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Veh No: SEWZVA	E-mail (within Shrs, AIC 2hrs)			
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	i-Motor W/O (Within: OD 2h		13/10/10	1-1:4
OD (TP) Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey Report		-	
TP Insurer:				
Preferred Wksp / INC Assign Wksp / QW: (	Ass't Report by Fax / Hand			
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Owner / Driver: (	892 · INC(	# # # # # # # # # # # # # # # # # # #	3	
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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.
- 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.
- 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.

Marie Control of the	ACCIDENT STATEMENT
Date Of Report	17/12/2018 14:49
Date Of Accident	15/12/2018 07:45
Exact Location Of Accident	JUNC BEDOK NORTH RD & BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFW72A
Insured/Policyholder	
Name Of Registered Owner	CHONG LEE LEE
NRIC No	S6935591I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98562684
Alternative Phone No	OFFICE-98562684
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARRIER PREMIUM 2.0 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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105787616
Cover Note Number	
Driver	
Name of Driver	WONG HONG WEI

 Name of Driver
 WONG HONG WEI

 NRIC No
 \$1732658I

 Date Of Birth
 04/09/1965

 Occupation
 OUTDOOR

 Date Of Driving Pass
 16/03/1987

Driving Experience 31 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90286372

Fax Number

Contact Number OFFICE-90286372

EMail Address NOEMAIL

6 TAMPINES STREET 73 Address

#09-04

Postcode 528825

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

## 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 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

2

NAME: : CHONG LEE LEE

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?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

GU4589Z

Vehicle Make/Model/Colour

NISSAN

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

KWONG KENG KHEONG

NRIC/Passport Number

S1182596F

Contact Number

96388202

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKET ON PLAN

## IMPORTANT NOTICE

- 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.
- 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.
- 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.
- 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 Monétary 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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Policyholder's Signature Date & Time: SKE/CH FLAS

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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I was travelling along the fourth	S lane of the sunction
between Redok North Road and Rea	dok Recenoir. As the
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seconds later, I felt a huge impa	CF Bh Ing Verneles
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CLARATION	

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.:

# SENSATORS A COLDENT STATEMENT

# IMPORTANT ACTICE

- 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.

PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS	ACCION DIVINS	
Date of accident	15/13/2018	(DD/MM/VV)
Time of accident	07 45	(MH:MM)
Exact location of accident	Junction between Bedok North Br and Bedok Reservoir	oad

MARKET - POACH	Tetans of vixueli
Vehicle registration number	SFW72A
Vehicle make and model	Toyota Harrier
Type of vehicle	Saloon D MPV CRV D Van D Lorry D Bus D Motorcycle D Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No.2 if no, please select: Third part claim Reporting only □

THE PROPERTY OF THE	MOSAURANCE NOFEMANTIEN
Insurance company	NTUC
Policy number	5105787616
Type of policy	Comprehensive Third party fire & theft TP only

AND RELEASE OF THE PARTY OF THE	INSURED / POLICY HOLDER		
Name	Chong Lee Lee	Male 🗆	Female
NRIC / Fin / Passport number	86935591I		
Contact	9856 2684		
a -f-leann	6 Tampines Street 73 #09-04 Singapore 528825		

DRIVER -	SAME AS INSURED ABOVE III (SKIP TO	D.O.B)	4444
Name	Wang Hang Wei	Male 🗆	Female
NRIC / Fin / Passport number	81732658I		
Contact	9028 6372		
Address	6 Tampines street 73 #09-04 Singapore 528825		
Email address	randywonghw@yahoo. Com. Sq		
Date of birth	04/09/1965		
Occupation	Indoor  Outdoor		
Driving date pass	16/03/1987		

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Was anybody Injured?	Yes D No D
Nas other vehicle damaged?	Yes No a
THE STREET SHOWS AND A STREET	DETAILS OF POLICE ACTION
Reported to police?	Yes No. If yes, please state which police station,
Police station name	
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10 Sin Ming Drive Singapore 575701 www.lta.gov.sg

13 Dec 2018

Our ref 1312180203N060020772

CHONG LEE LEE 6 TAMPINES STREET 73 #09-04 PINEVALE SINGAPORE 528825

# կլյեւգինիննինայիկրնկեն

Dear Sir/Madam

### YOU HAVE SUCCESSFULLY RETAINED VEHICLE REGISTRATION NO. SFL90E

You have successfully retained vehicle registration number SFL90E. The number cannot be transferred to another person, and any fees paid will not be refunded.

The details of the application are as follows:

Business Transaction Ref. No. : 20181213110929309648

Vehicle Registration Number Retained : SFL90E
Retention Fee Paid : \$1,300.00
Vehicle Make : TOYOTA

Vehicle Model : HARRIER PREMIUM 2.0 CVT

Chassis No. : ZSU600041392 Engine No./ Motor No. : 3ZRB536826 / -

New/Replacement Registration Number Assigned to : SFW72A

Above Vehicle

Please use the number before it expires in 12 months on 12 Dec 2019. Otherwise, it will be cancelled and any fees paid will not be refunded.

If you wish, you can extend the validity of the number for 6 months at a time. Before it expires, go to www.onemotoring.com.sg > Digital Services > Extend Vehicle Number Validity and login with your SingPass / CorpPass 2FA. You will need to pay a fee of \$1,000.00 and a service charge of \$30.00 (before GST) for each extension you make.



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$17326581





WONG HONG WEI

黄 宏 伟

Race CHINESE Date of birth Sox 04-09-1965 M

Country of birth SINGAPORE 517326531

I'UU AKE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not as seed 2500 knograms

16 Mar 1987

NP 428A

Licence No: 517324531

4710192



mic = \$17326581



0me of lates 19-04-2011

6 TAMPINES STREET 73 #09-04 SINGAPORE 528825

eBaoTech										GeneralClaim		
Hello, NAC_PAYA_UB1_800601					THE REAL PROPERTY.	• Change	Languag	e • Char	nge Password	September 1		
	Policy Qu	uery										
	Policy No.		510578	7616		Date	of Accident		15/12/2018	07:45		
	Vehicle No (Fo	r Motor)				Certif	icate Number					
						Search						
	Select Police	y No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	O 51057	787616		CHONG LEE	569355911	GPC	drivo CLASSIC	SFL90E	SFL90E	04/12/2018	03/12/2019	
						Continue						

Policy No.	5105787616	Policyholder Name	CHONG LE	E LEE	Policyholder NRIC	S6935591I	
Certificate No.					MALC		
Address	6 TAMPINES STREET 73 #09-04	PINEVALE SI	NGAPORE 52	28825			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Ssue Date	04/12/2018	Effective Date	04/12/201	8 00:00	Expiry Date	03/12/2019 23	8:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	Inexperience Driver Excess
Agent	SGP BUSINESS CONSULTANCY	Agent Tel.	62810777		GST Flag	Y	
Co- Insurance Flag	No						
Open Policy Info							
Certificate Info							
O Policy	holder Mailing Address						
ddress 1	6 TAMPINES STREET 73	Addre	ss 2	#09-04 PINEVALE		Address 3	SINGAPORE 528825
Address 4		Addre	ss Type	Singapore address		Post Code	528825
Jnit No.		Relate	ed Policy er	5105787616			
) Insure	d Object: SFL90E						
□ Endors	sements						
	nce Date of Endorsement		Endorsement Type		Endorsement Status		Endorsement Content

Toy No					
ricy no	5106787616	Vehicle No.	SFL906	GST Registration No.	
emhoate No.					
olicyholder Name	CHONG LEE LEE			Policyholder NR3C	569255911
oduct Cope	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
intact No.(Mobile)	98562684	Contact No.(Office)	0	Contact No. (Home)	0
mail Address		Special Remark		eCode	10 V
×	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	50	Private Hire	No
Accident Details		1000-1000-000		100000000000000000000000000000000000000	
port Date	17/12/2018 19:55	Accident Report Within 24 hrs	Yes	Barriera W. C.	******
				Accident Type	Collision - Head to Rear
ite of Accident	15/12/2018	Time of Accident hh:mm	07:45	Country of Acadent	Singapore
perting Contre		Orange Force		SCM-No.	
cident Location	JUNC BEDOK NORTH RD & BEDOK RESER	VOIK NO			
Excess					
vn damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	500.00	Outside Singapore OD Excess	600.00		
ind Party Excess	0.00	Outside Singapore TP Excess	0.00		
2 Senefits					
GST Registered Inform					
T Registered	No		GST Registration Date	7022	
T Registration No.			GST Status Venfied	Yes	
MINISTER PROPERTY.					
Policyhelder Mailing Ad	ldress				
dress 1	6 TAMPINES STREET 73	Address 2	#09-04 PINEVALE	Eddones *	William Council
Airess 4	(TATELON DE L'ANDRE DE	Address Type		Address 3	SINGAPORE 528825
uress +			Singapore address	Post Code	528825
OI Driver Info		Related Policy Number	5105787616		
iver Name	Unnamed Driver	Onver Type	Unnamed Driver		
named driver Name	WONG HONG WEI	Oriver NRIC	\$17326581	Driver DOB	04/09/1965
gister Date of Driver License.		Onver Age	53		
mact No (Mobile)	90286372	Contact No.(Office)	0	Oriving Experience	31
dress a	0 TAMPINES STREET 73	Address 2	PINEVALE	Contact No.(Home)	0
dress 4	To the carrier a speed to	Address Type		Address 3	SINGAPORE 528825
rt No.	09-04	Address Type	Singapore address	Post Code	528825
ost he own a Singapore.					
		Driver Vehicle No.		Driver Insurer Company	
gistered car?	○ Yes  No				
gistered car?	U res e no				
gistered car?					
gistered car? Claration sathalyser or Blood Test	O mg	Any injury?	○ Yes ® No		
rgistered car? Claration reathalyser or Blood Test eating?		Any injury?	○ Yes ® No		
claration eathalyser or Blood Test		Any injury?	○ Yes ® No		
gistered Carri Claration eathalyser or Blood Test asting?		Any injury <sup>2</sup>	○ Yes ® No		
patiened carri- lanation anhalyser or Blood Test stang?		Any injury?	○ Yes ® No		
pstered carrival lethalyser or Blood Test sting?		Any ingury?	○ Yes ® No		
Ostered Car?  Claration  anthalyser or Blood Test ading?  offication restory  Claims 001   New		Any injury? Insured Name	○ Yes ® No	Insured MRIC	509353911
Ostered Car?  Claration  anthalyser or alood Test ading?  Challes OO1 Nam  Im Type *  Matt No.(Mobile)	0 mg			Insured MR3C Contact No.(Office)	569353911
Ostered Carricological Carricologica	0 mg	Insured Name	OHONG LEE LEE		S69353911 GLMS892
Stered car?  Seration  Athalyser or alood Test  ading?  Affication restory  Challes 001 New  Im Type *  Mact No.(Mobile)  all Address	0 mg	Insured Name Contact No.(Home)	OHONG LEE LEE	Contact No.(Office)	
iaration athalyser or alood Test ading?  Mication restory  Main Type * react No. (Mobile) all Address unant Type Qaimant Type *	0 mg	Insured Name Contact No.(Home) OI Vehicle Number	OHONG LEE LEE	Contact No.(Office)	
istered carr  lareton athalyser or Blood Test iding?  Infication restory  Infication restory  Infication (Name)  In Type *  Infication (Name)  Infication (Name)  Infication (Name)  Infication (Name)  Infication (Name)  Infication (Name)	O mg  CD-MX  96562694  Fleave Select	Insured Name Contact No.(Home) Od Vetnice Number Type of Benefit *	OHONG LEE LEE	Contact No.(Office)	
Standard Carl Sandard Carl Sand	O mg  CD-MX  96562694  Fleave Select	Insured Name Contact No.(Home) Od Vetnice Number Type of Benefit *	OHONG LEE LEE	Contact No.(Office)	
Claims OO1 NEW  Immart No. (Phoble) all Address  Immart Addres	0 mg    CO-MX   ▼     98562086   ▼     Fleave Select   ▼     ≥≥	Insured Name Contact No.(Home) Od Vetnice Number Type of Benefit *	OHONG LEE LEE	Contact No.(Office) TP Vehicle Number	
Claration stathalyser or Blood Test ading?  chification risitory  Claims 001 Nam  Im Type * Intact No.(Mobile) Intal Address Immand Name * Immand Name * Immand Name * Immand Address Imm Description Interned Workshop Contact	0 mg    CO-MX   ▼     F8562684       Flease Select   ▼     SPLS0E / GU4589Z ON 15 Dec 2018	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	OHONG LEE LEE NII. SFLSOE Please Select  Not at Fault	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	GL#589Z
claration tathalyser or Blood Test ading?  diffication risitory  Claims 001 Nam  im Type * mart No.(Mobile) and Address umant Type Claimant Type * umant Name * umant Address im Description ferred Workshop Contact quire Finalisation	0 mg    CD-MX   V     98562684       Please Select   V     SPL906 / GU4589Z ON 15 Dec 2018     Ves   V	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NR3C *  Insured Liability * Preferend Repair Option	OHONG LEE LEE NIIL SFL90E Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GSA report	GLI4589Z
Claims on Blood Test ading?  Affication restory  Claims 001 New  Im Type * Hact No.(Mobile) all Address chant Type Calmant Type * emant Name * emant Address im Description forced Workshop Contact pure Finalisation is Registered	0 mg    OD-MX   V     98562066   V     Flease Select   V     ≥≥     SPL906 / GU4589Z ON 15 Dec 2018   V     17/12/2018 19:56   V	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	OHONG LEE LEE NII. SFLSOE Please Select  Not at Fault	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	GL#589Z
in Type *  what No. (Mobile)  all Address  what No. (Mobile)  all Address  what No. (Mobile)  all Address  what Address  what Address  what Address  where Very Contact  you're Finalisation  e Registered  out Taken By	0 mg    CD-MX   V     98562684       Please Select   V     SPL906 / GU4589Z ON 15 Dec 2018     Ves   V	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NR3C *  Insured Liability * Preferend Repair Option	OHONG LEE LEE NII. SFLSOE Please Select  Not at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GSA report	GLI4589Z
in Type *  what No. (Mobile)  all Address  what No. (Mobile)  all Address  what No. (Mobile)  all Address  what Address  what Address  what Address  where Very Contact  you're Finalisation  e Registered  out Taken By	0 mg    OD-MX   V     98562066   V     Flease Select   V     ≥≥     SPL906 / GU4589Z ON 15 Dec 2018   V     17/12/2018 19:56   V	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NR3C *  Insured Liability * Preferend Repair Option	OHONG LEE LEE NII. SFLSOE Please Select  Not at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GSA report	GLI4589Z
istered cary lareton athalyser or Blood Test iding?  Infication restory Infication Infi	0 mg    OD-MX   V     98562066   V     Flease Select   V     ≥≥     SPL906 / GU4589Z ON 15 Dec 2018   V     17/12/2018 19:56   V	Insured Name Centact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *  Insured Lisblity * Preferend Repair Option Claim Close Date	OHONG LEE LEE NII. SFLSOE Please Select  Not at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GSA report	GLI4589Z
istered cars istantian athalyser or Blood Test iding?  ification restory islaine 001	0 mg    OD-MX   V     98562066   V     Flease Select   V     ≥≥     SPL906 / GU4589Z ON 15 Dec 2018   V     17/12/2018 19:56   V	Insured Name Centact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *  Insured Lisblity * Preferend Repair Option Claim Close Date	Ovong LEE LEE  NIL  SFLSOE  Please Select  Not at Fault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GSA report	GLI4589Z
Claration  claration  cathalyser or Blood Test ading?  affication restory  Claims Oo1	0 mg    OD-MX   V     98562066   V     Flease Select   V     ≥≥     SPL906 / GU4589Z ON 15 Dec 2018   V     17/12/2018 19:56   V	Insured Name Centact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *  Insured Lisblity * Preferend Repair Option Claim Close Date	Ovong LEE LEE  NIL  SFLSOE  Please Select  Not at Fault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GSA report	GLI4589Z
ostaved car?  claration eathalyser or Blood Test ading?	0 mg    OD-MX   V     98562066   V     Flease Select   V     ≥≥     SPL906 / GU4589Z ON 15 Dec 2018   V     17/12/2018 19:56   V	Insured Name Centact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *  Insured Lisblity * Preferend Repair Option Claim Close Date	Ovong LEE LEE  NIL  SFLSOE  Please Select  Not at Fault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GSA report	GLI4589Z
Claim Oo1 New  Claim Oo1 New  Immary Per   Immary Address  Immary Addr	0 mg    OD-MX   V     98562066   V     Flease Select   V     ≥≥     SPL906 / GU4589Z ON 15 Dec 2018   V     17/12/2018 19:56   V	Insured Name Centact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *  Insured Lisblity * Preferend Repair Option Claim Close Date	Ovong LEE LEE  NIL  SFLSOE  Please Select  Not at Fault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GSA report	GLI4589Z
Claration  commant Type of  commant Address  commant	O mg    OD-MX   V     98562086   V     Please Select   V     SPL906 / GU4589Z ON 15 Dec 2018     Ves   V     17/12/2018 19:56     Jackson	Insured Name Contact No.(Home) OI Vehicle Namber Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repay Option Claim Close Date	Oxiono LEE LEE NII. SFL90E Please Select  V  Not at Fault  Preferred Workshop, Name unknown  Save Submet	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GSA report	GLI4589Z
Service Carry Service Carry Service Content Se	0 mg    OD-MX   ▼     98562086	Insured Name Contact No.(Hame) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repay Option Claim Close Date	Oxiono LEE LEE NIL SFL90E Please Select  Preferred Workshop, Name unknown  Save Submet  001 17/12/2018 19-57	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received	GLHS892  Received  17/12/2018 00:00
Interior and Test adding?  Introduce Test adding and Test adding and Type of adding and	O mg    OD-MX   V     S6562066	Insured Name Contact No.(Hame) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date	Not at Fault  Preferred Workshop, Name unknown  901 17/12/2018 19-57 Cotegory +	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GEA report Date Received  Confidential Urgen	Received  17/12/2018 00:00
Service Carry Service Carry Service Content Se	O mg    OD-MX   V     S6562066	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repair Option Claim Close Date  Claim Ne. Upload Date  Browse.	Not at Fault  Preferred Workshop, Name unknown  901 17/12/2018 19-57 Cotegory +  Clear Please Select	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GEA report Date Received  Confidential Urgen  V Normal	Received  17/12/2018 00:00
Claration statistyser or 8 and Test ading?  Claims 001 New  Image of 8 and Test ading or 8 and Test ading	O mg    OD-MX   V     S6562066	Insured Name Contact No.(Hame) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date	Oxiono LEE LEE NII. SFLSOE Please Select  V  Preferred Workshop, Name unknown  17/12/2018 19:57  Cotegory +  Clear   Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GEA report Date Received  Confidential Urgen	Received  17/12/2018 00:00

