500 kg 22 Mar 2617 16 Jul 2018 24 Feb 2015 S / No.9000308135 89619563Z NP 428A







Policy No.	5088988653-01	Policyholder Name	LEOW DE >	MAHTANOC MAD	Policyholder NRIC	S9619563Z	
Certificate No.							
Address	BLK 316 #05-369 UBI AVENUE 1	SINGAPORE	400316				
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	12/03/2018	Effective Date	23/03/201	8 00:00	Expiry Date	22/03/2019 23	:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	TAN YONG SOON (CHEN YONGS	Agent Tel.	97628965		GST Flag	Y	
Co- insurance Flag Open Policy Info	No						
Certificate Info							
	holder Mailing Address						
Address 1	BLK 316 #05-369	Addre	ess 2	UBI AVENUE 1		Address 3	SINGAPORE 400316
Address 4		Addre	ess Type	Singapore address		Post Code	400316
Unit No.	#05-369	Relat Numb	ed Policy per	5102577074			
	ed Object: FY8296H						
) Insure	d Object: F18296H						
	The work of the same of the sa						

Claim Handling					+ Exi
Accident MT/1016047					
Policy No.	5088988653-01	Vehicle No.	FY8296H	GST Registration No.	
Certificate No.					
Policyholder Name	LEOW DE XIAN JONATHAN			Policyholder NRIC	\$9619563Z
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Comact No.(Hobits)	05003467	Contact No.(Office)	0	Contact No.(Mome)	0
Emel Address		Special Remark		eCode	M Y
KFK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
ACD Protection	No	NCD Entitlement(%)	10	Private Hire	No
→ Accident Details					
Report Date	17/10/2018 15:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Academ	16/10/2018	Time of Accident hh:mm	12:10	Country of Acadent	Singapore
Reporting Sentre		Orange Porce		JCM No.	
Accident Location	SERANGOON CENTRAL				
T Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
S Benefits	1000				
□ GST Registered Inform			172022 STREET,		
GST Registered GST Registration No.	No		GST Registration Date GST Status Venified	Yes	
Modification History			GST Statut Vermas	res	
Policyholder Mailing Ad	idrass				
Address 1	BLK 316 ±05-369	Address 2	UBI AVENUE 1	Address 3	SINGAPORE 400315
Address 4		Address Type	Singapore address	Post Code	400316
Unit No.	±05-369	Related Policy Number	5102577074		
⊕ OI Driver Info		Proposition Not Cons.	44444		
Driver Name	LEOW DE XIAN JONATHAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	596195632	Driver DOS	09/06/1996
Register Date of Driver License	22/03/2017	Driver Age	22	Driving Experience	1
Contact No. (Mobile)	85003467	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 316	Address 2	UBI AVENUE 1	Address 3	SINGAPORE 400316
Address 4		Address Type	Singapore address	Post Code	400316
Unit No.	05-369				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breatharyser or Blood Test Reading?	0 mg	Any mjury?	® Yes ○ No		
Modification mistory					
Maria Maria					
Claim 001 New					
Claim Type *	OD-MX	Insured Name	LEOW DE XIAN JONATHAN	Insured NRIC	596195632
Contact No.(Mobile)		Contact No.(Home)		Contact No. (Office)	
Email Address		Of Vehicle Number	FY8296H	TP Verscle Number	SGG6500P
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	2	≥ Claimant NRIC *			
Claiment Address					
Claim Description	PY8296H / SGG6500P ON 16 Oct 26	018		Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes v	Preferend Repair Option	Preferred Workshop, Name unknown	♥ GIA report	Received
Date Registered	17/10/2018 15:40	Claim Close Date		Date Received	17/10/2018 00:00
Report Taken By	Jackson				
D Print AK letter					
		3	Save Submit		
Attachment					
9					
	MT/1014047	5 <u>0</u> 586081	222		
Accident No.	MT/1016047	Claim No.	001		
Last Doc. Received	● Yes □ No	Upload Date	17/10/2018 15:44		
	Path *	A DESCRIPTION OF THE PROPERTY	Catagory *	Confidential Urgen	The state of the s
		Browse.	The second secon	V Normal	♥
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		Browse.	Clear Please Select	V Normal	V
		D	[ Cartinal Process Colors		

