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00 (70)	i-Motor W/O (Within: OD 2h	rs, TP 4brs)		
OD TP Reporting Only	i-Photo Uploaded			
TD	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	:(Tel: F	ax:)
TP Particulars: Veh No: [WCZVSIR. INC)/Non-INC()		water o
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	NA 1982 - 2011 (F
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-1	100%]	ye - Zanno
Year of Registration: () Warranty: YES ()/NO ()		
Excess: (\$) Loading:	\$1,000()/\$2,000()			
General Remarks;-			100 S	- 1
() Walk-In Customer : Customer's	information strictly Confidential & S	trictly NO refer of repairer.		
() Total Luss Case : to e-mail In	surer URGENTLY.			
Drive-In ()/ Towed-In (); Inv	voice: YES() / NO();	Towing Co: ()
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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.
- 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.

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Date Of Report 03/12/2018 17:35
Date Of Accident 30/11/2018 18:55

Exact Location Of Accident JUNC BEACH RD & JAVA RD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJX4565R

Insured/Policyholder

 Name Of Registered Owner
 LOH YAN LING

 NRIC No
 \$9049204G

 Email Address
 NOEMAIL

 Mobile Phone No
 (LOCAL) +65-83393391

 Alternative Phone No
 OFFICE-83393391

Vehicle Particulars

Manufacturer BMW

Model 318I 2.0 AT D/AB 2WD 4DR GAS/D SR DRL

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 5103628098

Cover Note Number

Driver

 Name of Driver
 LOH YAN LING

 NRIC No
 \$9049204G

 Date Of Birth
 15/12/1990

 Occupation
 INDOOR

 Date Of Driving Pass
 19/05/2017

Driving Experience 1 YEAR AND 6 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-83393391

Fax Number

Contact Number OFFICE-83393391

EMail Address NOEMAIL

Address BLK 93 YISHUN STREET 81

#06-04

Postcode 768451

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

7211 7215

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?

NO

Was any other material or property damaged?

YES

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

NO

soliciting/oriering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME: TEOH ZI WEI

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

WC7231R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 17

DETAILS OF INJURED PERSON 1

LOH YAN LING Name

Approximate Age

Injuries Sustain BODY SJX4565R Injured person in which vehicle?

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name TEOH ZI WEI

Approximate Age

BODY Injuries Sustain Injured person in which vehicle? SJX4565R Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>spirectly</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.
- Information provided must be as truthful and accurate as possible. Any wiful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy fisbility.
- 4. The issue and asceptance 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 interested parties.
 (GIA) for archiving and that copies of this report will for a fee be made available upon application by
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copins of the report being made available aforeseld.
- 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, provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured to as the "Insurers"), the insurers lawyers/law firms, the 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 secident 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 paracited to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (c) my Personal Information may/rap be disclosed by any of the insurers and/or GIA to their third party service providers on agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (a) my Personal Information will also be collected and used to compile claims history for the purpose of freud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - in 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.

Policyhologra Signature Date & Time:

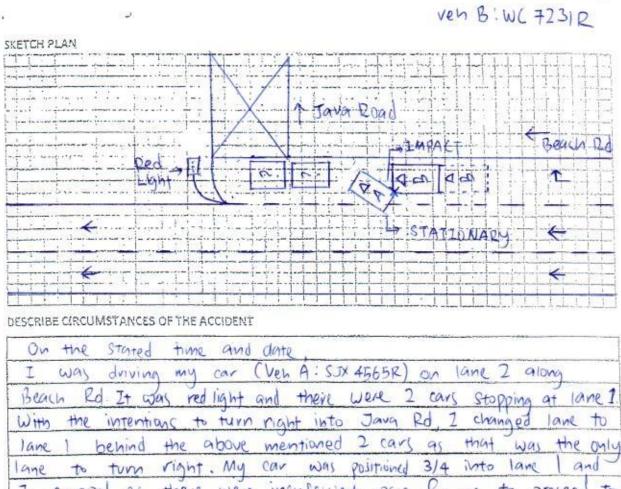
Driver's Signature (If driver is not the policyholder) Date & Time:

Reparting Centro Personnel Name:

s Signature

NRIC/FIN No.:

ven 9: SJX4565R ven B: WC 7231R



Beach Rd It was red light and their wer	e 2 cars stopping at lane 1.
With the intentions to turn right into Ja	ava Rd, I changed lane to
lane 1 behind the above mentioned 2	cars as that was the only
lane to turn right. My car was point	rioned 3/4 into lane l and
I stopped as there were insufficient	space for me to proceed to
same I fully. I was parked stationary	while I felt an impact
on my rear. I spoke to the driver an	d he mentioned that I was
at his blind spot. I wish to state that	t my vehicle was stationary
and my turning right signal was on while	ven's collided onto me.
	Exquite some time
7.77-3 and 1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
*	

DECLARATION

Ave declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Timbs

Oriver's Signature

(If driver is not the policyhpider)

Date & Timer

Reporting Contre Personnel's Signature Name:

NRIC/FIN No.:

Date of Accident	: 30/11/2018 Accident Time: 1855 (24-HR-Format)
Accident Place	: Beach Rd to Java Rd T - Junction
Vehicle Reg. No. (Car Plate No.)	: SJX 4565 R
Vehicle Make/Model	: BMW 318 1-
Insurance Company	: N7U(Policy No
Owner or Company Name /IC No.	
Owner or Company Contact No.	: 8339 339 Owner's Hp Company Tel
DRIVER'S Name / IC No.	<u> </u>
DRIVER'S Date Of Birth	: 15/12/1990 DRIVER'S License Pass Date
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: OWNC.
DRIVER'S Address	: BLK 93 YZSHUN ST 81 #06-04 (768451)
DRIVER'S Contact No./ Alt No.	:1)
DRIVER'S Occupation	NDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: DEONLOH 24 @ GMAIL. COM
Weather & Road Surface	CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only (Claim Other Party) Claim Own Insurance
Number of Passengers (Including D	river): 02 I Hmg/s
Was there any video Captured by ca Exact purpose for which vehicle wa	ar camera: YES NO s being used at the time of accident: Private use) Work purpose
Other 1	Party Driver's Particular (if any)
Vehicle Reg. No: WC 7231	Vehicle Reg. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:



Mount Alvernia Hospital Medical Certificate

24-Hour Walk-in Clinic and Emergency Department

No. M1800001252

This is to certify that LOH YAN LING, S9049204G, is granted Outpatient Sick Leave for 2 day(s) from 01-Dec-2018 to 02-Dec-2018. Remark

This medical certificate is not valid for absence from Court or judicial proceeding unless specifically stated.

Dr. Jason Tun Ken Loung

01/12/2018

Date

VULUE (440,000)

OF 112441

A C I TID by A AI K O. CLINIC



Mount Alvernia Hospital Medical Certificate

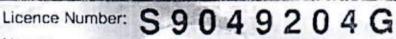
24 Hour Walk-in Clinic and Emergency Department

No M1800001251

This is to certify that TEOH ZI WEI, S9538830B, is granted Outpatient Sick Leave for 1 day(s) from 01-Dec-2018 to 01-Dec-2018. Remark

his medjcal certificate is no	t valid for absence from Court or judicial	proceeding	g unless specifically stated.
R	A & E21100 F WORK OF CLINIC		01/12/2018
Dr. Nikhil Gautum	Manager Account to police 820 December Regard	-	Date
MCR 16582D	let 6*1**		





Name:

LOH YAN LING

Birth Date: 15 Dec 1990

Issue Date: 19 May 2017



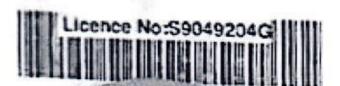
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

19 May 2017

1@ 428A



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S9049204G





Hame

LOH YAN LING

艳

flace

CHINESE

Date of birth

15-12-1990

Country of birth' SINGAPORE



NRIC No. S9049204G



APT BLK 93 YISHUN STREET 81 #06-04 SINGAPORE 768451

NRIC No: \$90492046

Date: 19/03/2010 No: 6430653



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5103628098

1. Index mark and Registration Number of Vehicle

: SJX4565R

Chassis Number

: WBAPF720X0A793835

Cover : drivo CLASSIC

2. Name of Policyholder

: LOH YAN LING

3. Effective Date of Insurance

: 14 Sep 2018

4. Expiry Date of Insurance

: 13 Sep 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation). Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : S\$100 : N/A

ADDITIONAL EXCESS UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO EXCESS WAIVER : NO

PRIMARY DRIVER : LOH YAN LING

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : TAI THONG LEE TRADING PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: TAI THONG LEE TRADING PTE LTD (00000612744)

Date of Issue

: 11 Sep 2018 17:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

								P. S. S. S.	Gener	alClaim
0601					THE REAL PROPERTY.	, Change	Language	· Chan	STATE OF THE PARTY OF	· Log Ou
Policy (Query							C. BLOTHER.	g- (Lug Ot
Policy No.		510362	8098		Date	of Accident	3	0/11/2018	18:55	
Vehicle No. (For Motor)	SJX456	5R		Certifi	icate Number	Ē		110.0	
				1	Search					
	licy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
O 510	3628098		LING	S9049204G	GPC	CLASSIC	SJX4565R	SJX4565R	14/09/2018	13/09/2019
	Policy No. Vehicle No. (Select Po	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No.	Policy Query Policy No. 510362 Vehicle No. (For Motor) SJX456 Select Policy No. Certificate Number	Policy Query Policy No. S103628098 Vehicle No. (For Motor) SJX4565R Select Policy No. Certificate Number Name S103628098 LOH YAN	Policy Query Policy No. 5103628098 Vehicle No. (For Motor) SJX4565R Select Policy No. Certificate Number Policyholder Name NRIC S103628098 LOH YAN S044030445	Policy Query Policy No. \$103628098 Date Vehicle No. (For Motor) \$334565R Certif Search Search Select Policy No. Certificate Number Name NRIC Product O \$103628098 LOH YAN \$20403045 Certificate Name NRIC	Policy Query Policy No. S103628098 Date of Accident Vehicle No. (For Motor) SJX4565R Certificate Number Search Select Policy No. Certificate Number Name NRIC Product Cover Type O 5103628098 LOH YAN S9049204G CEPT drivo	Policy Query Policy No. 5103628098 Date of Accident 3 Vehicle No. (For Motor) SJX4565R Certificate Number Select Policy No. Certificate Number Name NRIC No. No. S103628098 LOH YAN S9049204G Gpt drivo SY4565R Change Language Search Search Search Vehicle No. S103628098 LOH YAN S9049204G Gpt drivo SY4565R Change Language Search Sea	Policy Query Policy No. 5103628098 Date of Accident 30/11/2018 ** Vehicle No. (For Motor) SJX4565R Certificate Number Search Select Policy No. Certificate Number Name NRIC Number Name NRIC NRIC Product Cover Type Vehicle Insured No. Object O 5103628098 LOH YAN S9049204G Gpt drivo CNASSES O S103628098 LOH YAN S9049204G Gpt drivo CNASSES O S103628098 Cover Type Cover Type Cover Type No. Object Cover Type Cover Type Cover Type No. Object Cover Type Cover	Policy Query Policy No. 5103628098 Date of Accident 30/11/2018 18:55 Vehicle No. (For Motor) SJX4565R Certificate Number Select Policy No. Certificate Number Name NRIC Product Cover Type Vehicle Insured Commence Name NRIC No. Object Date Object Obje

Policy No.	5103628098	Policyholder Name	LOH YAN L	ING	Policyholder NRIC	59049204G	
Certificate No.		Hame			NRIC		
Address	93 YISHUN STREET 81 #06-04	ORCHID PARK	CONDOMIN	IUM SINGAPORE	768451		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	11/09/2018	Effective Date	14/09/201	8 00:00	Expiry Date	13/09/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Dutside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	g/Inexperience Driver Excess
Agent	TAI THONG LEE TRADING PTE L	Agent Tel.	NIL		GST Flag	Y	
Co- nsurance Flag Open Policy Info	No						
Certificate Info							
Policyl	holder Mailing Address						
ddress 1	93 YISHUN STREET 81	Addre	ss 2	#06-04 ORCHI	PARK CONDOM	Address 3	SINGAPORE 768451
Address 4		Addre	ss Type	Singapore addre	255	Post Code	768451
Init No.	06-04	Relate	ed Policy er	5103628098			
) Insure	ed Object: SJX4565R						
□ Endors	sements						
		nt	Endorsemen		CITATION AND AND AND AND AND AND AND AND AND AN	Status	Endorsement Conten

occident MT/1022391 Policy No.					
	5103628098	Vehicle No.	SIX4565R	GST Registration No.	
rtificate No.				VALUE OF THE SECOND SEC	
Cyholder Name	LOH YAN LING			Policyholder NRIC	59049204G
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
stact No.(Mobile)	83393391	Contact No.(Office)	0		
ari Address		Special Remark		Contact No. (Home)	0
	St. No. Chinas			eCode	THE CT
	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
out Date:	03/12/2018 19:37	Academt Report Within 24 hrs	Yes	Accident Type	California Character (Construction
e of Acodent	30/11/2018	Time of Accident hhomm			Collision - Change / Cross lane
orting Centre	221.000.000		18:55	Country of Accident	Singapore
	DEATH SECURITY OF STORY SEC.	Orange Force		ICH No.	
ident Location	JUNC BEACH RD & JAVA RD				
Escens					
n demage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
lained Driver Excess	0.00	Outside Singapore OD Excess	600.00		
d Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Informa	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status venhed	Yes	
Micabian History			SO I SOURCE VEHICLE	765	
Policyholder Halling Ad	dress				
ress I	93.YISHUN STREET 81.	Address 2	#06-04 ORCHID PARK CONDON	Address 3	SINGAPORE 758451
tress 4		Address Type			
t No.	06-04		Singapore address	Post Code	768451
	06-04	Related Policy Number	5103628098		
OI Driver Info	Control of the Contro		28 50 50 50 50 50 50 50 5		
er Name	LOH YAN LING	Driver Type	Main Driver		
amed driver Name		Driver NRIC	59049204G	Driver DOB	15/12/1990
ister Date of Driver License	19/05/2017	Driver Age	27	Driving Experience	1
tact No.(Motrix)	83393391	Contact No.(Office)	0	Contact No.(Home)	0
ress 1	93 YISHUN STREET 81	Address 2	GREHID PARK CONDOMINIUM	Address 3	SINGAPORE 765451
ress 4		Address Type	Singapore address	Post Code	
ENo.	06-04	1100	Singapore address	Post Code	768451
es he own a Singapore					
gistered car?	○ Yes ® No	Oriver Venicle No.		Driver Insurer Company	
Alle Marie and Paris and Thomas					
athalyser or Blood Test	0 mg	Any injury?	Yes □ No		
eathalyser or Blood Test	0 mg	Any injury?	® Yes □ No		
	0 mg	Any injury?	® Yes ○ No		
athalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
athelyner or Blood Test deig? fication History	0 mg	Any injury?	Yes ○ No		
athelyner or Blood Test deng? fication History	0 mg	Arry ingury ?	Yes ○ No		
athalyser or Blood Test deig? Fication History Laim 003 New			A TRANSCOTTORING	THE STATE OF THE S	Procedure and the second
athalyser or Blood Test deig? ficabon History laim 003 New	ОС-МХ	Insured Name	® Yes ○ No	Insured NRPC	\$9049204G
athalyser or Blood Test deig? ficabon History laim 003 New Type +	OD-MX	Insured Name Contact No.(Home)	COH YAN LING	Contact No. (Office)	\$9049204G
athalyser or Blood Test deg? fication History laim 003 New Type * act No.(Mobile) el Address	OD-MX MIL MILØYERIFIED.CC	Insured Name Contact No.(Home) Of Vehicle Number	A TRANSCOTTORING		99049204G WC7231R
sthatyper or Blood Test deg? fication History laim 003 New Type * act No.(Mosile) al Address nant Type Claimans Type *	OD-MX MIL MILØYERIFIED.CC	Insured Name Contact No.(Home)	COH YAN LING	Contact No. (Office)	
ithalyser or Blood Test steg? fication History aim 003 New Type * act No.(Mobile) il Address nant Type Claimans Type *	OD-MX MIL MILØYERIFIED.CC	Insured Name Contact No.(Home) Of Vehicle Number	LOH YAN LING SJX4565R	Contact No. (Office)	
ithalyser or Blood Test leg? fication History aim 003 New Type * act No.(Mobile) il Address nant Type Claimant Type * hant Name *	OD-MX NIL NILØVERIPIED.CC Please Select	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit +	LOH YAN LING SJX4565R	Contact No. (Office)	
ithalyser or Blood Test leg? fication History aim 003 New Type * act No (Mosile) il Address nant Type Claimant Type * nant Name * namt Address	OD-MX NIL NILØVERIPIED.CC Please Select	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit +	LOH YAN LING SJX4565R	Contact No. (Office) TP Verscle Number	
sthateser or Blood Test deg? fication History laim 001 New Type * lact No./Mobile} if Address nant Type Claimans Type * nant Address in Description	OD-MX MIL MILGYERIFIED.CC Please Select >>	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Claimant NRIC +	LOH YAN LING SIX456SR. Peaks Select	Contact No. (Office)	
athalyser or Blood Test deg? fication History laim 603 New Type * tact No.(Modile) iii Address mant Type Claimant Type * mant Name * mant Address m Osscription serred Workshop Contact	OD-MX WILL NILØVERIPIED.CC Please Select >22 SDX4565R / WC7231R ON 30 New 2018	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Claimant NRIC +	LOH YAN LING SIXASSSR Pease Select Not at Pault	Centact No.(Office) TP Vehicle Number Name of Preferred Workshop	
inthitiser or Blood Test deg? fication History laim 003 New Type * lact No.(Mosile) el Address nant Type Claimant Type * mart Address n Oscorption arred Warkshop Contact use Finalisation	OD-MX NIL NILOYERIPIED.CC Please Select >>> 5X44565R / WC7231R ON 30 New 2018 Ves	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Claimant NRIC +	LOH YAN LING SIXASSSR Pease Select Not at Pault	Contact No. (Office) TP Verscle Number	
sthalpser or Blood Test deg? fication History laim 603 New If type + lact No. (Modile) iii Address nant Type Claimant Type + trant Name + hart Address in Ossorption are Wanishop Contact are Finalisation Registered	OD-MX WILL NILØVERIPIED.CC Please Select >22 SDX4565R / WC7231R ON 30 New 2018	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Claimant NRIC +	LOH YAN LING SIXASSSR Pease Select Not at Pault	Centact No.(Office) TP Vehicle Number Name of Preferred Workshop	WC7231R
inhalyser or Blood Test leng? fication History aim 003 New Type * act No (Mosile) il Address nant Type Claimant Type * nant Name * nam Address n Owentplion are Workshop Contact aire Finalisotion Registered	OD-MX NIL NILOYERIPIED.CC Please Select >>> 5X44565R / WC7231R ON 30 New 2018 Ves	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liebility * Preference Repair Option	LOH YAN LING SIXASSSR Pease Select Not at Pault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA resort	WC7231R
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athalyser or Blood Test deg? fication History fairm CO3 New Type + tact No.(Mobile) el Address mant Type Claimant Type + mant Address m Description erred Workshop Contact une Finalisation e Registered ort Taken By Print Ak letter tachment	OD-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liebility * Preferend Repair Option Claim Close Date	SJX4963R. Prease Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA resort	WC7231R
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