NATIONAL Assessment Ce	ntre Services	wel   Jan'05 MH	A118 1587 63			
Date In: 6) 1/18 - 15:10	Job description		Date & Time Con	npleted	Don	e by
Resino: Hajinkleomen ju	SAS e-filing					
Veh No: 30E61937	E-mail (within	Shrs, AIC 2hrs)	1			
D.O.A : 7/11/4-19:00	i-Motor Clair	m Form	m/1023072-	001 6	71-18 17	1:27:
OD / TP / Reporting Only	i-Motor W/O	(Within: OD 2hrs	-			
OB : TP : Reporting Only	i-Photo Uplo:	aded				W
TP Insurer:	Assessment/Su	rvey Report				an ta casan sa k
II liburo.	Ass't Report b	y Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW:	(		Tel:	Fa	ix:	
TP Particulars: Veh No: Ju	1C2945A	INC (	)/Non-INC(	)		
Owner / Driver: (			Tel:	U	)	
Policy No: (	Period: (	)	Cover Type: (		)	
Confirmed by : (		Date:	Time:		)	
	6) [Note-Est. Status (W	VO): N: 0-20	%; P: 21-79%.	P: 30-10	00%]	81
Year of Registration: ( )	) Warranty: YES (	)/NO(	)	TIESCO III		
Excess: (\$ ) Loading: \$	\$1,000 ( )/\$2,000	( )				
General Remarks:-			desd ( ) is larger to			58 32 A ( )
3) Upload Resurvey Photo [Repair Cost > Injury :	>\$3000] ( )					
Oute/Time Actions					BRIOK) IF	
NA1808033		Invoice Prep	aration Checklis	la maria	Ant (S)	Amt (\$)
ilmant's Particulars :-		1) AR : Accident R	teporting (\$30); ssessment (\$100);	INC (\$80)		
iver/Owner:		3) TF : Towing Fee		\$40/\$	45	
ntact No:			ough Survey (Resurve)	) \$	30	
			inst INC Only (wef 10	Jan 2005)	75	
maged Portion:		7) N1 : Idao DA +	SMRT Survey	. 51	-	
Charled by (2)	-	8) NTUC Addition	al Services:-			
Checked by (Engr-In-Charge):		OD.		-	\$5	
Water and the second second second		Committee of the latest to the	er / Tpt Allowence	-		
ditors' Comments :-	(200 10) / 10 hold to 10 hold	*N5: Courtesy C *N6: Repair Co-	ordination	5	10	
The state of the s	•	*N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Collection	ordination r Inspection et Excess Coordination	5	10 25 <b>5</b> 5	
<u>1:</u>		*N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Collection	ordination r Inspection et Excess Coordination N:n INC) against INC	5 \$	10 25	
The state of the s		*N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Colle- TP (N11): TP ()	ordination r Inspection et Excess Coordination N:n INC) against INC le	5 \$	10 25 \$5 20 30	

Figure 1 to 10

### 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,
- 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.

aforesaid,	to the archiving of one report at the centre and to copies of the report being made available
Walting of Bullion And States	ACCIDENT STATEMENT
Date Of Report	08/12/2018 15:10
Date Of Accident	07/12/2018 19:00
Exact Location Of Accident	WOODLANDS SQUARE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE6193T
Insured/Policyholder	
Name Of Registered Owner	CHAN CHIEW SONG
NRIC No	S1340577H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96728258
Alternative Phone No	OFFICE-96728258
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
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	REPORTING ONLY

Vehicle Category Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

PRIVATE CAR

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5092395068-01

Cover Note Number

Driver

Name of Driver CHAN CHIEW SONG

 NRIC No
 \$1340577H

 Date Of Birth
 15/03/1958

 Occupation
 INDOOR

 Date Of Driving Pass
 21/07/1978

Driving Experience 40 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96728258

Fax Number

Contact Number OFFICE-96728258

EMail Address NOEMAIL

BLK 767 WOODLANDS CIRCLE Address

#10-340

Postcode 730767

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

COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

Other Information

Type Of Accident

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2 Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

3

: HO POH KIM

GENDER: : FEMALE

Passenger 2

NAME:

: SIM XIANG HAO

GENDER: : MALE

**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? Was there any video captured by Car Camera?

Was there any audio recorded?

YES NO

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SHC2945A

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

## SKETCH PLAN

# IMPORTANT NOTICE

- 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 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.
- 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)
  - (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")
- (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:

HCXXXXX

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

4 CAXAL

Date & Time:

Reporting Centre Pers

Name:

NRIC/FIN No .:

	(A) 13		
woodlands Square	Torsi Stano	pictup/ droposit point	9) SLE 6193T B) SHC 2945A.
DESCRIBE CIRCUMSTANCES OF THE A	CCIDENT	Alo	g woodlands Square
after filtered out from the vehicles infront of me behind & i realized to the oncoming traffic of his	hot were B(SHC s front core or	lands oquare (before the taxi Sublemy if	At an impact case from
DECLARATION  I/We declare the foregoing particulars are			

If atthe

Driver's Signature

(If driver is not the policyholder)

HOSTAL

Date & Time:

Reporting Centre Personnel's Signature

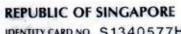
Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:

EHICLE NO: SLE 6193T.	MAKE & MODEL: Nisson Syl					
ate of Accident	07/12/2018					
me of Accident	1900 AM / EM					
ocation of Accident	Along woodlends Squere.					
cact Purpose Usage	Personal / Private Hire (Uber / Grab) / Commercial					
AME OF OWNER:	Chan Chiew Song					
ontact No.	S1340577H					
ric No	96728258					
ype Of Claim	Third Party / Own Damage / Reporting only					
isurance Co.	NTUC Income.					
ype of Coverage	Comprehensive / Third Party / Third Party Fire & Theft					
olicy No	509395068-01					
IAME OF DRIVER :	As above / If No:					
Iric No	As Above : Any Passenger: +2.					
Pate Of Birth	15/03/1458 Whene: Ho Roh Kipa					
Occupation	Outdoor / Indoor Gerder Female					
Date Of Driving Pass	21/07 / 1978 @ Name: Sim Xing Had					
Gender	(Male / Female Goder: Mole					
Contact no	9228 35 8 Office: Home:					
Address	BK 767 woodlands Circle #10-340 S(730767)					
Driver Have Any Own Vehicle	NO / If Yes (Reg no):					
Relationship	Employee / If No: Owner					
Weather Condition	Clear / Raining / Other :					
Road Surface	Dry / Wet / Other:					
Any Injuries	NO / If Yes Who?					
Name	Contact :					
Name	Contact :					
Police Report	No / If Yes : Where?					
Vehicle B No :	SH C 2945A Any Passenger: —					
Name Of Driver	any russenger.					
Contact No :						
Vehicle C No :	Any Passenger:					
Vehicle D No :	Any Passenger:					
Vehicle E No :	Any Passenger:					
Vehicle F No :	Any Passenger:					
Any Witness	Any tassenger.					
Witness Contact No						
Have you been approach by unkno	w person soliciting (s) /					
offering accident claims assistance						
PARTICULAR WORKSHOP	PRECISE AUTO SERVICE					
Address	1 Kaki Bukit Ave 6 #02-34					
	Kaki Bukit @ Auto Bay					





IDENTITY CARD NO. \$1340577H





CHAN CHIEW SONG

昭松

CHINESE Chate of Bath 15-03-1958

Country at Birth

SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES! Class 4 Class 5





## 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: 5092395068-01 Cover : drivo PREMIUM

Index mark and Registration Number of Vehicle

: SLE6193T

Chassis Number

· MANTEDARY

------

: MNTBBAB17Z0027394 : CHAN CHIEW SONG

2. Name of Policyholder

: CHAN CHIEW SOI

3. Effective Date of Insurance

: 28 Jul 2018

4. Expiry Date of Insurance

: 27 Jul 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)

: N/A

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS
ADDITIONAL EXCESS

: S\$100 : N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

; YES

INSURE WITH COE

: YES

NCD PROTECTION

: YES (FREE)

TRANSPORT ALLOWANCE

: YES

EXCESS WAIVER

YES

PRIMARY DRIVER

: CHAN CHIEW SONG

NAMED DRIVER (1)

: CHAN WEI LING DAPHNE

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: MAYBANK

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)

Agency

: CREDENTIAL MOTOR PTE LTD (00000613028)

Date of Issue

: 02 Jul 2018 17:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

**Chief Executive** 

eBaoTech										Genera	alClaim
Hello, NAC_PAYA_UBI_800	0601						· Change	Language	• Chang	ge Password	+ Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	4o.				Date	of Accident	0	7/12/2018 1	9:00	
	Vehicle	No (For Motor)	SLE619	93T		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	5092395068- 01		CHAN CHIEW SONG	S1340577H	GPC	drivo PREMIUM	SLE61937	SLE6193T	28/07/2018	27/07/2019
				7-9-6-5-71	1	Continue	I				

alicy No.	5092395068-01	Policyholder Name	CHAN CHIE	w SONG	Policyholder NRIC	S1340577H	
ertificate lo.							
ddress	BLK 767 #10-340 WOODLANDS	CIRCLE SING	APORE 73076	57			
roduct Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	02/07/2018	Effective Date	28/07/2018	00:00	Expiry Date	27/07/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0.0		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	CREDENTIAL MOTOR PTE LTD	Agent Tel.	62569288		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address				1-7-		
Address 1	BLK 767 #10-340	Addr	ess 2	WOODLANDS	CIRCLE	Address 3	SINGAPORE 730767
Address 4		Addr	ess Type	Singapore add	ress	Post Code	730767
Unit No.		Relat Num	ed Policy ber	5092395068-0	1		
	ed Object: SLE6193T						
D Insure							
D Insure	sements						

Claim Handling						
Accident MT/1023072						
Policy No.	5092395068-01		Vehicle No.	SLE6193T	GST Registration No.	
Dertificate No.						
hiksyttofder Name	CHAN CHIEW SONG				Policyholder NR3C	51340577H
roduct Code	PRIVATE CAR INSURANCE	E	Cover Type	drive PREMOUM	Loading	0
Contact No.(Mobile)	96728258		Contact No. (Office)	0	Contact No. (Home)	0
mail Address			Special Remark		eCode	THE V
PK.	® No ○ Yes		TCA	® No ⊜Yes	eCode Reason	
CD Protection	Yes		NCD Entitlement(%)	50	Private Hire	No
Accident Details					The state of the s	140
eport Date	08/12/2018 17:25		Charles Nacian Property and San	Cathan Canada	Total Control	Committee of the same of the s
			Academ Report Within 24 hrs		Accident Type	Collision - Change / Cross lane
are of Accident	07/12/2018		Time of Accident hh:mm	18:00	Country of Accident	Singapore
eporting Centre			Orange Force		ICM No.	
coident Location	WOODLANDS SQUARE					
₩ Excuss						
wn damage Excess		0.00	Additional Excess	0	Windscreen Excess	100.00
nnamed Driver Excess		0.00	Outside Singapore OD Excess	0.00		
find Party Excess		0.00	Outside Singapore TP Excess	0.00		
⇒ Benefits						
overage				Sum Insured		
xcess Warver				90000000.99		
ransport Allowance				99999999.99		
→ GST Registered Informa	ition					
ST Registered	No			GST Registration Date		
ST Registration No.				GST Status Ventied	Yes	
lodification History						
Policyholder Mailing Add	dress					
ddress 1	BLH 767 #10-340		Address 2	WOODLANDS CIRCLE	Address 3	SINGAPORE 730767
ddress 4			Address Type	Singapore address	Post Code	730767
nit No.			Related Policy Number	5092395068-01		
Of Driver Info						
Iriver Name	CHAN CHIEW SONG		Driver Type	Main Driver		
nnamed driver Name			Driver NR3C	51340577H	Driver DOB	15/03/1958
egister Date of Driver License	21/07/1978		Driver Age	60	Driving Experience	40
omact No.(Motire)	96728258		Contact No.(Office)	0	Contact No. (Home)	0
ddress 1	BLK 767		Address 2	WOODLANDS CIRCLE	Address 3	53NGAPORE 730767
ddress 4			Address Type	Singapore address	Post Code	730767
Init No.	10-340					
Does he own a Singapore	O Yes ® No		Driver Vehicle No.		Driver Insurer Company	
egistered car?	0.000		. Dillo velide ita		Driver tristate: Company	
eclaration						
reathalyser or Blood 7est	W-4-2		AMERICAN AND A STATE OF THE STA	0		
eading?	D mg		Any injury?	○ Yes ® No		
lodification History						
CONTRACTOR MATERIAL						
Claim 001 New						
100						
	00-MX		Insured Name	CHAN CHIEW SONS	Insured NB1C	513405774
laim Type +	00-MX 98335368	V	Insured Name Contact No.IHems	CHAN CHIEW SONG	Insured MIJC	\$1340\$77H
laim Type * ortact No.(Mobile)	00-MX 98335368	<b>V</b>	Contact No.(Home)	63145670	Contact No.(Office)	
laim Type + ortact No.(Mobile) mel Address	96335366		Contact No.(Home) OJ Vehicle Number	63149670 SLE6193T		\$1340\$77H \$HC2945A
laim Type * untact No. (Mobile) mail Address laimant Type Claimant Type *	96335366	>	Contact No.(Home) Of Vehicle Number Type of Benefit *	63145670	Contact No.(Office)	
laim Type * contact No. (Mobile) mail Address laimant Type Claimant Type * laimant Name *	96335366		Contact No.(Home) OJ Vehicle Number	63149670 SLE6193T	Contact No.(Office)	
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laim Type * contact No. (Mobile) mail Address laimant Type Claimant Type * laimant Name * laimant Address laim Description referred Workshop Contact o equire Finalisation	96335368  Please Select    SLE61931 / SHC2945A O	≥≥ 2N 7 Dec 2018	Contact No.(Home) OJ Vehicle Number Type of Benefit * Claimant NRIC +  Insured Liability *	63143670 SLE6193T Please Select  Fully at Fault	Contact No.(Office) TP Vehicle Number	SHC2945A
laim Type * contact No. (Mobile) mail Address laimant Type Claimant Type * laimant Name * laimant Address laim Description referred Workshop Contact or equire Finalisation	98335368 Please Select SLE61931 / SHC2945A O	≥≥ 2N 7 Dec 2018	Contact No.(Home)  Of Vehicle Number  Type of Benefit *  Claimant NRIC *  Insured Liability *  Preferend Repair Option	63143670 SLE6193T Please Select  Fully at Fault	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GSA report	SHC294SA
laim Type * contact No. (Mobile) mail Address laimant Type Claimant Type * laimant Name * laimant Address laimant Address laimant Scription referred Workshop Contact or squire Finalisation site Registered eport Taken By	98335368 Please Select SLE61931 / SHC2945A O Yes C6/12/2018 17:27	≥≥ 2N 7 Dec 2018	Contact No.(Home)  Of Vehicle Number  Type of Benefit *  Claimant NRIC *  Insured Liability *  Preferend Repair Option	63143670 SLE6193T Please Select  Fully at Fault	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GSA report	SHC294SA
laim Type * contact No. (Mobile) mail Address laimant Type Claimant Type * laimant Name * laimant Address laimant Address laimant Scription referred Workshop Contact or squire Finalisation site Registered eport Taken By	98335368 Please Select SLE61931 / SHC2945A O Yes C6/12/2018 17:27	≥≥ 2N 7 Dec 2018	Contact No.(Home) Of Valnicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferenced Repair Option Claim Clase Date	63145670  SLE6193T  Please Select  Fully at Fault  Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GSA report	SHC294SA
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