Date In: 41/19 - 15:03				
Par No 1 19 - 15:63	Job description	Date &Time Completed	Do	ne by
Rel No: NA INCIGO 05960/24	SAS e-filing		l	
Veh No: JAWINSE	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 4/4/19-09:45	i-Motor Claim Form	M7 1038761-001	4/4/19	11:32
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2	hrs, TP 4hrs)		
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report	The second secon		
	Ass't Report by Fax / Hane	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tol:	Fax:	
TP Particulars: Veh No: Shn 79	ngu. INC	( )/Non-INC( ).	-	
Owner / Driver: (		Tel:	)	- 0.5
Policy No: ( ) Perio	od: (	Cover Type: (	)	
Confirmed by: (	Date:	Time:	)	
Insured/Driver Liability: ( %) [No	ote-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-1	100%1	-
	arranty: YES ( )/NO (	1		-
Excess: (\$ ) Loading: \$1,000		<i></i>		
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A STATE OF THE PROPERTY OF THE			S. 694 S	
Walk-In Customer : Customer's information	ation strictly Confidential & S	trictly NO refer of repairer.		-
( ) Total Loss Case : to e-mail Insurer l	URGENTLY.		-	
B :				-
// / / / / / / / / / / / / / / / / / /	VES ( ) / NO / \.			
y, invoice. I	YES( )/NO( );	Towing Co: (	-	)
Remarks: . (INC horline: 6788 6616)	YES( )/NO( );		Don	)
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Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/ Cour  2) QC Check / Post Repair Inspection	ertesy Car ( )		Don	) eby
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/ Cour  2) QC Check / Post Repair Inspection	artesy Car ( )		Don	) s by
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Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/Cour  2) QC Check/Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000 Injury:	ertesy Car ( )		Don	) s)by
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/Cour  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000 Injury:	ertesy Car ( )		Don	) sby
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Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/Cour  2) QC Check/Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000 Injury:	ertesy Car ( )		Don	) sby
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/Cour  2) QC Check/Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000 Injury:	ertesy Car ( )		Don	) sby
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Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Cour  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000  Injury:  Date/Time Actions  Actions  Actions  Liminal's Particulars:  Ver/Owner:	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Th For claiming age	Date&Time Completed  Daration Checklist  Reporting (\$30); Assessment (\$100); INC (\$80 rough Survey \$100 rough Survey (Resurvey) \$20 ainst INC Only (wef 10 Jan 2005)	Ant (S)	Ame
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Cour  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000  Injury:  Date/Time Actions  Actions  Actions  Liminal's Particulars:  Ver/Owner:	Invoice Pre  Invoice Pre  I) AR: Accident  2) DA: Damage  3) TF: Towing F  4) FT: Follow-Th  For claiming ag  6) TR: Re-inspec	Date&Time Completed  Daration Checklist  Reporting (\$30); Assessment (\$100); INC (\$80 rough Survey \$10 rough Survey (Resurvey) \$10 ainst INC Only (wef 10 Jan 2005) ion	Amit (S) (At Bill ) (At Bill ) (At Bill ) (At Bill )	Ame
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Cour  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000  Injury:  Pate/Time Actions  Actions  Heart/Serticulars:  Ver/Owner:  Hact No:	Invoice Pro  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA +	Date&Time Completed  Date&Time	Amit (S)   fat Bill     145   120   130	Ame
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( ) / Cour  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000  Injury:  Date/Time Actions  Actions  Algory Particulars:  ver/Owner:  stact No:  maged Portion:	Invoice Pre    Invoice Pre   1) AR: Accident   2) DA: Damage     3) TF: Towing F   4) FT: Follow-Th   5) FT: Follow-Th   For claiming as   6) TR: Re-inspec   7) N1: Idac DA +   8) NTUC Addition	Date&Time Completed  Date&Time	Amit (S) (At Bill ) (At Bill ) (At Bill ) (At Bill )	Ame
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( ) / Cour  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000  Injury:  Date/Time Actions  Actions  Algory Particulars:  ver/Owner:  stact No:  maged Portion:	Invoice Pre    Invoice Pre   1) AR: Accident   2) DA: Damage   3) TF: Towing F   4) FT: Follow-Tr   5) FT: Follow-Tr   For claiming as   6) TR: Re-inspec   7) N1: Idac DA +   8) NTUC Addition   OD **	Date & Time Completed  Date & Time Completed  Date & Time Completed  Date & Time Completed  Reporting (\$30); Assessment (\$100); INC (\$80); Assessment (\$100); INC (\$100); Assessment	Ant (5)  fit Bill  20  30  75  60	Ame
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( ) / Cource / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000 Injury :  Date/Time Actions  Actions  Manual Straight Str	Invoice Pre    Invoice Pre   1) AR: Accident   2) DA: Damage     3) TF: Towing F   4) FT: Follow-Th   5) FT: Follow-Th   For claiming as   6) TR: Re-inspec   7) N1: Idac DA +   8) NTUC Addition   OD!*   *N5: Courtesy (   *N6: Repair Co	Date & Time Completed  Date &	Ant (S)  fit Bill  120 130 175 60	Ame
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/ Cou  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000  Injury:  Date Time Actions  Minant's Particulars:  ver/Owner:  naged Portion:  Checked by (Engr-In-Charge):	Invoice Pro  1 Invoice Pro  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA + 8) NTUC Addition OD!*  *N5: Courtesy *N6: Repair Co *N7: Fost Repair	Date & Time Completed  Date & Time Completed  Date & Time Completed  Date & Time Completed  Reporting (\$30);  Assessment (\$100); INC (\$80  Frough Survey (Resurvey)  Significant (\$100); INC (\$80  See \$40/3  Frough Survey (Resurvey)  Significant (\$100); INC (\$80  See \$40/3  Frough Survey (Resurvey)  Significant (\$100); INC (\$80  See \$40/3  Frough Survey (\$100); INC (\$80  See \$40/3  Frough Survey (\$100); INC (\$80  See \$40/3  Frough Survey \$1	Ant (\$)  fit Bill  330  775  60  \$55  10  25	AAL(
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( ) / Cource / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000 Injury :  Date/Time Actions  Actions  Male 2448  umant's Particulars: ver/Owner:  naged Portion:  Checked by (Engr-In-Charge):	Invoice Pro  ( )  ( )  ( )  ( )  ( )  ( )  ( )  (	Date & Time Completed  Date & Time Completed  Date & Time Completed  Date & Time Completed  Reporting (\$30); Assessment (\$100); INC (\$80 or \$40/3 or \$100 or \$	Ant (S)  fit Bill  120 130 175 60	Ame
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/ Cource ( )/ Courc	Invoice Pro  ( )  ( )  ( )  ( )  ( )  ( )  ( )  (	Date & Time Completed	State (5)  Fit Bill  120 130  175 60  53 10 225 33 30	Ame

#### SINGAPORE ACCIDENT STATEMENT

#### 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.
- 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.

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	04/04/2019 10:00
Date Of Accident	04/04/2019 09:45
Exact Location Of Accident	ALONG UBLAVE 4
Country/State of Loss	
	SINGAPORE DETAILS OF OWN VEHICLE
Vehicle Registration Number	
	SFW1123E
Insured/Policyholder	
Name Of Registered Owner	ONG THIAM CHAI
NRIC No	S1170466B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96848025
Alternative Phone No	OFFICE-96848025
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS 1.5E M
Exact Purpose for which vehicle was being used at time of accident	TEST
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	5037133275-09
Cover Note Number	
Driver	
Name of Driver	AMELIA LIM KIM YEE
NRIC No	TODA6336H

NRIC No T0046336H Date Of Birth 13/12/2000 Occupation **INDOOR** Date Of Driving Pass 04/04/2019

**Driving Experience** 0 YEAR AND 0 MONTH

Gender MALE

Mobile Number (LOCAL) +65-81016454

Fax Number

Contact Number OFFICE-81016454

EMail Address NOEMAIL Address 89 FIDELIO STREET

Postcode 458465

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - INSTRUCTOR

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Passenger 1

NO 2

NO

NAME: : ONG THIAM CHAI

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS TRAFFIC JUNCTION WAS RED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

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 SGN3929U

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number S9870598H

Contact Number

Address

Postcode

Insurance Company Name

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature

Date & Time:

Driver's Signature

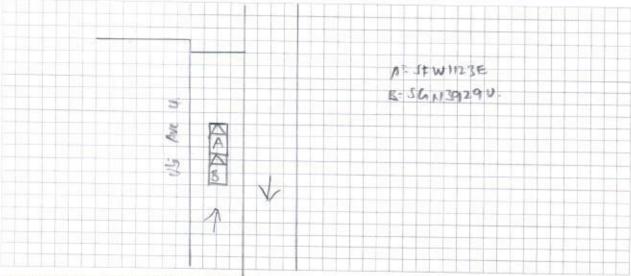
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne Signature

Name:

NRIC/FIN No.:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Hostemeny.			
	/		
1			

I/We declare the for articulars 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 .:

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. T0046336H





AMELIA LIM KIM YEE

欣

Race CHINESE

Date of birth 13-12-2000

Country/Place of birth SINGAPORE

5457195



17-04-2015

89 FIDELIO STREET SINGAPORE 458465

## **Qualified Driving Licence**

You are not a valid Singapore Driving Licence Holder.

# **Provisional Driving Licence**

**Provisional Driving Licence Number** 

T0046336H

Status of Provisional Driving Licence

Valid

Class(es) of Provisional Driving Licence

3

**Expiry Date** 

30/01/2021

<b>eBao</b> Tech				1 1 3 M						Genera	alClaim
Hello, NAC_PAYA_UBI_800 My Desktop							• Chang	e Language	· Chang	e Password	↑ Log Ou
Notice of Loss	Poli	cy Query									
1,000,000,000	Policy I	No.				Date	of Accident		04/04/2019 0	9:45	
	Vehicle	No.(For Motor)	SFW1	123E		Cert	ificate Number	- 1			
						Search	I				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence	Expiry Date
	0	5037133275- 09		ONG THIAM CHAI	S1170466B	GPC	drivo CLASSIC	SFW1123E	SFW1123E	27/06/2018	26/06/2019

Certificate	5037133275-09	Name	ONG THIA	n CHAI	Policyholder NRIC	S1170466B	
No.							
Address	BLK 412 #08-367 PASIR RIS D	RIVE 6 SINGAR	ORE 51041	2			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	11/05/2018	Effective Date	27/06/201	8 00:00	Expiry Date	26/06/2019 23	3:59
Excess Type		All Claims Excess					
Third Party	0	Own	600		Windscreen	12.50	
Excess	m	damage Excess	600		Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore		Outside					
OD	600	Singapore TP Excess	0			Young	/Inexperience Driver Excess
xcess		IF EXCESS					
Agent	LIM HUP HENG MOTOR & CO	Agent Tel.	64566128		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy!	holder Mailing Address						
Address 1	BLK 412 #08-367	Addre	ss 2	PASIR RIS DRIVE 6	i	Address 3	SINGAPORE 510412
Address 4		Addre	ss Type	Singapore address		Post Code	510412
Unit No.		Relate Numb	ed Policy er	5037133275-09			
ARTES CONTRACTOR	d Object: SFW1123E						
1 Insure	ALAN DE VIEW D						
□ Insure     □ Endors     □ Endors	sements						

rolley No.					
	5037133275-09	Vehicle No.	SFW1123E	GST Registration No.	
ertificate No.				777	
Olicyholder Name	DNG THIAM CHAI			Policyholder NR3C	511704668
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
orkact No.(Mobile)	96848025	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	n: V
K.	® No ○ Yes	TCA	No ○ Yes	eCode Reason	A source
CO Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
eport Date	04/04/2019 11:35	Acadent Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ate of Accident	04/04/2019	Time of Accident hh:mm	09:45	Country of Accident	Singapore
eporting Centre	State Colonical Colonical	Orange Force		ICM No.	
coldent Location	ALONG UBI AVE 4				
P Excess					
wh demage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
nnamed Driver Excusa	2,500.00	Outside Singapore OD Excess	600,00		
and Party Excess	0.00	Outside Singapore TP Excess	0.00		
7 Benefits	MACCON TO THE PARTY OF THE PART				
F GST Registered Inform TRegistered					
T Registered	No		<b>GST Registration Date</b>		
odification History			GST Status Verified	Yes	
Policyholder Mailing Ad	fdreau				
dress 1	BLK 412 ±08-367	Address 2	PASIR RIS DRIVE 6	Address 3	SINGAPORE 510412
dress 4		Address Type	Singapore address	Post Code	510412
nt Na		Related Policy Number	5037133275-09	Samona digitari	
OI Driver Info					
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	AMELIA LIM KIM YEE	Driver NRIC	T0046336H	Driver DOB	13/12/2000
gister Date of Driver License	04/04/2019	Oriver Age	18	Orlying Experience	0
mact No (Mobile)	81016454	Comact No. (Office)	0	Contact No.(Home)	0
Idress 1	89 FIDELIO STREET	Address 2	OPERA ESTATE	Address 3	SINGAPORE 458465
dress 4		Address Type	Fingapore address	Post Code	458465
nt No.					11-200
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
5500969074		56500 200 39 19 19 19 19		error master company	
deration					
make his comment of the comment of t					
oathalyser or Blood Test ading?	0 mg	Any injury?	○ Yes ® No		
eathalyser or Blood Test ading?	0 mg	Any mjury?	○ Yes <b>®</b> No		
eathalyser or Blood Test leding? diffication History	0 mg	Any injury?	○ Yes <b>®</b> No		
Incation History	0 mg	Any squry?	○ Yes <b>®</b> No		
Incation History	0 mg	Any injury?	○ Yes <b>®</b> tvo		
Incation History		Any injury?	○ Yes <b>®</b> No		
Distriction History  Claim 001 New	0 mg	Any injury? Insured Name	○ Yes (② No  ONG THIAM CHAI	Insured NRIIC	\$11704665
Claim OO1 New		551.6765	221/2004/2019	Insured NRIIC Contact No.(Office)	511704665
Incation History  Italian 001 New  Im Type +  Nact No.(Mobile)	OD-MX	Insured Name	ONG THIAM CHAI	Contact No.(Office)	
Incation History  Italian 001 New  Im Type *  Itact No. (Mobile)  ail Address	GD-MX 96848025	Insured Name Contact No.(Home)	ONG THIAM CHAI		\$11704665 \$GN3929U
Incation History  Italian 001 New  Im Type *  Itact No. (Mobile)  all Address Imant Type Claimant Type *	GD-MX 96848025	Insured Name Contact No.(Home) OI Vehicle Number	ONG THIAM CHAI NIL SPW1122E	Contact No.(Office)	
Incation History  Italiam 001 New  Im Type +  Nact No. (Mobile)  all Address ment Type Claimant Type + mant Name +	CD-MX   V   S6848025   Please Salect   V	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit +	ONG THIAM CHAI NIL SPW1122E	Contact No.(Office)	
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Incation History  Claim 001 New  Im Type + Intact No.(Mobile) all Address Imant Type Claimant Type + Imant Name + Imant Address Im Description	COL-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit +	ONG THIAM CHAI NIL SPW11226 Please Select	Contact No.(Office)	
Incation History  Claim 001 New  Im Type + Nact No.(Mobile) ail Address ment Type Claimant Type + Imant Name + Imant Address Im Description  Formed Workshop Correct	COL-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Claimant NRIC +	ONG THIAM CHAI NIL SPW11236 Please Select V	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop	SGR3929U
Incation History  Claim 601 New  Im Type + Nact No. (Mobile) ail Address Imant Type Claimant Type + Imant Name + Imant Address Im Description  Farred Workshop Contact Inter Finalisation	CO-MX   V   96848025   Plasso Salect   V   E   E   E   E   E   E   E   E   E	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liabsky * Preferend Repair Option	ONG THIAM CHAI NIL SPW11226 Please Select	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SGR1929U
Infraction History  Italian 601 New  Im Type * Itact No. (Mobile)  all Address Imant Type Claimant Type * Imant Address Im Description Imant Address Imant	CO-MX   V   96848025   Please Salect   V   22   22   23   24   24   24   24   24	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	ONG THIAM CHAI NIL SPW11236 Please Select V	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop	SGR3929U
Mexicon History  Islim 001 New  Type +  tact No. (Mobile)  Isl Address ment Type Claimant Type + ment Address m Description served Workshop Contact ure Finalisation  Rapistered and Taken By	CO-MX   V   S6848025   Please Salect   V   Except   Exc	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liabsky * Preferend Repair Option	ONG THIAM CHAI NIL SPW11236 Please Select V	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SGR1929U
Initiation History  Italim 001 New  Im Type + tact No. (Mobile) bit Address Imant Type Claimant Type + mant Name + mant Address Im Description serred Workshop Contact ure Finalisation or Taken By	CO-MX   V   S6848025   Please Salect   V   Except   Exc	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liabsky * Preferend Repair Option	ONG THIAM CHAI NIL SPW11236 Please Select V	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SGR1929U
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in Type + tact No.(Mobile) all Address mant Type Claimant Type + mant Address mont Type Claimant Type + mant Address m Description terred Workshop Contact uire Finalisation e Registered out Taken By Print AK letter	CO-MX   V   S6848025   Please Salect   V   Except   Exc	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit + Claimare NRIC *  Insured Liability * Preference Repair Option Claim Close Date	ONG THIAM CHAI  NIL  SPW1122E  Please Select  Not at Pault  Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SGR1929U
Incation History  Claim 001 New  Im Type +  Nacct No. (Mobile)  ail Address ment Type Claimant Type + Imant Address im Description formed Workshop Correct pure Finalisation  a Registered nors Taken By  Print AK letter  Ittachment	CO-MX   V   S6848025   Please Salect   V   Except   Exc	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit + Claimare NRIC *  Insured Liability * Preference Repair Option Claim Close Date	ONG THIAM CHAI  NIL  SPW1122E  Please Select  Not at Pault  Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SGR1929U
Incation History  Italiam 001 New  Im Type *  Ital No. (Mobile)  all Address Imant Type Claimant Type * Imant Name * Imant Address Im Description  Formed Workshop Contact Incre Finalises on  Registered Ord Taken By  Print AK letter  Itachment	GO-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liabsky * Preferend Repair Option Claim Close Date	ONG THIAM CHAI  NIL  SPW11276  Please Select  Not at Pault  Preferred Workshop, Name urknown  Save Submit	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SGR1929U
Incation History  Claim 601 New  Im Type +  Nact No. (Mobile)  ail Address  ment Type Claimant Type +  Imant Address  m Description  Farred Workshop Correct  pure Finalsacion  a Registered  nors Taken By  Print AK letter  Ittachment  dent No.	GO-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liabsky * Preferend Repair Option Claim Close Date	ONG THIAM CHAI  NIL  SPW1122E  Please Select  Not at Pault  Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SGR1929U
Initiation History  Italiam 001 New  Im Type + Itact No. (Mobile)  all Address Imant Type Claimant Type + Imant Address Im Description Index Homes Italian Inter History I	GO-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liabsky * Preferend Repair Option Claim Close Date	ONG THIAM CHAI  NIL  SPW11276  Please Select  Not at Pault  Preferred Workshop, Name urknown  Save Submit	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SGR1929U
Infraction History  Italiam 001 New  Im Type + Itact No. (Mobile) Isil Address Imant Type Claimant Type + Imant Name + Imant Address Im Description Island Workshop Contact Inter Finalisation Island Workshop Contact Inter Finalisation Inter F	GO-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Claimans NRIC +  Insured Liability + Preferend Repair Option Claim Close Date  Claim No. Upload Date	ONG THIAM CHAI  NIL  SPW1123E  Please Select  V  Not at Fault  Preferred Workshop, Name unknown  OO1  D4/04/2019 11:38  Category •	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SGR3929U  Received  04/04/2019 00:00
Incation History  Claim 601 New  Im Type +  Nact No. (Mobile)  ail Address  ment Type Claimant Type +  Imant Address  m Description  Farred Workshop Correct  pure Finalsacion  a Registered  nors Taken By  Print AK letter  Ittachment  dent No.	GO-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liabsky * Preferend Repair Option Claim Close Date	ONG THIAM CHAI  NIL  SPW1123E  Phose Scient  V  Not at Pault  Preferred Workshop, Name unknown  O01  04/04/2019 11:38  Category •	Contact No.(Office) TP Vehicle Number  Name of Preferres Workshop  GIA report Date Received	SGR3929U  Received  04/04/2019 00:00
Inication History  Claim 001 New  Im Type + Intact No. (Mobile) all Address Immant Type Claimant Type + Immant Address Immant Address Imm Description Farred Workshop Correct Injure Final-section is Registered pors Taken By Print AK letter  Ittachment	GO-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Claimans NRIC +  Insured Liability + Preferend Repair Option Claim Close Date  Claim No. Upload Date	ONG THIAM CHAI  NIL  SPW1123E  Phose Select  V  Not at Pault  Preferred Workshop, Name unknown  O01  04/04/2019 11:38  Category •  Cear Please Select	Contact No.(Office) TP Vehicle Number  Name of Preferres Workshop  GIA report Date Received  Confidential Urgeno	SGR3929U  Received  04/04/2019 00:00
dification History	GO-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Cleimans NRIC +  Insured Liability + Preferend Repair Option Claim Close Date  Claim No. Upload Date	ONG THIAM CHAI  NIL  SPW11236  Please Select  V  Not at Pault  Preferred Workshop, Name unknown  O01  O4/04/2019 11:38  Category •  Chear  Please Select  Clear  Please Select	Contact No.(Office) TP Vehicle Number  Name of Preferres Workshop  GIA report Date Received  Confidential Urgence With Wormal	SGR3929U  Received  04/04/2019 00:00

