Date In: 11/2/19-18:00	Jeb description	Date & Time Completed	Done b
Res No: NA Jucigos 244/14	SAS e-filing		
Veh No: UBETARD	E-mail (within Shrs, AIC	2hrs)	
D.O.A: 24/19-13:00	i-Motor Claim Form		11-19 2
	I-Motor W/O (Within:		
OD / TP / Reporting Only	i-Photo Uploaded	1	
1000000	Assessment/Survey Re	eport	
TP Insurer:		Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: unk	0.60	INC()/Non-INC()	
Owner / Driver: (1100	Tel:)
Policy No: () F	Period: () Cover Type: ()
Confirmed by : (Date)
Insured/Driver Liability: (%)	[Note-Est. Status (WO):	N: 0-20%; P: 21-79%. F: 80	0-100%]
Year of Registration: ()	Warranty: YES ()/N	0()	
Excess: (\$) Loading: \$1	,000()/\$2,000()		
General Remarks:			Sales Services
() Walk-In Customer : Customer's in	formation strictly Confidenti	al & Strictly NO refer of repaire	er.
() Total Loss Case : to e-mail Insu		No. of the state o	7540
		Y Tarrier Co. /	
n 1 1 / 1 / 1 / 1 / 1 / 1	ce: VEC/) : Lowing Co. (
	ce: YES () / NO (); Towing Co: (Done
Remarks:- (INC horline: 6788 6616)		Date & Time Completed	Done)
Remarks:- (INC horline: 6788 6616)			Done
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/			(Done)
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection	Courtesy Car ()		Done
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost>	Courtesy Car ()		Done
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection	Courtesy Car ()		(Done)
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	Courtesy Car ()		Done
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> Injury:	Courtesy Car ()		Done)
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Courtesy Car ()		(Done)
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Courtesy Car ()		(Done)
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	Courtesy Car ()		(Done)
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Courtesy Car ()		
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> Injury: Date/Time Actions	() () () () () () () () () ()	Date & Time Completed	Ancts
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> Injury: Date/Time Actions	() () () () () () () () () ()	Date & Time Completed	
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> Injury: Date/Time Actions NA 19 2004	() () () () () () () () () ()	Date & Time Completed ice Preparation Checklist Accident Reporting (\$30); Damage Assessment (\$100); INC.	Ani (5) Ist Bill
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NA 19 2 264 [Inimant's Particulars :-	[Inve: 1] AR: 2] DA: 3) TF:	Date & Time Completed ice Preparation Checklist Accident Reporting (\$30); Damage Assessment (\$100); INC	Ani (5)
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NA 19 2 204 Claimant's Particulars :- Driver/Owner:	() \$3000] () \$1000] Investigation () Investigation () 1) AR 2) DA 3) TF: 4) FT: 5) ET	Date & Time Completed fice Preparation Checklist Accident Reporting (330); Dameg Researment (5100); INC Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey)	Anit (5) (\$80) \$40/\$45 \$120 \$30
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NA 19 2 204 Inimant's Particulars :-	Courtesy Car (Date & Time Completed ice Preparation Checklist Accident Reporting (\$30); Damege Assessment (\$100); INC Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey) cleiming against INC Only (wef 10 Jan.)	Anit (5) (\$80) \$40/\$45 \$120 \$30
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NA 19 2 204 Claimant's Particulars :- Driver/Owner:	Courtesy Car ()	Date & Time Completed ice Preparation Checklist Accident Reporting (330); Damege Assessment (5100); INC Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey) Cleiming against INC Only (wef 10 Jan 2); Re-inspection Idae DA + SMRT Survey	Anic (5) Ist Bill C (580) \$40/\$45 \$120 \$30 2005)
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NA 19 2006 Claimant's Particulars :- Oriver/Owner: Contact No:	Courtesy Car (Date & Time Completed	Anic (5) In Bill C (580) \$40/\$45 \$120 \$30 2005) \$75
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NA 19 2099 Claimant's Particulars :- Oriver/Owner: Contact No: Darnaged Portion:	Courtesy Car (Date & Time Completed	Anic(5) Tst Bill C (580) \$40/\$45 \$120 \$30 2005) \$75 \$160
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NA 19 2006 Claimant's Particulars :- Oriver/Owner: Contact No:	Courtesy Car (Date & Time Completed Completed Date & Time Completed Completed Date & Time Completed Completed Date & Time Completed (30); Accident Reporting (330); Damege Assessment (5100); INC Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey) Cleiming against INC Only (wef 10 Jan 1); Re-inspection Idae DA + SMRT Survey JC Additional Services: Courtesy Cer / Tpt Allowance Repair Co-ordination	Anic (5) (\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NA 19 2 209 Elaimant's Particulars :- Oriver/Owner: Contact No: Damaged Portion: C Checked by (Engr-In-Charge):	Courtesy Car (Date & Time Completed	Anc (5) The Bill C (580) \$40/\$45 \$120 \$30 2005) \$75 \$160 \$5 \$100 \$25 \$55
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NA 19 2009 (Claimant's Particulars :- Contact No: Damaged Portion: C Checked by (Engr-In-Charge):	Courtesy Car (Date & Time Completed	\$40/\$45 \$120 \$30 \$2005) \$75 \$160 \$5 \$10 \$25 \$25 \$20
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NA 19 2049 Claimant's Particulars :- Oriver/Owner: Contact No: Damaged Portion: C Checked by (Engr-In-Charge):	Courtesy Car (Date & Time Completed	\$40/\$45 \$120 \$30 \$2005) \$75 \$160 \$5 \$10 \$25 \$5 \$20 \$30

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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

	ACCIDENT STATEMENT
Date Of Report	11/02/2019 18:00
Date Of Accident	23/01/2019 23:00
Exact Location Of Accident	JUNC BUKIT TIMAH RD & FARRER RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE2286D
Insured/Policyholder	
Name Of Registered Owner	FORTUNA MOTORS
Co Reg No	49369100J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64686790
Vehicle Particulars	
Manufacturer	RENAULT
Model	KANGOO II EXPRESS 1.5L DCI 90 BHP MT 6DR
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103796064
Cover Note Number	
Driver	
Name of Driver	WONG YEW BOON
NRIC No	S6830157B
Date Of Birth	11/08/1968
Occupation	INDOOR
Date Of Driving Pass	02/10/1992
Driving Experience	26 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96269640

OFFICE-96269640

NOEMAIL

Address 36 JALAN LAYANG LAYANG

Postcode 598502

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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

2

YES

NO

1

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (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.

FORTUNA MOTO

40 UPPER EAST COAST RO

SINGAPORE 455212

Policyholder's Signature Date & Time: Driver's Signature

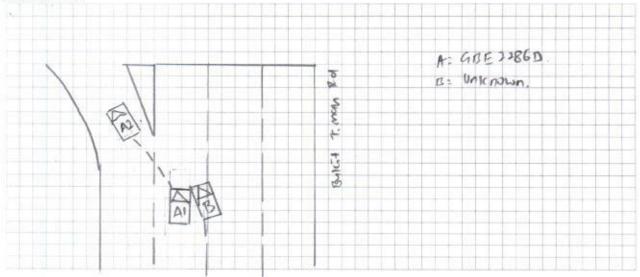
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

COST MENTER CONTROL OF A 100 COST COST CONTROL OF COST OF COST COST COST COST COST COST COST COST	
Refer to statement.	
The state of the s	
960	

DECLARATION

The declare the foregoing particulars are true in every respect.

40 UPPER EAST COAST ROAD

SINGAPORE 455212

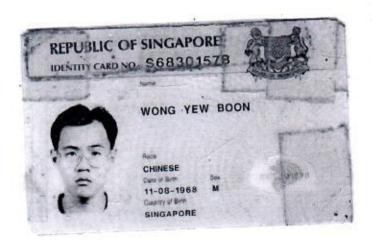
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

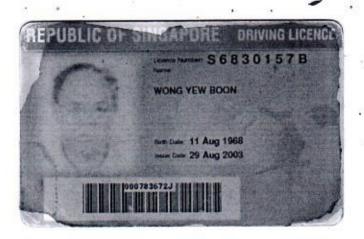
ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. I WENT TO MY VEHICLE AND CHECK THERE WAS SOME SCRETCHES ON MY VEHICLE. ON YESTERDAY I RECEIVED A CALL THAT I HAVE INVOLVED IN AN ACCIDENT.

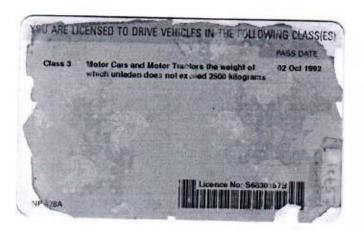
ACCIDENT STATEMENT

ACCIDENT DATE: 13/1/ 19 1(DD	/MM/YYYY), TIME:(_23_:0>)(HH:MM
LOCATION: Inc this 1:mah	pd & Fairer Rd.
6)MAKE & MODEL: f)TYPE:(SALOON / COUPE / MPV / V A g) VEHICLE CATEGORY: (PRIVATE / CO h) PURPOSE OF USING AT ACCIDENT i) ARE YOU CLAIMING UNDER YOUR O IF NO, PLEASE STATE (THIRD PARTY O 1. INSURED / POLICY HOLDER A) NAME: Forming Model.	THIRD PARTY / THIRD PARTY FIRE &THEFT) AN / LORRY / MOTORCYCLE / OTHERS) OMMERCIAL / MOTORCYCLE) TIME: Prode N. OWN INSURANCE (YES/NO) CLAIM / REPORTING ONLY) (MALE / FEMALE)
c)ADDRESS:	CONTACT: 646 6799.
*CONTINUE TO 3.d IF DRIVER ALSO P DRIVER (Including driver) (1) C)ADDRESS: 36 July 1 Loyang Co	(MALE) FEMALE)
*d)DATE OF BIRTH: (DR)
 WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIV 	E INSURED'S COMPANY? (YES / NO)
5. a) WEATHER CONDITION: (CLEAR / RA b) ROAD SURFACE: (DRY / WET / OTHE 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO)	INING / OTHERS
IF YES, PLEASE STATE WHICH POLICE	
He of passenger a) VEHICLE NUMBER: VALCADEM . Including driver) b) DRIVER'S NAME:	(private ca). MODEL:
() RIC/FIN/PASSPORT: 9. THIRD PARTY VEHICLE	CONTACT:
No of passanger d) VEHICLE NUMBER:	
Including driver f) NRIC/FIN/PASSPORT:	CONTACT:
10 <u>6</u>	
email - A	mator Olive ism









eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_800	601						• Change	Language	• Chang	e Password	· Log Out
My Desktop	Poli	cy Query									12 O
Notice of Loss	Policy N	No.				Date	e of Accident	23	3/01/2019 2	3:00	
	Vehicle	No.(For Motor)	GBE22	86D		Cert	tificate Number				
						Search	I				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5103796064		FORTUNA MOTORS	493691003	GCV	Comprehensive	GBE2286D	GBE2286D	30/09/2018	29/09/2019
						Continue					

Sequer	nce Date of Endorsemen	t	Endorsement	Туре	Endorsement	Status	Endorsement Content
	sements						
) Insure	d Object: GBE2286D						
Init No.	#01-01	Relate Numb	ed Policy er	5103796064			
ddress 4		Addre	ss Type	Singapore address	1	Post Code	408934
ddress 1	53 UBI AVENUE 1	Addre	ss 2	##01-01 PAYA UBI	INDUSTRIAL	Address 3	SINGAPORE 408934
→ Policy	holder Mailing Address	,,,,,					
Certificate nfo							
olicy nfo							
Open							
Co- nsurance Flag	No						
Agent	I INSURANCE AGENCY	Agent Tel.	67026779		GST Flag	Υ	
DD Excess		TP Excess				10011971	reapenence briver excess
Outside Singapore		Outside Singapore				Young/I	nexperience Driver Excess
Excess		Premium	0				
Excess Additional		Excess OS	N. C. S.		Excess		
Third Party	0	Own damage	600		Windscreen	100	
Excess Type		All Claims Excess					
Policy ssue Date	26/09/2018	Effective Date	30/09/2018	8 00:00	Expiry Date	29/09/2019 23:	59
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Address	40 UPPER EAST COAST ROAD SH	HELL SERVICE	STATION S	NGAPORE 455212			
Certificate No.							
		Name	FORTUNA M	MOTORS	Policyholder NRIC	493691003	

Continue Cancel

aim Handling cident MT/1031492					
icy No.	5103796064	Vehicle No.	G8E2285D	GST Registration No.	M90363656R
oficate No.					
cyholder Neme	FORTUNA MOTORS			Policyholder NRIC	493691003
ruct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
ect No.(Mobile)	0	Contact No. (Office)	54686790	Contact No.(Home)	0
il Address		Special Remark		eCode	No V
	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	
Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
rt Date	11/02/2019 20:42	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
of Accident	23/01/2019	Time of Accident hh:mm.	23:00	Country of Accident	Singapore
rting Centre		Orange Force		3CM No.	
ent Location	JUNC BUKIT TIMAH RO & PARRER RO				
Excess					
damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
med Driver Excess		Outside Singapore OD Excess			
Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Informa					
Registered	Yes M9/16/26/569		GST Registration Date	01/01/2015	
Registration No. Scatton History	M90363656R		GST Status Verified	No	
Control Control A					
Policyholder Malling Ad	dress				
ess 1	53 UBI AVENUE 1	Address 2	##01-01 PAYA UBI INDUSTRIAL	Address 3	SINGAPORE 408934
ress 4		Address Type	Singapore address	Post Code	408934
No.	#01-01	Related Policy Number	5103796064		
OI Driver Info					
r Name	Unnamed Driver	Driver Type	Unnamed Driver		
med driver Name	WONG YEW BOON	Oriver NR3C	568301578	Driver DOB	11/08/1968
ster Date of Driver License	02/10/1992	Driver Age	50	Oriving Experience	26
act No.(Mobile)	96269640	Contact No.(Office)	0	Contact No.(Home)	0
ress 1	36 JALAN LAYANG LAYANG	Address 2	REGINA HILL	Address 3	SINGAPORE 598502
ress 4		Address Type	Singapore address	Post Code	596502
No.					
s he own a Singapore istered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
stered carr					
aration					
thatyser or Blood Test ling?	0 mg	Any injury?	○ Yes ® No		
fication History					
alm 001 New					
Type *	00-MX	Insured Name	FORTUNA MOTORS	Insured NRIC	493691003
act No.(Mobile)	96269640	Contact No.(Home)		Contact No. (Office)	NIL
i Address		OI Vehicle Number	GBE2286D	TP Vehicle Number	UNKNOWN
nant Type Claimant Type •	Mease Select	Type of Benefit *	Please Select		
nant Name *	22	Claimant NRIC *			
am Address					
Description	GBE2286D / UNKNOWN ON 23 Jan 2019			Name of Preferred Workshop	
rred Workshop Contact		Insured Liability •	Not at Fault		
ire Finalisation	ves 🗸	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Registered	11/02/2019 20:44	Claim Close Date	Province our rained matter automatic	Date Received	11/02/2019 00:00
rt Taken By	lackson	ALL STATE STATE		X-10-47-10-10-10-10-10-10-10-10-10-10-10-10-10-	
	Jackson				
Print AK letter					
			Save Submit		
achment			ALCONOMIC STATE		
sent No.	MT/1031492	Claim No.	001		
Doc. Received	● Yes ○ No	Upload Date	11/02/2019 20:45		
	Path *		Category *	Confidential Urgen	cy * Description *
		Browse	Char Please Select	NO V Normal	<u> </u>
		Browse	Clear Please Select	NO V Normal	V
		Browse	Clear Please Select	V Normal	V
		Brosse	Coar Please Salect	V Normal	101

