NATIONAL Assessment Ce.	ntre Services	1 - p/1 st	1.35
Date In 6/3/19 - 1 (14)	Jeb description	Date &Time Completed	Done by
Ref No: MALINCIA 20408 1124	SAS e-filing		
Veh No: 91 57504	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 617/19-08:45	i-Motor Claim Form		
0 719-08:41		my/1034803-001	6/3/19 11:56
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2)	hrs, TP 4hrs)	
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:		Tel: F	ax:
TP Particulars: Veh No: 1	WJosyc INC)/Non-INC().	S2:
Owner / Driver: (Tel:)
Policy No: (Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 30-1	00%]
Year of Registration: ())	
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()	·	
		A SHEET STATE OF THE PARTY OF T	THE THE PERSON NAMED IN
() Walls In Courses on Contament :	NAMES (2010) (1. 17 HOROSAN) BROWN MARKET	Manager Committee Committe	6.0% (Fig. 1) - 1
() Walk-In Customer: Customer's in	The contract of strictly confidential & Si	trictly NO rater of repairer.	
() Total Loss Case : to e-mail Ins			0
Drive-In ()/ Towed-In (); Invo	pice: YES() / NO(); T	Towing Co: (,)
Remarks: (INC horline: 6788 6616)	STATE OF THE STATE OF	Date&Time Completed	Done by
	/ Courtesy Car ()	S Contract I and Contract Cont	ASS. W. SLAGHO DY
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost >	\$30001 ()	 	
	33000] ()		
Injury:			
Date/Time Actions	100	A CONTRACTOR	226 F
	- A CONTROL OF THE CO	<u> </u>	SENSON DE
			A PARAMA NA PARAMA
AIGORYY:	Invoice Prep	aration Checklist	Anit (S) Amit fat Bill Add 1
timant's Particulars :-	1) AR : Accident		Company - Radio
ver/Owner:	2) DA : Damage A 3) TF : Towing Fe	Assessment (\$100); INC (\$80)	
	4) FT : Follow-Th	rough Survey \$1	20
ntact No:		rough Survey (Resurvey) \$ ajust JNC Only (wef 10 Jan 2005)	30
naged Portion:	6) TR : Re-inspect		75
	7) N1 : Idae DA +		60
Checked by (Engr-In-Charge):	8) NTUC Addition	nal Services:-	
Checked by (Engr-In-Charge):	*NS: Courlesy (\$5
William Presidence where the trade	*N6: Repair Co *N7: Fost Repair		10
ditors' Comments :-			55
1:	TP (N11): TP (9) N12: Idae Mobi		20
2/3;	Invoice dated	Fee Charged	200
_	Invoice dated	Fee Charged	SAME

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

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
- 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	06/03/2019 11:43
Date Of Accident	06/03/2019 08:45
Exact Location Of Accident	ALONG PIE (CHANGI)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU5750G
Insured/Policyholder	
Name Of Registered Owner	TAI YI-GIN
NRIC No	S8805359A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91593998
Alternative Phone No	OFFICE-91593998
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180K
Exact Purpose for which vehicle was being used a time of accident	t PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No. Please state action to be taken	REPORTING ONLY
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	5080881059-02
Cover Note Number	
Driver Control of the	
Jame of Driver	CHEN CHING TANG
IRIC No	S8563434H
Date Of Birth	15/08/1985
Occupation	INDOOR
Pate Of Driving Pass	04/12/2017
riving Experience	1 YEAR AND 3 MONTHS
Sender	MALE
lobile Number	(LOCAL) +65-87988958
ax Number	n de transmission de la comme de l'indice de l'addresse de

OFFICE-87988958

NOEMAIL

BLK 450G TAMPINES STREET 42 Address

#06-374

Postcode 527450

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 (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?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME: : TAI YI-GIN

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?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLW5084L

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

HAN JINN JUAN

NRIC/Passport Number

S9349244G

Contact Number

87497607

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 15

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 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.
- 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 invoive 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.

Policyholder's Signature

Date & Time:

Driver's Signature

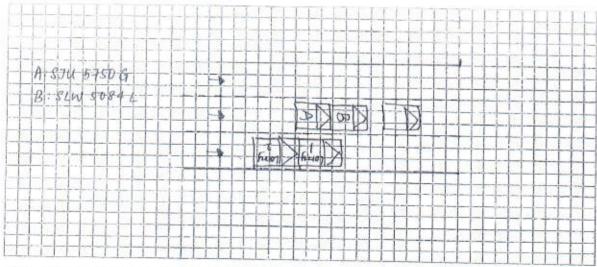
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



CESCRIBE CIRCUMSTANCES OF THE ACCIDENT

there wa	s travelli	ng alon	hannes	toward th	s Cha	ngi Road t right	on the	middle lane	,
accident without	nealising	there w	iere gla ar in	front o	t hit me	onto my	car so	took a l When I Wehrcle.	
									_
									,
									13
LARATION									_

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.:

SINGAPORE ACCIDENT STATEMENT

implete 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 willful 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 constitute may be referred to the traffic policy deposits one for insurance companies.

Any false reporting may be referred to the traffic police department for investigation.

The same of the latest	ACCIDENT DETAILS	
ate of accident	06.03.2019	(DD/MM/YY)
lme of accident	(HH:MM)	
xact location of accident	Mlong PIE towards Changi	(in divinal)

That the second second	DI	TAILS OF	VEHICLE	NAME OF THE PARTY		STATE OF
ehicle registration number	874 5750		AND IN SECULIAR SECURITIONS	Charles Street South Street	CONTRACTOR AND ENGINEERING	CARLES
ehicle make and model	mercedes	C180				
ype of vehicle	Saloon D	MPV D	10 10 10 10 10 10 10 10 10 10 10 10 10 1	□ Van	Others:	
ehicle category	Private 2	Comm	ercial 🗆	Motorcy	the state of the s	-
urpose of using at said time				- mesoraj.	JIC 13	
re you claiming under your wn insurance company?	Yes Third part c	No D		ease select:		

	INSURANCE IN	FORMATION	
surance company	NTUC		THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED I
olicy number			
pe of policy	Comprehensive 🗆	Third party fire & theft a	TP only

THE RESERVE SEASON STREET	INSURED / POLICY HOLDER	The state of the state of
ame	Tai Yi - Gin Male	Female
RIC / Fin / Passport number	88805359A	remareza
ontact	9159-3998	
ddress	APT BIK 450 G Tampines Street 42 # 06-374 6 (527450)	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)							
ame	Chen Ching Tang Male	COLUMN TWO IS NOT THE OWNER.						
RIC / Fin / Passport number	88563434 H	, cindic D						
ontact	87988958							
ddress	APT BIK 450 G Tampines Street 42 #06-374 8 (527450)							
nall address	Ching lang @ / Ivemail. tw							
ate of birth	15/08/1985							
ccupation	Indoor Outdoor							
iving date pass	04/12/2017							

DATE AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN	the same of the same of the same of	The same of the sa	FTHE ACCIDENT	(A) 以明代為4克第三共同無限收入(5 至)
Was driver an employee of	Yes 🗆	Non		Fra. U
the insured's company?			driver and insured	: कुम्भ
Accident captured by camera?	Yes	Nop		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry Ø	Wet D		
No of passenger	2			(Inclusive of driver
MARKET THE PROPERTY.	OF CHARGON W	PASSENGE	1	SALES OF THE PARTY
Name	Tai Yi- (A STATE OF THE OWNER,		POLICE CONTRACTOR OF THE PROPERTY OF THE PROPE
Gender	Male D	Female p		
Gender	I Wate D	1 cirrore ja		
经股股股份	A PER SE	PASSENGE	R 2	DOUBLE THE RESERVE
Name				
Gender	Male D	Female 🗆		
STATE STATE OF THE		PASSENGE	R 3	
Name				
Gender	Male 🗆	Female 🗆		
A VENEZA MENTAL PROPERTY OF THE PROPERTY OF TH	PHE A	PASSENGE	R 4	
Name			1111	
Gender	Male D	Female a		
			Designation of the latest transfer	NO THE REPORT OF THE PARTY OF T
AND ADDRESS OF THE PERSON OF T	(1955)	PASSENGE	R 5	经基础设计的 医
Name				
Gender	Male 🗆	Female 🗆		
A COURT OF STREET STREET		PASSENGE	R 6	
Name				
Gender /	Male 🗆	Female 🗆		
/ 是经验证证证证证	The second second second	THER INFORM	MATION	
Was anybody injured?	Yes 🗆	No 🗆		
Was other vehicle damaged?	Yes	No 🗆		
	DET	AILS OF POLIC	E ACTION	TOTAL SHOP OF THE
Reported to police?	Yes 🗆	COLUMN TWO IS NOT THE OWNER, THE PARTY NAMED IN POST OFFICE ADDRESS OF THE PARTY NAMED IN PARTY	The state of the s	hich police station.
Police station name				
	o surgest and			
		WITNESS	1	出版 斯斯斯斯斯斯
Name				
		Wilmstrae		
		WITNESS	4	AND
Name				

H

AND DESCRIPTION OF THE PERSONS	THIRD PARTY VEHICLE 1
Wehicle registration number	SLW 5084 L
Vehicle maks model	
Name	Han Jmn Juan
NRIC / Fin / Passport number	893 49 244 G
Contact	8749 7607
	/
SET A COLOR DE CAMPAGNETA	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
THE RESERVE THE PROPERTY OF	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
†	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
BENESON STORY DON'T	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
MRIC / Fin / Passport number	
Contact	
Contact	

CARLO DE CONTROL DE CARLO DE	nelike State	INJURED PERSON 1
Name		HAJORED PERSON 1
Injuries sustained		
Which vehicle person in?	-	
Were seat belts worn?	Yes 🗆	No n
Was injured conveyed to	Yes D	Non
hospital by ambulance?	+63-11	Not
nospital by ambulance:		
TO SHOULD REPORT TO SHOULD SHOW	CHILD AND AREA	(NUMBER REPROSES
	THE REAL PROPERTY.	INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No o
Was injured conveyed to	Yes D	No 🗆
hospital by ambulance?		
/ 图		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆 🦯
hospital by ambulance?		
建筑建设是是一个企业	S BY STATE	INJURED PERSON 4
Name		
Injuries sustained	/	
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗈
Was injured conveyed to	yes □	No 🗆
hospital by ambulance?	1	
	/	
		INJURED PERSON 5
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No ti
hospital by ambulance?		
A STORE OF THE PARTY OF THE PAR	De Marke	INJURED PERSON 6
Name	The same of the sa	
Training /		
Injuries sustained		
Injuries systained Which vehicle person in?		
Which vehicle person in?	Yes n	Non
Which vehicle person in? Were seat belts worn?	Yes 🗆	No n
Which vehicle person in?	Yes 🗆 Yes 🗆	No 🗆

Ħ

DESTRUCTED OF SINGAPONS



CHEN CHING TANG

陈庆唐

CHINESE

15-08-1905

TAIWAN







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

EFFECTIVE DATE

Circs 3 Hotor cars with unladen weight =< 3000kg with =< 7 04 Dec 2017 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A

Licence No:S\$563434H

ij

eBao Tech			100							Genera	alClaim
Hello, NAC_PAYA_UBI_80 My Desktop		cy Query					• Change	Language	• Chang	e Password) Log O
Notice of Loss	Policy N Vehicle	lo. No.(For Motor)	SJU575	0G			of Accident	0	6/03/2019 0	8:45	
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Search	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5080881059- 02		TAI YI-GIN	S8805359A	GPC	drivo CLASSIC	SJU5750G	SJU5750G	16/06/2018	15/06/2019

	5080881059-02	Policyholder	TAI YI-GIN	4	Policyholder			
Certificate No.		Name	INI II-GII		NRIC	S8805359A		
Address	BLK 450G #06-374 TAMPINES STREET 42 SINGAPORE 527450							
Product Name	PRIVATE CAR INSURANCE	Plan	**************************************	3/48/2	Group Policy Flag	N		
Policy issue Date	06/06/2018	Effective Date	16/06/201	8 00:00	Expiry Date	15/06/2019 2	3:59	
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	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Y		
Co-	No				JOT Flag	1		
insurance Flag	NO							
Flag Open Policy Info	110							
Flag Open Policy								
Flag Open Policy Info Certificate Info	oolder Mailing Address							
Flag Open Policy Info Certificate Info Policyh		Addre	55 2	TAMPINES STREET	42	Address 3	SINGAPORE 527450	
Flag Open Policy Info Certificate Info Open Open Open Open Open Open Open Open	oolder Mailing Address		ss 2 ss Type	TAMPINES STREET Singapore address		Address 3	SINGAPORE 527450	
Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	BLK 450G #06-374	Addre	ss Type d Policy	330000000000000000000000000000000000000		BAA S (200-207)	SINGAPORE 527450 527450	
Policy nfo certificate nfo Policy nfo Policy ddress 1 ddress 4 Init No.	BLK 450G #06-374	Addre Relate	ss Type d Policy	Singapore address		BAA S (200-207)		
Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	BLK 450G #06-374 06-374 d Object: SJU5750G	Addre Relate	ss Type d Policy	Singapore address		BAA S (200-207)	2-7-03/84/C-20/L-7670-97/D	

Claim Handling Accident MT/1034803					
Policy No.	5000881059-02	Vehicle No.	\$1057\$DG	GST Registration No.	
Certificate No.				GOT REGISTRATION NO.	
Palicyholder Name	TAL YE-GIN			Policyholder NRIC	2007200
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		58805359A
ontact No. (Mobile)	91593998	Contact No. (Office)		Loading	0
maii Address		Special Remark	0	Contact No. (Home)	0
r.	® No ⊜Yes	TCA	8	eCode	N/ V
CD Protection	No.		® No ○Yes	eCode Reason	
Accident Details	10	NCD Entitlement(%)	20	Private Hire	Na
DOT Date	06/03/2019 11:54	Acadent Report Within 24 fin	Yes .	Academ Type	Collision - Head to Rear
te of Accident	06/03/2019	Time of Accident hh:mm	08:45	Country of Accident	Singapore
porting Centre		Orange Force		JCM No.	
dident Location :	ALONG PIB (CHANGI)				
Excess					
n damage Excess	600.00	Additional Excess	0	Wadenas &	COURTEST
samed Driver Excess	500.00			Windscreen Excess	100.00
rd Party Excess	0.00				
Benefits		Outside Singapore TP Excess	0.00		
GST Registered Inform	iation				
Registered Registration No.	No		GST Registration Date		
fication History			GST Status Verified	Yes	
Policyholder Mailing Ar	ddreas				
ress 1	BLK 450G #06-374	Address	2202202020202020		
ress 4	The Tenne Built of	Address 2	TAMPINES STREET 42	Address 3	SINGAPORE 527450
No.	10 march 20 1	Address Type	Singapore address	Post Code	527450
OI Driver Info	06-374	Related Policy Number	5080881059-02		
er Name	Unnamed Driver	Oriver Type	Unnamed Driver		
emed driver Name	CHEN CHING TANG	Oriver NR3C	58563434H	Driver DOS	15/08/1985
ster Date of Driver License	04/12/2017	Driver Age	33	Driving Experience	1
tact No.(Mobile)	87988958	Contact No.(Office)	0	Contact No.(Home)	0
ress i	BUK-450G	Address 2	TAMPONES STREET 42	Contract of the Contract of th	
1855 4		Address Type	Singapore address	Address 3	SINGAPORE 527450
: No.	06-374	77757522 1398	Singapore address	Post Code	527450
is he own a Singapore					
stered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
aration					
thalyser or Blood Test	Omg				
ing?	O mg	Any injury?	○ Yes ® No		
ification History					
laim 001 New					
aim 001 New					
Type *	OD-MX	Insured Name	TAL YI-GIN	Insured NR3C	FREDERICA
act No.(Mobile)	91593998	Contact No.(Home)			58805359A
Address		Of Vehicle Number		Contact No.(Office)	64595535
	Please Select		S3U5750G	TP Vehicle Number	SLW5084L
sant Name *		Type of Benefit +	Please Select		
		≥≥ Claiment NRIC +			
ant Address					
Description	SJU5750G / SLW5084L ON 6 Mar	2019		Name of Preferred Workshop	
red Workshop Contact		Insured Liability *	Fully at Fault.	To occupant the most of the control	
ire Finalisation	Yes 💟	Preferend Repair Option		▼ GIA report	Satalyant 100
Registered	06/03/2019 11:56	Claim Close Date			Received
t Taken By	läckson	HER STREET, ST		Date Received	06/03/2019 00:00
rint AK letter					
		4	Save Submit		
chment			The second secon		
ent Na.	MT/1034803	Claim No.	001		
oc Received	® Yes ○ No	Upload Date			
	Pach *	A COURT PORTOR	06/03/2019 11:57		
	740.7		Category *	Confidential Urgeno	cy * Description *
		Browse	Clear Please Select	V Normal	v
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		Browse	Clear Please Select	V Normal	V

