	ntre Services. Well Janios N	NA118 1369 03		
Date In: 27/12/18-15:06	Job description	Date &Time Completed	Don	e by
Ref No: NA INC 8 0 19 185/24	SAS e-filing		y .	
Veh No: SUC 763TA	E-mail (within Shrs, AIC 2hrs)			- 4
D.O.A: 20/18-23: 40	i-Motor Claim Form	M/1016592-001	27/1418	15:32
	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)	-	
OD (TP) Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
Transaction.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel: f	ax:	Makan a rusa
TP Particulars: Veh No: 1	45590 INC (	)/Non-INC()	7	
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: (%)	) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	100%]	
Year of Registration: ( )	Warranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$	1,000 ( )/\$2,000 ( )			
	THE WAY AND A SECOND PROPERTY OF THE PARTY O	La Company	1885 P. T.	-
( ) Walk-In Customer : Customer's in ( ) Total Loss Case : to e-mail Inst		*		
Drive-In ( )/ Towed-In ( ); Invo	pice: YES ( ) / NO ( ); T	owing Co: (		
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Don	by
Apply for Transport Allowance ( )     QC Check / Post Repair Inspection	/ Courtesy Car ( )	Date&Time Comple od	Don	by
1) Apply for Transport Allowance ( )	/ Courtesy Car ( )	Date&Time Comple 34	Don	b)by
Apply for Transport Allowance ( )     QC Check / Post Repair Inspection	/ Courtesy Car ( )	Date&Tarre Comple 34	Don	ejby
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ( )	Date&Time Comple 34	Don	s'by
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car ( )	Date&Tarre Comple 34	Don	e)by
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ( )	Date&Time Comple of	Don	shy
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ( )	Date&Tame Comple 34	Don	e by
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ( )	Date&Time Comple of	Don	s'hy
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ( )	Date&Tame Comple 34	Don	shy
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions	/ Courtesy Car ( )	Date&Tario Comple 34		
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ( )	Date&Time Completed	Don	Amt(\$)
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost>  Injury:  Date/Time Actions  HA1806773	/ Courtesy Car ( )	paration Checklist. Reporting (\$30);	Anit(S)	Amt(S)
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	Courtesy Car ( )	Daration Checklist: Reporting (\$30); Assessment (\$100); INC (\$8	Anit(S)	Amt(S)
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	Courtesy Car ( )	paration Chrcklist; Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40 arough Survey	Anit (5) (5) (5) (5) (5) (5) (5) (5) (5) (5)	Amt(3)
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  HA186473  Laimant's Particulars:	Courtesy Car ( )	Paration Checklist: Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40 arough Survey arough Survey (Resurvey)	Amit (5) 196 Bill 0) 7545 5120 530	Amt(3)
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  HAIROGATS  Laimant's Particulars :- river/Owner:	Courtesy Car (	Daration Checklist:  Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40 arough Survey (Resurvey) Trough Survey (Resurvey)	Anit(5) (1)(Bill) 0) 7545 5120 530 ) \$75	Amt(3)
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  HAlfo673  Inimant's Particulars :- river/Owner:	Courtesy Car ( )	Daration Checklist:  Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 arough Survey arough Survey (Resurvey) Trainst INC Only (wef 10 Jan 2005 thion  SMRT Survey	Anit (5) 19t Bill 0) 75 45 5120 530	Amt(3)
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1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  NAIMOGATS  Inimant's Particulars: river/Owner: ontact No: amaged Portion:	Courtesy Car ( )	Daration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$8 to 100);	Anit(\$) 19 Bill 00 78 45 51 20 \$30 ) \$75 \$160	Amt(5)
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	Courtesy Car ( )	Daration Checklist:  Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 enrough Survey (Resurvey) rough Survey (Resurvey) rainst INC Only (wef 10 Jan 2005 en \$100 en	Ant (5)  fit Bill  0) /545 5120 530 ) \$75	· Amt(5)
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	Courtesy Car (	Daration Checklist:  Reporting (\$30); Assessment (\$100); INC (\$8 se \$40 arough Survey (Resurvey) Total	Ant(5)  Ant(5)	Amt(t)
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Courtesy Car (	Paration Checklist:  Reporting (\$30); Assessment (\$100); INC (\$8 to \$40	Ant((5))  Apt Bill  0)  /\$45  \$30  )  \$75  \$160  \$5  \$10  \$25	Amt(t)

#### SINGAPORE ACCIDENT STATEMENT

#### 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 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.

aroresaid.	
and plan message to encountries	ACCIDENT STATEMENT
Date Of Report	22/10/2018 15:06
Date Of Accident	20/10/2018 23:40
Exact Location Of Accident	PIE (CHANGI) BEFORE PAYA LEBAR FLYOVER
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLF3635A
Insured/Policyholder	
Name Of Registered Owner	ONG KOK HUA
NRIC No	S1737993C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86707077
Alternative Phone No	OFFICE-86707077
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098498353
Cover Note Number	
Driver	

 Name of Driver
 ONG KOK HUA

 NRIC No
 \$1737993C

 Date Of Birth
 23/04/1966

 Occupation
 OUTDOOR

 Date Of Driving Pass
 16/12/2011

Driving Experience 6 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86707077

Fax Number

Contact Number OFFICE-86707077

EMail Address NOEMAIL

BLK 612C PUNGGOL DRIVE Address

#04-881

Postcode 823612 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

2

NO

YES

NO

2

YES

NO

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name PUNGGOL N.P.C

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20181021/2072.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **SLG3590P** 

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver ZHANG MENFU, DANIEL

NRIC/Passport Number S8909119E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

# **DETAILS OF INJURED PERSON 1**

Name

ONG KOK HUA

Approximate Age

Injuries Sustain

**NECK & BACK** 

Injured person in which vehicle?

SLF3635A

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

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 <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:

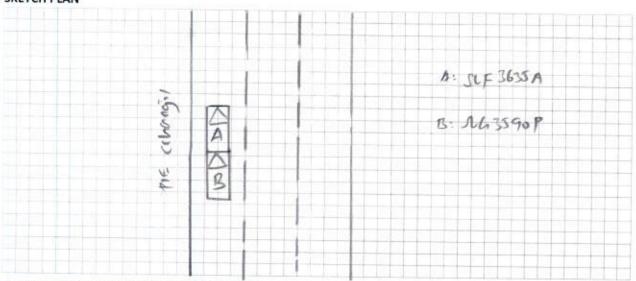
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to	police	Meport- 7/2018/02/1/2022	

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

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No .:





Police Station Of Origin:

Punggol N.P.C

21A Tebing Lane SINGAPORE 828837

Tel No: 1800-6049999

1 of 3

Report No. T/20181021/2072

## REPORT OF A TRAFFIC ACCIDENT

	ne Report N 018 19:10	Made:	Vide Report No.:	Station Diary No.		
Informa	nt's Partic	ulars		· 沙拉里里 · · · · · · · · · · · · · · · · · ·		
Name of ONG KO	f Informant: OK HUA	4	Address: APT BLK 612C PUNGGOL DRIVE #04-881 SINGAP 823612			
	/ ID No.: O / S17379	93C	Contact No.: Home/Office:	Mobile: 86707077		
National SINGAP	ity: PORE CITIZ	EN	Email:			
Sex: Male	Age: 52	Date of Birth: 23/04/1966	Type of Informant:			
Race: Chinese			Language:	Institution / School Name:		
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3A Date of Expiry:			

General Infor	mation of the Accide	nt		ALE STATES
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/10/2018 23:40	Type of Location Straight Road
	EXPRESSWAY			9
Pan Island Expressway towards Changi Airport (Nearby p Weather: Road Surface: Clear Dry			The state of the s	pad Speed Limit:
Traffic Flow: One Way		Traffic Volume: Heavy		
Type of Collis Between Mov	ion: ing Vehicles - Head T	o Rear	An	yone conveyed by hbulance:

Details of V	ehicle Invo	lved		ALCENS NO		MANUFACTOR
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLF3635A	Car	HONDA	SHUTTLE 1.5G CVT	White	Seriously Damaged	
SLG3590P	Car				Slightly Damaged	0

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SLF3635A	NTUC Income Insurance Co-Operative Limited	5098498353	12/03/2018	11/03/2019			





Police Station Of Origin: Punggol N.P.C

Report No. T/20181021/2072

2 of 3

21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

## CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved				DA WA	
Any Pedestrian I	nvolved: No				-	
No. of Pedestrian	ns Injured: NIL		Use of Ped	destriar	Cross	ing NA
Driver					-	Milg. 147
Name	ONG KOK HUA				1	S1737993C
Related Vehicle	SLF3635A (Car)			Contact No.		86707077
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: 3A Date of Expiry: NIL	
Date Treatment	NIL		Date Disch		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		Slight	

## Brief Details.

On the 20/10/2018 at around 2340hrs, I was travelling my vehicle (SLF3635A, Honda shuttle, white in color) along Pan Island Expressway towards Changi Airport (Nearby paya lebar highway). It was a heavy traffic and the car in front of me made a sudden brake and I also made a stop. I was travelling at about 60 km/h at that point of time. I did not hit the car in front of me.

After I made a stop, a car (SLG3590P, White in color, Toyota Prius, Heng MenFu Daniel, S8909119E. HP:92288170) behind me suddenly hit the back of my car. I felt the impact, and came out of my vehicle to make a check. There was a passenger in my vehicle as well, she claims that she felt some sore on her neck. I then realized that a car hit onto the rear of my vehicle and we exchange particulars. We then move off from the scene. No ambulance and Police came to my scene.

When I woke up at around 1600hrs, I felt some sore on the back of my neck and my back. I then went to ProHealth Medical Group at Punggol to see a doctor and the doctor give me a Medical Certificate for 3 days.

I wish to state that my car has in-car camera.





3 of 3 Report No. T/20181021/2072

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

## 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.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 2 GOH JUN JIE	lm.
Signature Of Interpreter: Not applicable	Date/Time: 21/10/2018 19:10
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S1737993C



Name

ONG KOK HUA



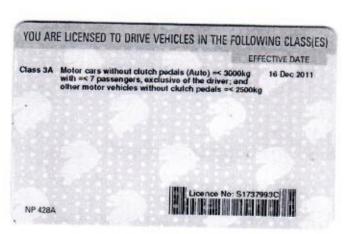
CHINESE

Date of birth 23-04-1966 Country of birth SINGAPORE









<b>eBao</b> Tech				100						Genera	alClaim
Hello, NAC_PAYA_UBI_80 My Desktop	80 X 70 V	cy Query					→ Change	Language	• Chan	ge Password	→ Log Ou
Notice of Loss	Policy 1 Vehicle	No.(For Motor)	SLF363	SLF363SA Certificate Number  Search			2	20/10/2018 23:40			
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5098498353		ONG KOK HUA	S1737993C	GPC	drivo CLASSIC	SLF3635A	SLF3635A	12/03/2018	11/03/2019

Policy No.	5098498353	Policyholder Name	ONG KOR	HUA	Policyholder NRIC	S1737993C	
Certificate No.					NRIC		
Address	BLK 612C #04-881 PUNGGOL	DRIVE SINGAPO	ORE 82361	2			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	12/03/2018	Effective Date	12/03/20	18 00:00	Expiry Date	11/03/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Youn	g/Inexperience Driver Excess
Agent	DICKSON AUTO AGENCY	Agent Tel.	NIL		GST Flag	Υ	
Co- nsurance Flag	No				AND LOCATION		
Open Policy Info							
Certificate nfo							
<ul><li>Policyl</li></ul>	nolder Mailing Address						
ddress 1	BLK 612C #04-881	Addre	ss 2	PUNGGOL DRIVE		Address 3	SINGAPORE 823612
Address 4		Addres	ss Type	Singapore address		Post Code	823612
Init No.	04-881	Relate Number	d Policy er	5098498353			553.55 p
) Insure	d Object: SLF3635A						
	ements						

Claim Handling Accident HT/1016592					
Policy No.	5098498353	Vehicle No.	SLF3635A	GST Registration No.	
Certificate No.					
Policyholder Name	ONG KOK HUA			Policyholder NRIC	S1737993C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	86707077	Contact No. (Office)	0	A CONTRACTOR OF THE PARTY.	
Email Address	CONCENSES.	Special Remark		Contact No.(Home) eCode	0
OFK	® No ○ Yes	TCA	® No ⊜Yes		10. V
ACD Protection	No		755070000	eCode Reason	
Accident Details	-10	NCO Entitlement(%)	10	Private Hine	Yes
eport Date	2210000000000000				
	22/10/2018 15:30	Accident Report Within 24 hrs	Yes	Acodent Type	Collision - Head to Rear
ate of Accident	20/10/2018	Time of Accident hhomm	23:40	Country of Accident	Singapore
eporting Centre		Orange Force		1CM No.	
ccident Location	PIE (CHANGI) BEFORE PAYA LEBA	A PLYOVER			
W Excess					
wn damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
nnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
IVIII Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
⇒ Benefits					
GST Registered Inform	ation				
FT Registered	No		GST Registration Date		
T Registration No.			GST Status Ventied	Yes	
odification History					
	100011				
Policyholder Mailing Ad			SECULATION OF THE SECURATION O		
ddress 1	BLK 612C #04-881	Address 2	PUNGGOL DRIVE	Address 3	SINGAPORE 823612
ddress 4		Address Type	Singapore address	Post Code	823612
nit Na	04-881	Related Policy Number	5098498353		
OI Driver Info					
tver Name	ONG KOK HUA	Driver Type	Hain Oriver	per based in the	
mamed driver Name		Driver NR3C	51737993C	Driver DOB	23/04/1966
gister Date of Driver License	16/12/2011	Driver Age	52	Driving Experience	6
ritact No.(Mobile)	86707077	Contact No. (Office)	0	Contact No.(Home)	0
idress 1	BLK 612C	Address 2	PUNGGOL DRIVE	Address 3	SINGAPORE 823612
Idress 4		Address Type	Singapore address	Post Code	823612
nit No.	04-881				
oes he own a Singapore egistered car?	O Yes ® No	Driver Vehicle No.		Driver Insurer Company	
				silve states sampary.	
deration					
reathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
tading?	Wate	and after the			
odification History					
Claim 001 New					
Marie Control					
22200					
im Type *	00-MX	Insured Name	ONG KOK HUA	Insured NRIC	51737993C
ntact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
all Address		Oil Vehicle Number	SLF3635A	TP Vehicle Number	SLG3590P
ilmant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
iment Name *	21	≥ Claimant NR3C *			
imant Address					
im Description	SLF3635A / SLG3590P ON 20 Oct 2	018		Name of Preferred Workshop	
ferred Workshop Contact		Insured Liability *	Not at Fault		
quire Finalisation	Yes	Preferend Repair Option		♥ GIA report	Received
te Registered	22/10/2018 15:32	Claim Close Date		Date Received	100000000000000000000000000000000000000
port Taken By	Jackson	And the same of th		Louis Mecelves	22/10/2018 00:00
Print AK letter					
Print AK letter					
			Save Submit		
Attachment					
C.					
9					
cident No.	MT/1016592	Claim No.	001		
st Doc. Received	● Yes ○ No	Upload Date	22/10/2018 15:35		
	Path *	and the same of		acceptance of the con-	
	Math. *	900	Category *	Confidential Urgen	
		Browse		V Normal	<u>v</u>
		Browse	. Clear Please Select	V Normal V Normal	
		Browse	Clear Please Select	V Normal	
		Browse	Flear Diagra Calant		100

