NATIONAL Assessment Co		Date & Time	Completed	Done	by
Date In: 5/3/19-1729	Jeb description	Date & Time	Completed	Done	
Ref No: NA INCIA DO 4263/24	SAS e-filing	1			
Veh No: My 796C	E-mail (within Shrs, Al-	C 2hrs)	,		
D.O.A: 2/7/19-09:4	i-Motor Claim For	m M7/107473	6-21 31	12/19 17:	η.
OD : TP / Reporting Only	i-Motor W/O (Within	a: OD 2hrs, TP 4hrs)			
OB . (1) Traporting Only	i-Photo Uploaded				-
TP Insurer:	Assessment/Survey P				
	Ass't Report by Fax	Hand to Owner/Wksr	1		
Preferred Wksp / INC Assign Wksp / QW	:(Tel:	Fax:)
TP Particulars: Veh No:	JE82762	INC()/Non-IN	C().		
Owner / Driver: (Tel:	14)	
Policy No: ()	Period: () Cover Type:	()	
Confirmed by : (Date)	
	%) [Note-Est. Status (WO):	N: 0-20%; P: 21-79	%. F: 80-100°	%]	
Year of Registration: () Warranty: YES ()/N	10()			
	\$1,000 ()/\$2,000 ()				
General Remarks:					
() Walk-In Customer: Customer:	The state of the s	the state of the s			
() Total Loss Case : to e-mail I	nsurer URGENTLY.		1	FL	
Drive-In ()/Towed-In (); In	voice: YES () / NO (); Towing Co: (7)
Remarks:- (INC hotline: 6788 661		Date&Time (30 Sept 13	O Dans	ĥi.
1) Apply for Transport Allowance (Dates: 11110 C	tompue su	. ALJONO	by
2) QC Check / Post Repair Inspection)/ Courtesy Car ()		*		
	()	*	· -		
3) Upload Resurvey Photo [Repair Cost	()				
Injury:					minimum as 1887 -
Date/Time Actions			Transfer Section	eloare.	
					(4)
				100	
NA1901707	Invei	ce Preparation Chec	klist	Ant (S)	Amt (3)
laimant's Particulars :-		Accident Reporting (\$30);			
river/Owner:	The state of the s	Damage Assessment (\$100 Towing Fee); INC (\$80) \$40/\$45		
		Follow-Through Survey Follow-Through Survey (Res	\$120 survey) \$30		
ontact No:		laiming against INC Only (w			
maged Portion:		Re-inspection	\$160		
		Idac DA + SMRT Survey C Additional Services:-	3100		
C Checked by (Engr-In-Charge):	OD:	Counters Con / Tot Allows	e \$5		
- ,	*N6:	Courtesy Car / Tpt Allowand Repair Co-ordination	510		
uditors' Comments :-	•N7:	Fost Repair Inspection DV / Collect Excess Coordin	\$25 nation \$5	+	
.1:	TPO	N11): TP (Non INC) against	INC \$20		
. 2 / 3;	9) N12:	Idne Mobile	Fee Charged		at a face

Figure Car

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 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 aforesaid,

ACCIDENT STATEMENT

	ACCIDENT STATEMENT
Date Of Report	05/03/2019 17:29
Date Of Accident	02/03/2019 09:45
Exact Location Of Accident	JUNC BEDOK NORTH RD & BEDOK NORTH AVE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH796C
Insured/Policyholder	
Name Of Registered Owner	SEAH WEE KEONG (XIE WEIQIANG)
NRIC No	S7904946H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96525392
Alternative Phone No	OFFICE-96525392
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT 1.3G F-PACKAGE A
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	5104663877
Cover Note Number	
Driver	
Name of Driver	SEAH BENG CHYE
NRIC No	S0056823F
Date Of Birth	20/02/1954
Occupation	INDOOR
Date Of Driving Pass	13/06/1984
Driving Experience	34 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96525392
ax Number	Street date was a series and a
Contact Number	OFFICE-96525392

NOEMAIL

Address BLK 201 TOA PAYOH NORTH

#12-1063

Postcode 310201

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PARENT

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident

YES

Was any body injured in the Accident?
Was any injured conveyed to hospital by

13600000

ambulance?

YES

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)

2

Passenger 1

NAME: LEE GEOK HUAY

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190305/2121.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJE8276Z

Vehicle Make/Model/Colour

TOYOTA CAMRY

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)

	DETAILS OF INJURED PERSON 1
Name	SEAH BENG CHYE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLH796C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES

Address Postcode

DETAILS OF INJURED PERSON 2

Name LEE GEOK HUAY

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SLH796C
Were seat belts worn? YES
Was this injured conveyed to hospital by

ambulance?

Address Postcode

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 Policipolder and/or the Authorised Driver,
- Information provided must be as truthful and eccurate as possible. Any wifel misrepresentation or withholding of material facts may allow insurance companies to repudiate policy flability.
- 4. The Issue and soceptance of this Form by incurance companies (a 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.
- 5. 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 evaliable 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 aforeseid.
- S. Consent under the Personal Data Protection Act (PDPA)

t understand, acknowledge, agree and consent that:

- (2) 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 on 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)
 - 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 dains. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' iswyers/law firms, may/are parmitted to collect, usp, dicclose and/or process my Personal information for one or more of the above Purposes; and
- (a) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agests (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (b) my Personal Information will also be collected and used to compile dalms history for the purpose of freud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - 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.

Poticyholdens Signäture Date & Times

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

Reporting Centre Personnel's Signature Name:

RRIC/FIN No.1

ven A: SLH796C Bedok With Are ven B: STE 82762 SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT F Bedok Worth Road On The Stated Time and Dute, I was Driving My car veh A : (SLH 796c) glong Bedok north road. It was Green light while I was crossing the cross Junction of Bedek North Rd and Bedok North Ave 1. Suddenly of car (Veh B: SJE 82762) From From the opposite Truffic Turned right abouttly writing to turn unto Beduk North Avel. The Turn was too ranched me to collide had - UN abrupt Unto this Front lett of Veb B I wish to state That I had ensured Mht before Crussina the cross sintrum. DECLARATION /We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Timbs

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Fersonnel's Signature

Name:

NRIC/FIN No.:

Date of Accident	.02 /03 / 20/9 Accident Time: 0945 (24-HR-Format)
Accident Place	BEDUK NORTH ROAD AND BEDUK NURTH AVE I
Vehicle Reg. No. (Car Plate No.)	: SLH 796 C
Vehicle Make/Model	HONDA FIT
Insurance Company	: N74C Policy No.
Owner or Company Name /IC No.	: SEAH WEE KEONG S7904946H
Owner or Company Contact No.	: 96525392 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: SEAH BENG CHYE
DRIVER'S Date Of Birth	: 20 02 1954 DRIVER'S License Pass Date
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: BLK 201 70A PAYOH WORTH #12-1063
DRIVER'S Contact No./ Alt No.	:1) 97271518 2) 96525392
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: SWKDAVE@ SINGNET. COM.SG
Weather & Road Surface	(CLEAR & DRY) RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including D	river): 02
Was there any video Captured by ca Exact purpose for which vehicle was	r camera (YES) NO s being used at the time of accident: Private use) Work purpose
Other I	Party Driver's Particular (if any)
Vehicle Reg. No: SJE 8276	Z B Vehicle Reg. No:
Vehicle Make Wodel: To yoTA	CAMRY Vehicle Make\Model:
Name Driver:	
IC No. Driver:	
Driver's Contact & Add:	Driver's Contact & Add:





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20190305/2121

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/03/2019 16:02		Vide Report No.:	Station Diary No.:			
Informa	nt's Partic	ulars	1 S. M. J. W. L. T. P. S. N.	水口,农村村 (公司)(1888年)(1887年)(1887年)		
	Informant: /EE KEON(Address: APT BLK 201 TOA PAYOH NORTH #12-1063 TOA PAYOH SPRING SINGAPORE 310201			
ID Type / ID No.: NRIC NO / S7904946H			Contact No.: Home/Office:	Mobile: 96525392		
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Male	Age:	Date of Birth: 16/02/1979	Type of Informant: ON BEHALF OF THE	DRIVER		
Race: Chinese			Language: English	Institution / School Name:		
Occupation: ENGINEER			Driving Licence Information: Class: Date of Expiry:			

Type of Accident:			Date/Time of Accident: 02/03/2019 09:00	Type of Location Straight Road	
BEDOK NOR	TH ROAD OK NORTH ROAD				
Weather: Clear	OKNONIIINOAD	Road Surface: Dry		Road Speed Limit:	
12 Table 1 Tab		Traffic Control: Traffic Light - Wor	king	Traffic Volume:	
Type of Collis	ion:		- W	Anyone conveyed by	

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
SLH796C	Car	HONDA	FIT 1.3G F- PACKAGE A			0 .		



T/20190305/2121

2 of 3_

Report No. T/20190305/2121

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date time and location,

I am lodging this report on behalf of my father, SEAH BENG CHYE, S0056823F, who was driving SLH796C at the time of accident.

My father is unable to lodge a report now as he is recovering from his injury.

He informed me that he was travelling straight at the junction of Bedok North Road and Bedok North Avenue 1 from left lane, he confirmed that traffic light was green for him. Suddenly he felt an impact on his right side. He was then conveyed to Changi General Hospital. I provided in-car footage of the accident from the other car driver to IO Khairil. That's all.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20190305/2121

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: TP / MUHAMMAD HAZIQ BIN SAIFUDDIN	Signature Of Informant:				
Signature Of Interpreter: Not applicable	Date/Time: 05/03/2019 16:02				
Officer In Charge Of Case: TP / GIT /	Classification Of Case:				
Contact No.:	SINGAPORE POLICE FORCE				
Authentication Stamp NP168					
	Signature:				

SINGAPORE

Report No. T/20190305/2124

1 of 2

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20190305/2121

Report Number

T/20190305/2124

Vide Report Number

Date/Time of Report Made

05/03/2019 16:17

Place Report Lodged

Traffic Police

Type of Informant

ON BEHALF OF THE DRIVER

Name of Informant

SEAH WEE KEONG

ID Type / ID No.

NRIC NO / S7904946H

Home/Office

Mobile

96525392

Email

Type of Accident

Injury / Attended by Police

Drink Drive

No

Anyone conveyed by

ambulance

Yes

Date/Time of Accident

02/03/2019 09:00

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
SLH796C	Car	HONDA	FIT 1.3G F- PACKAGE A			1		

Signature:

Brief Facts.



2 of 2

Report No. T/20190305/2124

Continuation of CSF For NP168

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the <u>report number</u> as reference.

Case Sensitivity

No

Officer-In-Charge of Case

TP/GIT/

Classification of Case

1) INJURY / ATTENDED BY POLICE

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1293908F





LEE GEOK HUAY

李玉花

CHINESE

Date of Beth

12-02-1958 F

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0056823F





SEAH BENG CHYE

谢明财

-

CHINESE

Date of Buth

Sea

20-02-1954

Country of Birth

SINGAPORE



0212499



NRIC No. S1293908F



Blood Group Date of issue

0+ 28-12-1991

APT BLK 201 TOA PAYOH NORTH #12-1063

SINGAPORE 310201 NRIC No: \$1293908F

Date: 03/01/2015

0212675



NRIC No. S0056823F



Blood Group Date o

A+ 28-12-1991

APT BLK 201 TOA PAYOH NORTH #12-1063 SINGAPORE 310201

NRIC No: S0056823F

Date: 03/01/2015

- DRIVING LICENCE REPUBLIC OF SINE PUBLICATION

SEAH BENG CHYE

Birth Date: 20 Feb 1954

Issue Date: 02 Oct 2003

000882643E

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES!

PASS DATE

Motorcycles not exceeding 200 cc

Class 2B

Class 2A

Class 2 Class 3

07 Nov 1975

which unladen does not exceed 2500 kilogram Motor Cars and Motor Tractors the weight of Notorcycles between 201 cc and 400 cc Notorcycles exceeding 400 cc

NP 428A

eBao Tech								Genera	lClaim		
Hello, NAC_PAYA_UBI_800601						Change	Language	Chan	ge Password	· Log Out	
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	io.				Date	of Accident	-	02/03/2019	09.45	
	Vehicle	No.(For Motor)	SLH796	6C		Certifi	cate Number	(
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5104663877		SEAH WEE KEONG (XIE WEIQIANG)	S7904946H	GPC	drivo CLASSIC	SLH7960	SLH796C	24/10/2018	23/10/2019
					10	Continue					

Policy No.	5104663877	Policyholo Name	er SEAH WEE	KEONG (XIE WEIQIA	Policyholder NRIC	S7904946H	
Certificate No.					,,,,,,		
Address	BLK 201 #12-1063 TOA PAYO	H NORTH TO	A PAYOH SPRIM	NG SINGAPORE 31020	1		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	17/10/2018	Effective Date	24/10/201	8 00:00	Expiry Date	23/10/2019 2	3:59
Excess Type		All Claims Excess	0				
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				Young	7/Inexperience Driver Excess
Agent	Nita Pte Ltd	Agent Tel	62721221		GST Flag	Υ	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
ddress 1	BLK 201 #12-1063	Ad	dress 2	TOA PAYOH NORTH		Address 3	TOA PAYOH SPRING
Address 4	SINGAPORE 310201	Ad	dress Type	Singapore address		Post Code	310201
Jnit No.	12-1063		lated Policy mber	5104663877			
D. Incure	d Object: SLH796C						
D Insuit							
© Endors	sements						

Claim Handling					·Ex
Accident MT/1034736					
Palicy No.	5104663877	Vehicle No.	SLH796C	GST Registration No.	
Certificate No.					
Policyholder Name	SEAH WEE KEONG (XIE WEIGIANG)			Policyholder NR3C	57904946H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	o .
Contact No.(Mobile)	96525393	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No V
KFK	® No ⊜Yes	TCA	® No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hiro	No
⇒ Accident Details					
Report Date	05/03/2019 17:52	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Cross Junction
Date of Accident	02/03/2019	Time of Accident hhomm	09:45	Country of Academ	
Reporting Centre		Orange Force			Singapore
Accident Location	JUNC BEDOK NORTH RD & BEDOK NORTH			ICM No.	
⇒ Excess	PART DED ON HOR FIR RD & DED ON HOR FE	TAVE 1			
	17994447	Special Company of the Company of th	ω;		
Dwn damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
♥ Benefits					
GST Registered Inform					
GST Registered GST Registration No.	No		GST Registration Date		
Modification History			GST Status Venfied	Yes	
Policyholder Mailing Ar	ddress				
Address 1	BLK 201 #12-1063	Address 2	TOA PAYON NORTH	Address 3	TOA PAYOH SPRING
Address 4	SINGAPORE 310201	Address Type	Singapore address	Post Code	310201
Unit No.	12-1063	Related Policy Number	5104663877	Pan Grade	310201
OI Driver Info			3104603677		
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed thiver Name	SEAH BENG CHYE	Oriver NR3C	S0056823F	Driver DOB	20/02/1954
Register Date of Driver License		Driver Age	65		
Contact No.(Mobile)	96525392	Contact No.(Office)	0	Driving Experience	34
Address 1	BLK 201	Address 2		Contact No. (Home)	0
Address 4	SINGAPORE 310201		TOA PAYON NORTH	Address 3	TOA PAYOH SPRING
Unit No.		Address Type	Singapore address	Post Code	310201
Does he own a Singapore	12-1063	95-1009			
Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test	Omg	An insund	@Ver Chin		
Reading?		Any injury?	® Yes ○ No		
Modification History					
Claim 001 New					
		1-10-10-00			91 /1
Claim Type •	ар-мк 💟	Insured Name	SEAH WEE KEONG (XIE WEIQIA	Insured NRIC	57904946H
Contact No.(Mobile)	96525392	Contact No.(Home)		Contact No.(Office)	
Email Address		Of Vehicle Number	SLH796C	TP Vehicle Number	S368276Z
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name •	>>	Claimant NRIC +			
Claimant Address				THE PROPERTY OF THE PARTY OF TH	
Claim Description	SLH795C / SJE8276Z ON 2 Mar 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	♥ GIA report	Received
Date Registered	05/03/2019 17:53	Claim Close Date		Date Received	05/03/2019 00:00
Report Taken By	Jeckson				
Print AK letter	1.0				
SCOTTA A CONTRACTO					
			Save Submit		
Attachment					
9					
Accident No.	MT/3034736	Claim No.	100		
Last Doc. Received	● Yes ○ No	Upload Date	05/03/2019 17:55		
	Path *		Category *	Confidential Urgen	cy * Description *
		Browse.	Clear Please Select	▼ No V Normal	¥
and the second		Browse	Clear Please Select	₩ NO W Normal	
		Browse.	Clear Please Select	V SO V Normal	V
		Browse.	I make Property and the Control of t	V Normal	1.00
		browse	Towns Sept.	The A Lection	V

