The state of the s	Jeb description	Date & Time Completed	Done by
Date In: 29/11/18 - 17:07  Ref No: Wy 14/18/023207/24	SAS e-filing		
Veh No: 17M 3454p.	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 84/1/18-13:00	i-Motor Claim Form	M1 1025 65 6-001	29/11/18 15:17.
	i-Motor W/O (Within: OD	Zhrs, TP 4hrs)	
OD / TP/ Reporting Only	i-Photo Uploaded		
	Assessment/Survey Repor	t	
TP Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars: Veh No:yp	79172 INC	( )/Non-INC( )	
Owner / Driver: (		Tel:	)
Policy No: ( )	Period: (	) Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %)	[Note-Est. Status (WO): N: 0	0-20%; P: 21-79%. P: 80-	100%]
Year of Registration: ( )	Warranty: YES ( )/NO(	)	
Excess: (\$ ) Loading: \$	THE RESERVE OF THE PARTY OF THE		THE WAY TO SEE THE WA
General Remarks -		Co. A. Marchine South Control of the	(3.00% (4.0° + 5.0°)
( ) Walk-In Customer: Customer's in		Strictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Inst			· · · · · · ·
Drive-In ( ) / Towed-In ( ); Invo	ice: YES ( ) / NO ( )	; Towing Co: (	
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done by
	/ Courtesy Car ( )		
2) QC Check / Post Repair Inspection	( )		
3) Upload Resurvey Photo [Repair Cost>	\$3000] ( )		
3) Upload Resurvey Photo [Repair Cost>	\$3000] ( )	1	<u></u>
3) Upload Resurvey Photo [Repair Cost>  Injury:	\$3000] ( )		
3) Upload Resurvey Photo [Repair Cost>	\$3000] ( )		
Upload Resurvey Photo [Repair Cost>  Injury:	\$3000] ( )		
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3) Upload Resurvey Photo [Repair Cost>  Injury:	\$3000] ( )		
3) Upload Resurvey Photo [Repair Cost>  Injury:	\$3000] ( )		
3) Upload Resurvey Photo [Repair Cost>  Injury:			Anit (5) Amit (1)
3) Upload Resurvey Photo [Repair Cost>  Injury:	Invoice I	rcparation Checklist.	Anit (5) Anit (3)  Fit Bill Add Bill
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  NAM 00022	Invoice F	dent Reporting (\$30);	fit Bill Add Bill
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  NAM 20022	Invoice F  1) AR: Acci 2) DA: Dam 3) TF: Towi	dent Reporting (\$30); age Assessment (\$100); INC (\$ age Fee \$50	FREIII Add Bill (80) (0/545
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  NAM 20022  Inimant's Particulars:- river/Owner:	Invoice I  1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo	dent Reporting (\$30); age Assessment (\$100); INC (\$ ng Fee \$50 w-Through Survey w-Through Survey (Resurvey)	F8E BILL Add Bill 180) 10/545 \$120 \$30
Jamant's Particulars:- river/Owner:	Invoice F  1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo For claimi	dent Reporting (\$30); sge Assessment (\$100); INC (\$ sing Fee	F8E BILL Add Bill 180) 10/545 \$120 \$30
Jamant's Particulars:- river/Owner:	Invoice f  1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo For claimi 6) TR: Re-iu 7) N1: Idae	dent Reporting (\$30); sge Assessment (\$100); INC (\$ sing Fee \$5 w-Through Survey w-Through Survey (Resurvey) sing against INC Only (wef 10 Jan 200 spection DA + SMRT Survey	F8 Bill Add Bill 580) 10/545 5120 530 5)
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3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  NAM 20022  Ramant's Particulars:  river/Owner:  ontact No:  amaged Portion:  C. Checked by (Engr-In-Charge):	Invoice F  1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo For claimi 6) TR: Re-in 7) N1: Idae  8) NTUC Ad OD*  * N5: Cour  * N6: Reps  * N7: Fost	dent Reporting (\$30);  sge Assessment (\$100); INC (\$100);  ng Fee \$100;  w-Through Survey  w-Through Survey (Resurvey)  ng against INC Only (wef 10 Jan 200);  spection  DA + SMRT Survey  ditional Services:  tesy Car / Tpt Allowance  it Ca-ordination  Repair Inspection	1880) 10/545 \$120 \$30 \$5) \$75 \$160
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  NAM 200022  Inimant's Particulars:  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):  uditors' Comments:-	Invoice I  1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo For claimi 6) TR: Re-iv 7) N1: Idae  3) NTUC Ad OD*  *N5: Cour  *N6: Reps  *N7: Post  *N8: DV	dent Reporting (\$30); sge Assessment (\$100); INC (\$ sing Fee \$5 w-Through Survey w-Through Survey (Resurvey) sing against INC Only (wef 10 Jan 200 spection DA + SMRT Survey ditional Services.  tesy Car / Tpt Allowance it Ca-ordination Repair Inspection Collect Excess Coordination	\$80) \$00/\$45 \$120 \$30 \$55 \$160 \$55 \$510 \$25 \$35
3) Upload Resurvey Photo [Repair Cost>  Injury:  Date/Time Actions	Invoice I  1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo For claimi 6) TR: Re-iv 7) N1: Idae  3) NTUC Ad OD*  *N5: Cour  *N6: Reps  *N7: Post  *N8: DV	dent Reporting (\$30); sge Assessment (\$100); INC (\$ sge Fee	\$80) \$00/\$45 \$120 \$30 \$55 \$160 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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</u> 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.

- 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

ACCI	DENT	STAT	ŒΜ	ENT

Date Of Report 29/12/2018 15:07
Date Of Accident 29/12/2018 13:20

Exact Location Of Accident JUNC CAMBORNE RD & TREVOSE CRES

Country/State of Loss SINGAPORE

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJM7954P

Insured/Policyholder

 Name Of Registered Owner
 LIM TECK HOW

 NRIC No
 \$1115140Z

 Email Address
 NOEMAIL

 Mobile Phone No
 (LOCAL) +65-96349085

 Alternative Phone No
 OFFICE-96349085

Vehicle Particulars

Manufacturer NISSAN

Model SYLPHY 1.5 4AT

Exact Purpose for which vehicle was being used at

time of accident

WORKING

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 5097166227

Cover Note Number

Driver

 Name of Driver
 LIM TECK HOW

 NRIC No
 \$1115140Z

 Date Of Birth
 11/12/1955

 Occupation
 OUTDOOR

 Date Of Driving Pass
 11/07/1975

Driving Experience 43 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96349085

Fax Number

Contact Number OFFICE-96349085

EMail Address NOEMAIL

BLK 925 HOUGANG STREET 91 Address #13-43

Postcode 530925

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

Type Of Accident SIDE SWIPE Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 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) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

**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 YP7917D

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)

3

Passenger 1 NAME: :

GENDER: :

Passenger 2 NAME: ;

GENDER: :

### SKETCH 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.
- 3 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.
- 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.
- 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.

J

Policyholder's Signature Date & Time: B

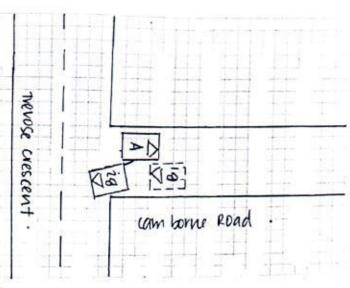
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Vihicle A: SJM 7954P Vihicle B. YP7917 P



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	001	the	st	ated	date	3	time	, I	ver	ille	Ж,	v c2	M79	541,
WAG	- 1	vavelli	ng	along	the	st	ated	vani	11 · A	ttev	ente	vine	(al	mborne
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rea	IV Y	gut	por	tion.	IV	nsh	to	stat (	? The	at 1	my	ve	hicu	!
ww.	, ,	tation	am	ture	ough	nt	the	ev	ntive	epi	rod	e.		
													,	

DECLARATION

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 .:

## ACCIDENT STATEMENT

20.1	2 , 2018 LIDD (MM TYY), TIME: 13 : 30 HARMING
ACCIDENT DATE:	of camborne road x Trevose crescent.
LOCATION: JUNCTION	of campoine raid &
DETAILS OF VEHICL     a) VEHICLE NUMBE     b) INSURANCE COM	MPANY: NTUC
6)MAKE & MODEL: f)TYPE:(SALPON / C g)VEHICLE CATEGO	OMPRÉHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)  NICCOUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  ORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  NG AT ACCIDENT TIME: WOLF PUYDOS &
i) ARE YOU CLAIMIN IF NO, PLEASE STA	TE (THIRD PART CLAIM / REPORTING ONLY)
2. INSURED / POLICY F A) NAME: b) NRIC/FIN/PASSPO	CONTACT: \$11151402 CONTACT: \$ (530925)
c)ADDRESS:	925 Hougang St 91 #15 43 5 1300
A CONTINUE TO 3 d	IF DRIVER ALSO POLICY HOLDER
	(MALE / FEMALE)
The st property of the state of	
Cladeding shirer) HINRIC/FIN/PASSPO	DRT:CONTACT:
(01) c)ADDRESS:	
	1055
*d) DATE OF BIRTH: (	11/12/1955)(DD/MM/YYYY)
eloccupation: (IN	IDOOR / OUTDOOK)
f)YEARS OF DRIVING	EXPRERIENCE: 45
C DODYED AN E	MDI OVEE OF THE INSURED'S COMPANY
TE NO DELATIONS	HIP OF THE DIGITAL WATER THE STATE OF THE ST
5 GIWEATHER CONDIT	ION: (CLEAR / RAINING / OTHERS
DIROAD SURFACE: (	DRY / WET / OTHERS
6. WAS ANYBODY INJU	IRED (YES / NO)
- INCREASED TO BOIL	ICE (YES / NO)
7. GIREPORTED TO FOL	E WHICH POLICE STATION:
B. THIRD PARTY VEHICL	
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
( leduding arive )	PORT:CONTACT:
( 03) THIRD PARTY VEHICLE	R. MODEL:
A) VEHICLE NUMBE	· · · · · · · · · · · · · · · · · · ·
HO of passenger at DRIVER'S NAME	
HO of passenger at DRIVER'S NAME	
Ho of passenger of DRIVER'S NAME	
HO of passenger at DRIVER'S NAME	

## REPUBLIC OF SINGAPORE DRIVING



Licence Number: S 1 1 1 5 1 4 0 Z

Name:

LIM TECK HOW

Birth Date: 11 Dec 1955

Issue Date: 11 Jan 2012



# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1115140Z

Name





LIM TECK HOW

Race

CHINESE

Date of Birth

Sex

11-12-1955

N

Country of Birth

SINGAPORE

S11**15 140**Z

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

## EFFECTIVE DATE

Class	<b>2B</b>	Motorcy	ydes	=< 200	CC
	1000	Charles of the Control of the Contro		The second secon	

04 Dec 1975 Class 2A Motorcycles between 201 cc and 400 cc

Class 2

Class 3

Motorcycles > 400 cc

04 Dec 1975 04 Dec 1975

Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

11 Jul 1975



NP 428A



0838759



S1115140Z



20-03-1993

BLK 925 HOUGANG STREET BY



Policy No.	5097166227	Policyholder Name	LIM TECK H	HOW	Policyholder NRIC	S1115140Z	
Certificate No:					A. L. Carrier, C.		
Address	BLK 925 #13-43 HOUGANG S	TREET 91 SING	PORE 53092	25			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	04/01/2018	Effective Date	16/01/2018	8 00:00	Expiry Date	15/01/2019 23	:59
Excess Type		All Claims Excess					
Third		Own	F216 800 11		Windscreen		
Party Excess	1500	damage Excess	2000		Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/	Inexperience Driver Excess
Agent	VICOM LTD	Agent Tel.	66975221		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 925 #13-43	Addre	ess 2	HOUGANG STREET	91	Address 3	SINGAPORE 530925
Address 4		Addre	ss Type	Singapore address		Post Code	530925
Unit No.	13-43	Relate	ed Policy er	5097166227			
Unit No.	Transport of the Control of the Cont						
55/05/05/05	ed Object: SJM7954P						
75/2000 No. 1							

cident MT/1025656					
icy No.	5097166227	Vehicle No.	S1M7954R	GST Registration No.	
rtificate No.					
Scyholder Neme:	LIM TECK HOW			Policyholder NR3C	\$11151402
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ontact No.(Mobile)	96349085	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark	7.	eCode	THE V
ik	® No ○Yes	TCA	8.11.03		100.00
			® No ○ Yes	eCode Reason	
D Protestion	Yes	NCD Entitlement(%)	50	Private Hire	Yes
Accident Details					
port Date	29/12/2016 15:16	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
te of Accident	29/12/2018	Time of Accident hh:mm	13:20	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	JUNC CAMBORNE RD & TREVOSE CRES				
Excess					
m damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Dutside Singapore OD Excess	2,000.00	20 CASSESSED - 10 CASSES - 10	
ird Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
	1,300.00	Ducarde Singapore IP Excess	1,500.00		
Benefits	41				
GST Registered Informa			C		
T Registered	No		GST Registration Date	1000	
T Registration No.			GST Status Verified	Ves	
dification History					
Policyholder Halling Ad	dress				
dress 1	BLX 925 #13-43	Address 2	HOUGANG STREET 91	Address 3	SINGAPORE 570925
adress 4		Address Type	Singapore address	Post Code	530925
ne No.	11-41	Related Policy Number	5097166227	1000 2000	- Contract
OI Driver Info		Series of Party Number	Servi LOOKE.		
ver Name	LIM THON GOW	Device Time	Make Person		
	LIM TECK HOW	Driver Type	Main Driver	*********	No. of the last of
named driver Name		Driver MRIC	S1115140Z	Driver DOB	11/12/1955
gister Date of Driver License	11/07/1975	Driver Age	63	Driving Experience	43
ntact No (Mobile)	96349085	Contact No.(Office)	0	Contact No.(Home)	0
kiress 1	SLK 925	Address 2	HOUGANG STREET 91	Address 3	SINGAPORE 530925
dress 4		Address Type	Singapore address	Post Code	530925
nt No.	13-43				
oes he own a Singapore	☐ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
egistered car?					
claration					
eathalyser or Blood Test ading?	0 mg	Any injury?	○ Yes ® No		
dheaton Hetary					
No. of Contract of					
Claim 001 New					
im Type •	00-MX V	Insured Name	LIM TECK HOW	Insured NRIC	\$11151402
ntact No.(Mobile)	96349085	Contact No. (Home)		Contact No.(Office)	
avi Address		Ot Vehicle Number	S3M7954P	TP Vehicle Number	YP79170
	Please Select	Type of Benefit *	Please Select		Territorio di
imant Name *		Claimant NRIC *			
	>>	THE PERSON NAMED IN			
imant Address	Grand Control of the				
im Description	S3M7954P / YP7917D ON 29 Dec 2018			Name of Preferred Workshop	
ferred Workshop Contact		Insured Liability *	Not at Fault		
puire Finalisation	ves 🔻	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
te Registered	29/12/2018 15:17	Claim Close Date		Date Received	29/12/2018 00:00
port Taken By	Jackson				T. N. S.
Print AK letter					
Print No. of Line					
			Save Submit		
Attachment					
L.					
,					
cident No.	MT/1025656	Claim No.	001		
d Doc. Received	● Yes ○ No	Upload Date	29/12/2018 15:19		
	Party *		Category *	Confidential Urgen	cy * Description *
	87707	Browse.	A continue and a cont	Normal V	▼ (
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		Browse.	Oear Please Select	Normal V Normal	0

