Date In: 7/3/19 - 17:07	Jeb description	Date & Time Completed	Done b	ò.
Res No: 1/19 Sucigosynys by	SAS e-filing			
Veh No: 6021832.	E-mail (within 8hrs, AIC 2hrs)			-
D.O.A: 6))/19-24:45	i-Motor Claim Form	M7/1035046-201	201	2.28
	i-Motor W/O (Within: OD 2h		47114	4
OD / TP Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (ax:	-
TP Particulars: Veh No: No				
Owner / Driver: (10175	Tel:)	
	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	Note-Est. Status (WO): N: 0-2		0.0%1	
		2076, F. 21-7976. 1. 50-1.	2070]	-
Year of Registration: ())		E20/18
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General Remarks;+			ion the	
() Walk-In Customer : Customer's in			The same of the sa	
		ulcuj 140 Totel di Tepolicii		-
() Total Loss Case : to e-mail Insu				· · · ·
Drive-In ()/ Towed-In (); Invo	ice: YES () / NO ();	Towing Co: ()
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	y
				6 -6
11 Apply for Transport Allowance ()	/ Courteev Car (
	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
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Frynk Car

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
 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

	ACCIDENT STATEMENT
Date Of Report	07/03/2019 17:07
Date Of Accident	06/03/2019 22:45
Exact Location Of Accident	AMK AVE 5
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGU2183Z
Insured/Policyholder	
Name Of Registered Owner	WONG KIM HWA
NRIC No	S9236828I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81393774
Alternative Phone No	OFFICE-81393774
Vehicle Particulars	
Manufacturer	SUZUKI
Model	SWIFT 1.5 AT
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

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5093184158-01

Cover Note Number

Driver

Name of Driver WONG HUI SEE NRIC No S9619220G Date Of Birth 05/06/1996 Occupation OUTDOOR Date Of Driving Pass 24/04/2017

Driving Experience 1 YEAR AND 10 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-87992620

Fax Number

Contact Number OFFICE-87992620

EMail Address NOEMAIL Address

BLK 12 MERPATI ROAD

#03-129

Postcode

370012

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SIBLING

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?

YES

Was any injured conveyed to hospital by

NO

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?

YES

If Yes,Please state which Police Station Police Station Name

KAMPONG UBI NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 ,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-7479999 - FAX NO: 67453410

Was notice of intended Prosecution given?

M

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190307/2100.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLP8732S

Vehicle Make/Model/Colour

TOYOTA PRIUS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHEAH CHYE HUAT

NRIC/Passport Number

S1655719F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Name WONG HUI SEE Approximate Age Injuries Sustain BODY Injured person in which vehicle? SGU2183Z Were seat belts worn? YES Was this injured conveyed to hospital by ambulance? Address Postcode

SKETCH PLAN

MPORTANT NOTICE

- 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 Aythorised Driver.
- Information provided must be as truthful and occurate as possible. Any writed misrapresentation or withing/dang 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 dark of the insurance companies.
- 5. Any false reporting may be referred to the Police for lavestigation.
- 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)

t 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 insurers) 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 deating with my instructions or responding to any enquiries by met
 - (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 low 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 occident and the insurers' lawyers/law firms, hisy/see 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 losurers and/or GIA to their third party service providers or agents/including their lewyers/law firms), which may be sked outside of Singaporo, for one or more of the above Purposes.
- (b) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and inspagament in present and all future dalms.
- (e) the information so collected ander (d) above may be shared / disclosed:
 - to all insurers end/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.

Policyholders Signature

Date & Time:

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date & Timer

(if driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

Date of Accident	: 06/03/19 Accident Time: 22 45 (24-HR-Format)
Accident Place	: ANG MO KIO AVES
Vehicle Reg. No. (Car Plate No.)	: SGU 2183 Z
Vehicle Make/Model	: SUZUKI SWIFT
Insurance Company	: NTUC Policy No
Owner or Company Name /IC No.	WOND KIM HWA
Owner or Company Contact No.	:Owner's Hp 8 139 3774 Company Tel
DRIVER'S Name / IC No.	: WONG HUI SEE
DRIVER'S Date Of Birth	: 05/06/1996 DRIVER'S License Pass Date 24/04/17
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	BIK 12 MERPATI POAD #03-129 5(3+0012
DRIVER'S Contact No./ Alt No.	:1) 8799 2620 2)
DRIVER'S Occupation	: INDOOR \OUTDOOR (e.g. working inside or outside office)
Email Address	PLATINUM WEATCZ @ GMAIL COM
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	Priver):01
Was there any video Captured by c Exact purpose for which vehicle wa	ar camera: YBS \ NO as being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: SLP 8732	Vehicle Reg. No:
Vehicle Make\Model: 70\01A	PRIUS Vehicle Make\Model:
Name Driver: CHEAH CHYE	HUA7 Name Driver:
IC No. Driver: 51655 49F	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

6 17





1 of 3

Report No. T/20190307/2100

Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

Tel No: 1800-7479999

REPORT OF A TRAFFIC ACCIDENT

07/03/201	e Report N 19 16:28	Made:	Vide Report No.:	Station Diary No.: 50	
Informan	t's Partic	ulars			
Name of WONG H	Informant: UI SEE		Address: APT BLK 12 MERPATI ROAI	D #03-129 SINGAPORE 370012	
ID Type / NRIC NO	ID No.: / S96192	20G	Contact No.: Home/Office:	Mobile: 87992620	
Nationalit SINGAPO	y: DRE CITIZ	'EN	Email:		
Sex: Female	Age: 22	Date of Birth: 05/06/1996	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: SELF EMPLOYED		FE 69	Driving Licence Information: Class: 3A Date of Expiry:		

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 06/03/2019 22:25	Type of Location Straight Road
Location: Along Road 1 ANG MO KIO Along Ang Mo	AVENUE 5			
Weather: Clear	NO TWO O	Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way	525	Traffic Control: Traffic Light - Wo	orking	Traffic Volume: No Traffic
Type of Collis Between Mov	ion: ing Vehicles - Head 1	Γο Side	2 ,	Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGU2183Z	Car	NI IT			Seriously Damaged	0
SLP8732S	Car				Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA		





T/20190307/2100

2 of 3

Report No. T/20190307/2100

Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

Tel No: 1800-7479999

CONTINUATION OF REPORT

Driver		na			14	100
Name	WONG HUI SEE			9)	S9619220G	
Related Vehicle	SGU2183Z (Car)			ct No.	87992620	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3A Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	The second secon	NIL		
No. of Days gran	ted Medical Leave NIL	Degree of		NIL		100
Driver	(E)		Set Je so			÷1)
Name	Cheah Chye Huat		ID No.		S1655719F	
Related Vehicle	SLP8732S (Car)	7045	Conta	ct No.	94797141	_
Hospital/Clinic	NIL	0	Class Driving Licence Expiry	e &.	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discl		NIL		
No. of Days grant	ted Medical Leave NIL	Degree of		NIL		

Brief Details.

On the 06/03/2019 at about 10:25pm, I was driving my vehicle(SGU2183Z) from Ang Mo Kio and intended to head towards Kallang Bahru. At the traffic light junction along Ang Mo Kio Ave 5 near Nanyang Polytechnic, I made "U-Turn" and spotted one vehicle(SLP8732S) that was turning left from a filter lane. I saw that the said driver was using his hand phone and meddling with the "Grab" application, I intended to sound my horn to alert him, however it was already too late as the other vehicle had collided onto the front left hand side of my vehicle. We both then stopped our vehicles slightly further ahead and managed to exchange particulars. The other driver claimed that he did not spot my vehicle when he was making a left turn. When I further questioned him about him using his hand phone, he did not answer me and just apologized. I wish to state that I have in car CCTV inside my vehicle that had captured the entire incident. The accident caused some dents and scratches at the part directly above my front left tire. The rim of my left side tire is also dented. The other vehicle suffered some minor scratches at the bottom right side of the front bumper. Nobody was injured in the accident.





Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

3 of 3 Report No. T/20190307/2100

Tel No: 1800-7479999

CONTINUATION OF REPORT

Sko	tch	DI.	2 12
Ske	CUII	F 16	an

NP168

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: G / Sgt 2 CHONG YUN CHANG	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time/ 07/03/2019 16:28	
Officer In Charge Of Case:	Classification Of Case:	
Staff Sgt WONG SIEU LUI Contact No.: 65476151 Authentication Stamp		·

OWNER

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$92368281





Name

WONG KIM HWA

09-10-1992

CHINESE

Country of trivth SINGAPORE



DRIVER

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$9619220G





Harris

WONG HUI SEE

黄 是 Raco CHINESE

Sex

Date of birth Sex 05-06-1996 F Country of birth SINGAPORE 14519220



DRIVER



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

EFFECTIVE DATE

Class 3A Moter cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

Licence No:S9619220G

NP 428A



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5093184158-01

Cover : drivo CLASSIC

 Index mark and Registration Number of Vehicle Chassis Number

: SGU2183Z

: JSAEZC21S00173645

Name of Policyholder

: WONG KIM HWA

3. Effective Date of Insurance

: 08 Aug 2018

4. Expiry Date of Insurance

: 06 May 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)
Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

: S\$600

EXCESS (SECTION 2)

- N/A

WINDSCREEN EXCESS

: \$\$100

ADDITIONAL EXCESS

: \$\$1,500

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION

· NO

TRANSPORT ALLOWANCE

NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: WONG KIM HWA

PRIMARY DRIVER

: N/A

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2) HIRE PURCHASE COMPANY

: TECK WEI CREDIT PTE LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: JG MOTOR AGENCY (00000613374)

Date of Issue

: 04 May 2018 15:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech									3 5	Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601			AND DESCRIPTION OF THE PARTY OF		and the same of	› Chang	e Languag	c · Chan	ge Password	
My Desktop	Polic	y Query					8230.000	vide/Avoline tolk	B GERRAN	ge rassitoru	Log Ou
Notice of Loss	Policy N	0.				Date	of Accident	_	06/03/2019	22:45	
	Vehicle	No.(Far Mator)	SGUZ	1832		Cert	ificate Number				A
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5093184158- 01		WONG KIM HWA	S92368281	GPC	drivo CLASSIC		SGU2183Z		06/05/2019
						Continue					- 10

Policy No.	5093184158-01	Policyholder Name	WONG KI	M HWA	Policyholder NRIC	S9236828I	
Certificate No.		10000000			70025		
Address	BLK 301 #01-277 UBI AVENU	E 1 SINGAPORE	400301				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	04/05/2018	Effective Date	08/08/201	8 00:00	Expiry Date	06/05/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	1500	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	JG MOTOR AGENCY	Agent Tel.	63440727		GST Flag	Y	
Co- nsurance Flag	No				92		
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 301 #01-277	Addre	ss 2	UBI AVENUE 1		Address 3	SINGAPORE 400301
Address 4		Addre	ss Type	Singapore address		Post Code	400301
	01-277		ed Policy	5093184158-01			
	01-2//	Numb	40.0				
Jnit No.	ed Object: SGU2183Z	Nume					
Jnit No.	d Object: SGU2183Z	Nume	***				

Accident MT/1035046					
ORCY NO.	5093164158-01	Vehicle No.	SGU2183Z	GST Registration No.	
ertificate No.				OST Regulation NO.	
olicyTolder Name	WONG KIM HWA			Delice builder ANDE	50124024
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Policyholder NRIC	592360281
ontact No.(Mobile)	81393774	Contact No. (Office)	0	Loading	.0
nail Address		Special Remark		Contact No.(Home)	0
×	® No ○Yes	TCA	8 to 0 to	eCode	tis, 💙
CO Protection	No.		® No ○ Yes	eCode Reason	
Accident Details		NCD Enutlement(%)	10	Private Hire	No
port Date					
	07/03/2019 17:21	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
its of Accident	06/03/2019	Time of Accident Nhomin	22:45	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	2711123
cident Location	AMK AVE 5				
Excess					
in damage Excess	500.00	Additional Excess	1500	Windscreen Excess	****
named Driver Excess	2,500.00	Outside Singapore OD Excess		WINDSCHOOL EXCESS	100.00
rd Party Excess	0.00		600.00		
Benefits	5,50	Dutside Singapore TP Excess	0.00		
GST Registered Inform	ation				
F Registered					
T Registration No.	No.		GST Registration Date		
dification History			GST Status Verified	Yes	
Policyholder Mailing Ad	dress				
dress 1	8LK 301 #01-277	Address 2	LINE NUMBER A		
dress 4	6194 615 - 35 6 6 6		UBI AVENUE 1	Address 3	SINGAPORE 400301
HI WO.		Address Type	Singapore address	Post Code	400301
	01-277	Related Policy Number	5093184158-01		
OI Driver Info	000000000000000000000000000000000000000				
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
names driver Name	WONG HUL SEE	Driver NRIC	59619220G	Driver DOB	06/05/1996
gister Date of Driver License	24/04/2017	Driver Age	22	Driving Experience	1
ntact No. (Mobile)	87992620	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 12	Address 2	MERPATI ROAD	Address 3	SINGAPORE 370012
dress 4		Address Type	Singapore address	Post Code	370012
et No.	03-129			SAME TERRITOR OF THE PARTY OF T	0.0016
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.			
				Driver Insurer Company	
Claration					
rathalyser or Blood Test ading?	0 mg	Any injury?	® Yes ○ No		
		and industry	® PE ONS		
dification History					
Claim 001 New					
im Type +	OD-MX	Insured Name	WONG KIM HWA	Insured NRIC	592368281
rtact No.(Mobile)	81393774	Contact No.(Home)	NIL	Contact No. (Office)	Dr. / B.J. Olivania
NI Address		Of Vehicle Number	SGU2163Z		0.00000
mant Type Claimant Type+	Please Select	Type of Benefit •	Please Select	TP Vehicle Number	SLP8732S
mant Name *	22	Cleimant NRIC *			
mant Address				_	
m Description	9GU21832 / SLP8732S ON 6 Mar 2019				
erred Workshop Contact	2019			Name of Preferred Workshop	
		Insured Liability *	Not at Fault		
	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Registered	07/03/2019 17:28	Claim Close Date	On the latest the late	Date Received	07/03/2019 00:00
ort Taken By	Jackson			ACOUST 1000 2365 0200	
Print AK letter					
		E .	Save Subme		
tachment					
dent No.	MT/1035046	Claim No.	001		
Doc. Received	® Yes ○ No	Upload Date	07/03/2019 17:29		
	Path *	2550000000		2000	
			Category *	Confidential Urgenc	P * Description *
		Denier	Office of the second se		The same of the sa
		Browse		NO V Normal	V
		Browse	Clear Please Select	NO V Normal	V

