NATIONAL Assessment Centre Services. MALIONAL Assessment Centre Services. MALIONAL MALION MINE Date In: 3/3/19- 10:11 Jeb description Date & Time Completed Done by Rel No: NAJINC 1900565174 SAS e-filing Vch No: SICB 77170. E-mail (within Shrs, AIC 2hrs) D.O.A: 29/3/19-1950 i-Motor Claim Form M7 1038109-001 301219 14:46 i-Motor W/O (Within: OD 2hrs, TP 4hrs) Peporting Only i-Photo Uploaded Assessment/Survey Report TP insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax: TP Particulars: Veh No: 49 77840 INC ()/Non-INC (Owner / Driver: (Tel: Policy No: (Period: (Cover Type: () Confirmed by: (Date: Time: Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 30-100%] Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000 (General Remarks:) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/ Towed-In (); Invoice: YES () ; Towing Co: (Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Ant (S) Amt (1) MA 1902312. Invoice Preparation Checklist Ist Bill Add Bill 1) AR : Accident Reporting (530); Claimant's Particulars :-INC (\$80) 2) DA : Damage Assessment (\$100); 3) TF : Towing Fee \$40/\$45 Driver/Owner: 4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) 6) TR : Re-inspection Damaged Portion: 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge): \$5 *NS: Courtesy Car / Tpt Allowance • N6: Repair Co-ordination \$10 * N7: Fost Repair Inspection \$25 Auditors' Comments :-* N8: DV / Collect Excess Coordination 35 TP (N11): TP (Non INC) against INC \$20 9) N12: Idac Mobile Cat. 2/3: Invoice dated Fee Charged Section 1 Invoice dated Fee Charged

1 1 par at 1 at

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number 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.
- 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 aforesaid.

| | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 30/03/2019 10:15 |
| Date Of Accident | 29/03/2019 17:50 |
| Exact Location Of Accident | CHANGI NORTH ST 1 TWDS UPP CHANGI RD NORTH |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SKB7717D |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN CHING CHYE PHILIP |
| NRIC No | S7145203D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98773176 |
| Alternative Phone No | OFFICE-98773176 |
| Vehicle Particulars | |
| Manufacturer | ТОУОТА |
| Model | CAMRY 2.0 AUTO ABS AIRBAG |
| Exact Purpose for which vehicle was being used at time of accident | |
| 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 | 5050859405-07 |
| Cover Note Number | |
| Driver | |
| Name of Driver | TAN CHING CHYE PHILIP |
| NRIC No | S7145203D |
| Date Of Birth | 19/12/1971 |
| Occupation | INDOOR |
| Date Of Driving Pass | 17/10/1994 |
| Driving Experience | 24 YEARS AND 5 MONTHS |
| Gender | MALE |

(LOCAL) +65-98773176

OFFICE-98773176

NOEMAIL

Address BLK 277D COMPASSVALE LINK

#03-310

Postcode 544277

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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?

120

Was any injured conveyed to hospital by ambulance?

NO

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

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/20190329/7021.

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

YP7784U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver ONG CHEE MENG

NRIC/Passport Number S7124978F Contact Number 94211442

Address 115 CANBERRA WALK

#06-153

Postcode 752115

| | DETAILS OF INJURED PERSON 1 | |
|---|-----------------------------|--|
| Name | TAN CHING CHYE PHILIP | |
| Approximate Age | | |
| Injuries Sustain | NECK | |
| Injured person in which vehicle? | SKB7717D | |
| Were seat belts worn? | YES | |
| Was this injured conveyed to hospital by ambulance? | NO | |
| Address | | |
| Postcode | | |

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>sprrectly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policipalder and/or the Authorises Drives.
- Information provided must be as truthful and accurate as dossible. Any wilds misrepresentation or withholding of meterial facts may allow theurance companies to repudiate policy liability.
- 4. The issue and acceptance of this form by incurance companies tanget an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for levestigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested partles.
- 7. By the ladgment of this report to the insurers, you hareby consent to the archiving of this report at the centre and to copies of the report being made available aforesald.
- 5. Consent endor the Personal Data Protection Act (POPA)

Lunderstand, acknowledge, agree and consent that:

- (s) 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 daims 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 enquires by me;
 - (iv) administering my claims (including the malling 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, francising 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' isweers/law firms, may/are parmitted 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 on agests (including their lawyare flaw firms), which may be sited outside of Singaporo, for one or more of the choro Purposes.
- my Personal Information will also be collected and used to compile cigims history for the purpose of freud detection, investigation and management in present and all future daims.
- (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 freed, regulators, law enforcement and government agandes as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Poticytolograficaeture Date & Time:

s Signature (If driver is not the policyholder)

Date & Time:

Réporting Centre Perso el's Signoture

Idame:

KRIC/FIN No.:

NRIC/FIN No.:

| Date of Accident | 29/3/2019 Accident Time: 17:50 (24-HR-Format) |
|--|--|
| Accident Place | : Changi North St 1 towards upper changi Rd |
| Vehicle Reg. No. (Car Plate No.) | : 5KB7717D |
| Vehicle Make/Model | : TOYOTA CAMRY |
| Insurance Company | : NTUC INCOME Policy No. 5050859405 - 07 |
| Owner or Company Name /IC No. | : TAN CHING CHYE PHILIP |
| Owner or Company Contact No. | : 9877 3176 Owner's Hp Company Tel |
| DRIVER'S Name / IC No. | : TAN CHING CHYE PHILIP S7145203D |
| DRIVER'S Date Of Birth | : 19-12-1971 DRIVER'S License Pass Date OS - Sep - 3 |
| Relationship of Owner & Driver | : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: |
| DRIVER'S Address | : APT BYK 2770 COMPASSVALE LINK #03-310 S(|
| DRIVER'S Contact No./ Alt No. | :1) 93773176 2) |
| DRIVER'S Occupation | INDOOR OUTDOOR (e.g. working inside or outside office) |
| Email Address | : Philiptancceyahoo.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 | Driver): |
| Was there any video Captured by ca Exact purpose for which vehicle wa | ar camera: YES (NO) as being used at the time of accident: Private use \ Work purpose |
| Other] | Party Driver's Particular (if any) |
| Vehicle Reg. No: YP 7784 | Vehicle Reg. No: |
| Vehicle Make\Model: | Vehicle Make\Model: |
| Name Driver: ONG CHEE ME | NG Name Driver: |
| IC No. Driver: 57124978 F | IC No. Driver: |
| Driver's Contact & Add: 942114 | Driver's Contact & Add: |
| 115B CANB #06-153 | SERRA WAYK 5(252115) |





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

1 of 3 Report No. T/20190329/7021

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 29/03/2019 20:28 | | Made: | Vide Report No.: | Station Diary No.: | |
|--|------------------------|------------------------------|--|-------------------------------|--|
| Informa | nt's Partic | ulars | | CHANGE BOX BALLSON CONTRACTOR | |
| TAN CH | Informant: ING CHYE | PHILIP | Address: APT BLK 277D COMPASSV/ 544277 | ALE LINK #03-310 SINGAPORE | |
| ID Type / ID No.: NRIC NO / S7145203D | | | Contact No.: Home/Office: | Mobile: 98773176 | |
| National SINGAP | ity: ORE CITIZ | EN | Email: philiptancc@yahoo.com | | |
| Sex: Male | Age: | Date of Birth: 19/12/1971 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: Institution / School Nam | | |
| Occupation: Management executive | | tive | Driving Licence Information: Class: 3 | Date of Expiry: | |

| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 29/03/2019 17:50 | Type of Location Straight Road |
|-------------------------------------|------------------|------------------------------------|---|--|
| Location: CHANGI NOF Weather: Clear | RTH STREET 1 | Road Surface; Dry | 11 | Road Speed Limit: 50 Km/h |
| Traffic Flow: | Way | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Dual Carriage | | | 112 | The state of the s |

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|---------|--------|---------------------------------|-------|----------------------|-----------------|
| SKB7717D | Car | TOYOTA | CAMRY 2.0 AUTO ABS AIRBAG | Black | Seriously Damaged | |
| YP7784U | Trailer | | 1 | White | Slightly Damaged | 0 |

| Details of V | ehicle Insurance | | | |
|--------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SKB7717D | NTUC Income Insurance Co-Operative Limited | 5050859405-07 | 26/09/2018 | 25/09/2019 |





2 of 3

Report No. T/20190329/7021

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

CONTINUATION OF REPORT

| Any Pedestrian Ir | nvolved: No | | | | |
|-------------------|--|--------------------------------|-------------------------------------|------------|---------------------------------|
| No. of Pedestrian | s Injured: NIL | Use of Pedestrian Crossing: NA | | | |
| Driver | Security of marketing and the state of the security of the sec | | NAME OF STREET | STEWART OF | |
| Name | TAN CHING CHYE PHILIP | | | . = | S7145203D |
| Related Vehicle | SKB7717D (Car) | | | ct No. | 98773176 |
| Hospital/Clinic | NIL | | Class Drivin Licent Expiry | g | Class: 3 Date of Expiry: NIL |
| Date Treatment | 29/03/2019 | Date Disc | harge | 29/03 | /2019 |
| No. of Days gran | Degree of | Injury | Slight | | |

Brief Details.

On 29 March 2019, I was travelling in my vehicle bearing (SKB7717D) straight along Changi North Street 1 towards Upper Changi Road North on the most left lane. Suddenly I saw a trailer bearing (YP7784U) cut into my lane. I then felt 3 impact as the trailer collide into my vehicle and damage my front right including my tires. We then stop at the side of the road and exchange particulars. The trailer left after exchanging particulars. Afterwhich, the boss of the company kept calling me to do a private settlement. However, I felt pain in my neck and went to a clinic to do a checkup. I was given 2 days mc from the doctor. I decided to file an insurance claim against the trailer.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190329/7021

CONTINUATION OF REPORT

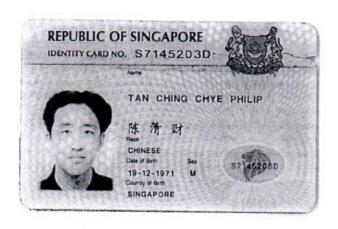
Sketch Plan

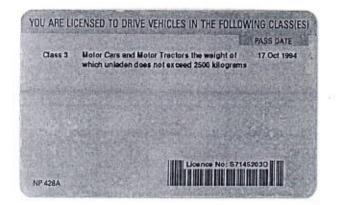
NP168

Informant is not able to provide sketch plan

| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
|--|---|
| Signature Of Interpreter: Not applicable | Date/Time: 29/03/2019 20:28 |
| Officer In Charge Of Case: TP / TPHQ / YEO GEAK ENG CECILIA Contact No.: 65476404 | Classification Of Case: |
| Authentication Stamp | |









,



| | 5050859405-07 | Policyholder Name | TAN CHIN | IG CHYE PHILIP | Policyholder NRIC | S7145203D | |
|-------------------------------------|--------------------------------------|--|-----------|------------------|--|--------------|------------------------------|
| Certificate No. | | | | | mic | | |
| Address | BLK 277D #03-310 COMPASS | VALE LINK ASPE | LLA SINGA | PORE 544277 | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | | Group Policy Flag | N | |
| Policy issue Date | 07/09/2018 | Effective Date | 26/09/20 | 18 00:00 | Expiry Date | 25/09/2019 2 | 23:59 |
| Excess Type | | All Claims Excess | | | | | |
| Third | | Own | | | U.S. P. C. | | |
| Party Excess | 0 | damage Excess | 600 | | Windscreen Excess | 100 | |
| Additional Excess | 0 | OS Premium | 0 | | | | |
| Outside | | Outside | | | | | |
| Singapore OD | 600 | Singapore | 0 | | | Young | g/Inexperience Driver Excess |
| Excess | | TP Excess | | | | Touri | gy menyemence briver Excess |
| Agent | WAN KWAI FAH CYNTHIA | Agent Tel. | 64520883 | null | GST Flag | Y | |
| Co- insurance Flag | No | | | | | | |
| Open Policy Info | | | | | | | |
| Certificate Info | | | | | | | |
| | holder Mailing Address | | | | | | |
| Policy | | Addro | ss 2 | COMPASSVALE L | INK | Address 3 | ASPELLA |
| Succession and American | BLK 277D #03-310 | Addie | | | | | |
| Address 1 | BLK 277D #03-310 SINGAPORE 544277 | MANAGE AND ADDRESS OF THE PARTY | ss Type | Singapore addres | s | Post Code | 544277 |
| Policy Address 1 Address 4 Unit No. | ANTONIO CONTRACTORIO | Addre | d Policy | | s | Post Code | 544277 |
| Address 1 Address 4 Unit No. | ANTONIO CONTRACTORIO | Addre Relate | d Policy | Singapore addres | s | Post Code | 544277 |
| Address 1 Address 4 Unit No. | SINGAPORE 544277 | Addre Relate | d Policy | Singapore addres | s | Post Code | 544277 |

| Mark | Claim Handling | | | | | |
|--|--|--|-----------------------------|---|--|---------------------------------|
| MORESTANDER NO. CONTROLLED PROJECT MORESTANDER NO. MICHIGANICAL CONTROLLED PROJECT | ecident MT/1038109 | SOSTANDARS OF | Makesta No. | -2012000 | ************************************** | |
| Marchand | | 33333403-07 | Version No. | 58877170 | GS1 Registration No.: | |
| March Marc | | THE CHARLE CARE BAR IS | | | | 2000000 |
| Marrie Name | | | NG2000 PG2000 | 110000000000000000000000000000000000000 | | |
| Section Sect | | DC HILLDOO | | | 0000000 | |
| S | | 98772179 | | 0 | | |
| Company Comp | | 8 10 0 | | | | Lac Y |
| Procession Pro | | | | | | |
| March Marc | | Yes | NCD Entitlement(%) | 50 | Private Hire | No |
| ## A ACCIONET 2013-2015 Time of A ACCIONET Planim 17:50 County of ACCIONET Registers | | | | | | |
| Description | port Date | 30/03/2019 14:45 | Academ Report Within 24 hrs | Yes | Acadent Type | Collision - Change / Cross lane |
| Description | te of Accident | 29/03/2019 | Time of Accident hh:mm | 17:50 | Country of Accident | Singapore |
| Part | porting Centre | | Orange Force | | ICM No. | |
| Manual Price 100 00 | cident Location | CHANGI NORTH ST 1 TWDS UPP CHANGI | RD NORTH | | | |
| Control Stroke Control Con | Excess | | | | | |
| District Prisons | on damage Excess | 600.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| | named Driver Excess | 0.00 | Outside Singapore OD Excess | 600.00 | | |
| Part | int Party Excess | | | | | |
| Registration No | Benefits | | | | | |
| Registration No | | ation | | | | |
| Registration No. Colf Standa Varieties Page Colf Standa Varieties Colf Standa Varieties Page Colf Standa Varie | | | | GET Designation Cuts | | |
| Paticy-trollers Mailton Address New 2770 120-310 Address 2 Company Nations Paticy Funder Scriptor address Scriptor address Scriptor address Scriptor address Scriptor address Part Code S44277 S44271 S | | 1997 | | | Van | |
| Profice/holder Mailing Address Ores 1 | | | | was and the second | 11773 | |
| March Marc | | | | | | |
| ### STANDARD MADE COMPASSUALE LINK | Policyholder Mailing Ad | dress | | | | |
| STAGLORE EAL277 | | | Address 3 | COMPASSIVALE LINE | Address 3 | A Com La |
| Related Policy Number SC/00854435-G7 | | | | | | |
| ## PARTICIPATION TO THE PHILIP DITION TYPE Main Driver Name TAN CHING CHIE PHILIP TAN CHING CHING CHIE PHILIP TAN CHING CHI | | 201201-2112-1 | | | Post Code | 544277 |
| MAC Collect Company Collect Company Collect Company Collect | | | Related Postly Number | 5050859405-07 | | |
| Driver Name | | TAN CHING CHIVE PHILIP | Driver Tune | Make Preisur | | |
| Diver Age | | | | | Date: 0.00 | |
| Mary | | 17/10/1004 | | | | |
| Address I BLK 277D Address Type Address Type Address Type Snoppore address Ped Code 54227 Address Type Snoppore address Ped Code 54227 Address Type Snoppore address Ped Code 54227 Address Type Street Address Ped Code 54227 Address Type Street Address Ped Code 54227 Distant Instruct Company Distant Instruct Company Distant Instruct Company Any signsy? West One Any signsy? West One Any signsy? West One Any signsy? West One TAN OHING ONE PHILIP Desures Malic Systematic Ryse West One TAN OHING ONE PHILIP Desures Malic Systematic Ryse To Company The Company Th | | | | | | |
| Address Type In to. OJ-310 Ore (® No Ore | | | | | | Zidoneni. |
| E No. 03-310 Orser John Simplore Over @ No. Driver Vehicle No. Driver Vehicle No. Driver Insurer Company Javadon Any mgury Any mgury @ Yes Q No. Any mgury @ Yes Q No. Any mgury @ Yes Q No. Insured Name | | | | COMPASSVALE LINK | Address 3 | ASPELLA |
| Early Free Company Driver Detailed No. Driver Detailed No. Driver Detailed Company Driver Company Driver Detailed Company Driver | | | Address Type | Singapore address | Post Code | 544277 |
| Claration Any ingury? Any ing | | 03-310 | | | | |
| Any youry? Any youry? © Yee ○ No Insured Name TAN CHING CHYE PHILIP Insured Natic © S7145203D Theyence Natic © Yee ○ No Ol Yelvice Number WEST212D Theyence Number WEST21D Theyence Number WEST212D Theyence Number WEST212D Theyence Number WEST212D Theyence Number WEST212D Theyence Number | ses ne own a Singapore igistered car? | ○ Yes ® No | Driver Vehicle No. | | Driver Insurer Company | |
| Any wounty? Any wounty? Profesce Registered Submit 19. Submi | | | | | | |
| Any Page 1 Super Preferred Repair Option Septing Super Super Super Preferred Repair Option Super Preferred Workshop Cented Super Preferred Repair Option Super Preferred Repair Super Repair Super | | | | | | |
| Insured Name TAN CHING CHYE PHILIP Insured Name TAN CHING CHYE PHILIP Insured NATC \$7145203D Insured Name TAN CHING CHYE PHILIP Insured NATC \$7145203D Insured Name S2867437 Contact No. (Office) Insured Name S4867737D TH Vehicle Number VP7784U Insured Type Claimant Type Pease Select VP7784U Insured Name S4867737D TH Vehicle Number VP7784U Insured Name S4867737D Name of Preferred Workshop Insured Name S4867737D TH Vehicle Number VP7784U Insure | | 9 mg | Any injury? | Yes ○No | | |
| Attachment Attach | | | | | | |
| arm Type * | diffication History | | | | | |
| arm Type * | and the second s | | | | | |
| Intect No. [Modine] 36773176 Contact No. [Home] 52867437 Contact No. [Office] Interest No. [Modine] SH87717D TR Vehicle Number VP7784U Proceed Select V Type of Benefit * Please Select V Pensor Number VP7784U Proceed Number Proceed Number VP7784U Procee | Claim 001 New | | | | | |
| And A Comment No. (Moorie) Sep72376 Contact No. (Hoorie) Sep67437 Contact No. (Office) International N | | | | | | |
| Select S | im Type • | OD-MX | Insured Name | TAN CHING CHYE PHILIP | Insured NRIC | S7145203D |
| Attachment Attach | ritact No.(Mobile) | 98773176 | Contact No.(Home) | 62867437 | Contact No. (Office) | |
| Type of Benefit * Please Select V Imant Name * | all Address | Philiptanco@yahoo.com | Of Vehicle Number | SK87717D | TP Vehicle Number | YP7784U |
| mant Name * | iment Type Claimant Type • | Please Select | Type of Benefit * | Please Select. | | |
| Imanif Address Im Description SK877170 / YP7784U CN 29 Mar 2019 Insured Liability * Not at Fault V preferred Workshop Contact Insured Liability * Not at Fault V preferred Workshop, Name unknown V GIA report Received 30/03/2019 14:46 Oaim Close Date Date Received 30/03/2019 00:00 Print AK letter Save Submit Attachment Attachment Print AK letter Save Submit Callegory * Confidential Urgency * Description * Browse. Cear Please Select V No Normal V Browse. Cear Please Select V No Normal V | mant Name * | 22 | | | | |
| Insured Labitary * Not at Fault Live Finalisation Yes Preference Repair Option Preferred Workshop, Name unknown V GIA report Received V experience Registered S0/03/2019 14:46 Claim Close Date Date Date Received 30/03/2019 00:00 Print AK letter Save Submit: Ittachment Adent No. MT/1038109 Claim No. 001 Poc. Received 9 yes No Upload Date 30/03/2019 14:45 Path * Category * Confidential Urgency * Description * De | mant Address | | | | | |
| Insured Liability * Not at Fault uive Finalisation Yes Preferered Repair Option Preferred Workshop, Name unknown GIA report Received acknowled | m Description | 5KB77170 / YP7784U ON 29 Mar 2019 | | | Name of Preferred Workshop | |
| Preferred Repair Option Preferred Workshop, Name unknown V GIA report Received V GIA rep | | | Inquired Liability # | Note to Facility 1931 | - The state of the state of | |
| e Registered Sty03/2019 14:46 Claim Close Date Date Date Date Date Received 30/03/2019 00:00 Campaigner Date Date Date Date Date Received 30/03/2019 00:00 Campaigner Date Received 30/03/2019 00:00 Campaigner Date Date Date Date Date Date Date Date | ries Carifornia | Co. | | | | |
| Save Submit Save | | and the same of th | | Preferred Workshop, Name unknown | | 7.0 |
| Sava Submit Sava Sav | | The second secon | Claim Close Date | | Date Received | 30/03/2019 00:00 |
| Save Submit | ort Taken By | Jackson | | | | |
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