NATIONAL Assessment Co	Job description		Date & Time Com	pleted		
Date In: 614/19-13:34					_	
Ref No: NA [INCH 30 613] /24	SAS e-filing					i
Veh No: J kz83027	E-mail (within Shr.	i				_
D.O.A: 3/4/19-18:10	i-Motor Claim		My 1039579-0	31 94	19 14:	16
OD TP! Reporting Only	i-Motor W/O (v	Within: OD 2hrs, 7	' 4 hrs)			
	i-Photo Upload	ed				
TP Insurer:	Assessment/Surv	ey Report				
11 110000	Ass't Report by I	Fax / Hand to C	wner/Wksp			
Preferred Wksp / INC Assign Wksp / QV	l: (Tel:	Fax:)
TP Particulars: Veh No:	SK 37735K	. INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: (Period: () (Cover Type: ()	
Confirmed by : (Date:	Time:			
Insured/Driver Liability: (%) [Note-Est. Status (WC		; P: 21-79%.	F: 80-100%	o]	<u> </u>
Year of Registration: ()/NO()				
	:\$1,000()/\$2,000()	Samuel R. T. Company	#1.5000 255.2.C	THE STATE OF	
General Remarks:-		en jagen a		120000	1000	
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Continuity : Date/Time Actions.	()				Picosk) 1#	
PSPCcDIAN		Invoice Prepa	ration Checkl	St.	Ant (S)	Amt (\$)
Laumant's Particulars :-		1) AR : Accident R		TNIC (ESM)		
river/Owner:	3	2) DA : Damege A: 3) TF : Towing Fee		INC (\$80) \$40/\$45		
) FT : Follow-Thr	ough Survey (Resurv	\$120 (cy) \$30		
ontact No:		For claiming aga	inst INC Only (wef	10 Jan 2005)	No supply	1000
		CATD . De in-menti		2/2		DESCRIPTION DATE OF
amaged Portion:		5) TR : Re-inspecti 7) N1 : Idao DA + 3	MRT Survey	\$75 \$160	-	
		7) N1 : Idae DA + 8 8) NTUC Addition OD * *N5: Courtesy C	MRT Survey	\$160		
C Checked by (Engr-In-Charge):		7) N1 : Idae DA + 5 8) NTUC Addition	MRT Survey al Services:- or / Tpt Allowance ordination	\$160		
C Checked by (Engr-In-Charge):		7) N1 : Idao DA + 1 8) NTUC Addition: OD * *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Collect	MRT Survey of / Tpt Allowance ordination Inspection of Excess Coordination	\$3 \$3 \$10 \$25 \$00 \$3		
amaged Portion: C Checked by (Engr-In-Charge): aditors' Comments:: 1. 1. 1. 2 / 3:		7) N1 : Idao DA + 1 8) NTUC Addition: OD * *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Collect	MRT Survey of Services:- or / Tpt Allowance ordination Inspection of Excess Coordination In INC) against INc	\$3 \$3 \$10 \$25 \$00 \$3		

e epet of

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 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.
- 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.
- 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.

aforesaid.	a the second sec
Company of the second	ACCIDENT STATEMENT
Date Of Report	06/04/2019 13:34
Date Of Accident	05/04/2019 18:10
Exact Location Of Accident	SLIP RD SINARAN DR TWDS IRRAWADDY RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ8302J
Insured/Policyholder	
Name Of Registered Owner	NGAN SOK YEE
NRIC No	S7941033J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93870074
Alternative Phone No	OFFICE-93870074
Vehicle Particulars	The state of the s
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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
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	5077598698-03
Cover Note Number	
Driver	
Name of Driver	NGAN SOK YEE
NRIC No	S7941033J
Date Of Birth	31/12/1979
Occupation	INDOOR
Date Of Driving Pass	16/04/2001
Driving Experience	17 YEARS AND 11 MONTHS
AND THE RESERVE OF THE PARTY OF	THE CONTRACTOR OF THE PROPERTY

FEMALE

NOEMAIL

(LOCAL) +65-93870074

OFFICE-93870074

BLK 445 ANG MO KIO AVENUE 10 Address

#03-1649

Postcode 560445

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 - 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?

YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

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?

Was there any audio recorded?

NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLS3775K

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NG YANG XI

NRIC/Passport Number

Contact Number

97342647

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

NGAN SOK YEE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode BODY

SKZ8302J

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <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.
- 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 aforesald.
- 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 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 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:
 - 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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Port

nel's Signature

NRIC/FIN No.:

SKETCH PLAN
(A) SKZ 8302 J
(B) 9L8 3775 K
Sinaran Drive.
anddy y
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On 05/04/19 at Ca 1809 hrs. I was travelling in my school
(SKZ 8302J) along Strason Dove stop road Into Irrawaddy Road before
the zebra crossing wasting to turn left into Irrawaldy Road. After
the taxi ahead of me more off, I saw a pretes perdestrain running
towards the zebra crossing and I stopped my vehicle. Suddenly, a

(SKZ8302J) along Senaran Drive stop road Into Irrawaddy Road before
the representations westing to turn left into brownedly Road After
the taxi ahead of me more off, I saw a predes perdestrain running
towards the zebra crossing and I stopped my vehicle. Suddenly, a
ar (363 3775 K) from behind colleded onto the new portrat of
my vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholden's Signature Date & Time: Driver's Signature (If driver is hat the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

/ehicle No.	SKZ 83023 Model/Make HONDA VEZEL.
Date of Accident	05/04/19.
lime of Accident	1809 - HRS
ocation of Accident	Sinaran Drive slip road Into Irrawactly Road.
xact purpose use during accid	
Name of Owner	Ngan Sok Yee.
Telephone No.	H/P: 93%7 5074. Home: Office:
NRIC	2 T9410333 ·
Address	BLK 445 Ang Me HEO AVE 10 \$ 63-1649 (8) 560445.
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC.
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	1077598698-02.
Name of Driver	As Above If No,
NRIC	Any Passengers: N-1
Date of birth	31/12/1979.
Occupation	Outdoor / Indoor
Driving License Pass Date	16 104 / 2001.
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state owner
Weather condition (Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	Ngan Sok Yee (HIR: 9387 0074)
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	213 3775 K Any Passengers: N-A
Name of Driver	Ng Yang X; Contact No.: 9734 2647.
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Rear Portion -
Camera Recorder	Yes / No)
Email Address	njeslyn 79 @ yakoo - com.
Email Address	Heartyn 17 @ garage Cort
PARTICULAR WORKSHOP	N-51
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Huixin.
FAX NO	6741 0510
WORKSHOP EMAIL APDRESS	



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7941033J





NGAN SOK YEE

颇 淑 仪

CHINESE

31-12-1979 F SINGAPORE

E7941035

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

PASS DATE

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms



S7941033J

08-03-2010

APT BLK 445 ANG MO KIO AVENUE 10 #03-1649 SINGAPORE 560445



Certific	cate of Insurance
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENS, MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENS, ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (N	ATION) RULES, 1960
Certificate Number: 5077598698-02	Cover : drive CLASSIC
1. Index mark and Registration Number of Vehicle	: SKZ83021
Chassis Number	: RU11110245
2. Name of Policyholder	: NGAN SOK YEE
3. Effective Date of Insurance	: 04 Feb 2018
4. Expiry Date of Insurance	: 03 Feb 2019
 Persons or Classes of Persons entitled to drive# (a) The Policyholder. 	
(b) Any other person who is driving on the Policyho	older's order or with his/her permission.
Provided that the person driving is permitted in the Motor Vehicle or has been so permitted an enactment or regulation in that behalf from dri 6. Limitations as to Use#	accordance with the licensing or other laws or regulations to drive d is not disqualified by order of a Court of Law or by reason of any ving the Motor Vehicle.
	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 s	
(c) Use for the carriage of goods (other than samp	les) in connection with any trade or business.
(d) Use for any purpose in connection with the Mo	
# Limitations rendered inoperative by Section 8 o Act (Chapter 189) and Section 95 of the Road Tr headings.	of the Motor Vehicle (Third Party Risks and Compensation) ransport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	: \$\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
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	: NGAN SOK YEE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS
I/We hereby Certify that the Policy to which this Certifi Vehicles (Third Party Risks and Compensation) Act (Cha Agency : SAFE HARBOUR ENSURANCE (00 Date of Issue : 26 Dec 2017 09:16 hrs	cate relates is issued in accordance with the provisions of the Motor apter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
	For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Jones	W_
014	
Countersigned By: Authorised Offic	cer Chief Executive
Authorised Offic	Cillet Executive

									Genera	alClaim
1						• Change	Language	> Chang	e Password	· Log Ou
Poli	cy Query									
Policy N	No.				Date	of Accident	0	5/04/2019 1	18:10	
Vehicle	No.(For Motor)	SKZ83	023	- 1	Certifi	cate Number				
				1	Search					
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5077598698- 03		NGAN SOK YEE	\$79410333	GPC	drivo CLASSIC	SKZ83023	SKZ8302J	04/02/2019	03/02/2020
	Policy ? Véhicle	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. 5077598698- 03	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Select Policy No. Sor7598698- 03	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Name 0 5077598698- 03 Policyholder Name NGAN SOK YEE	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Name NRIC 5077598698- 03 Policyholder NRIC NGAN SOK S79410333	Policy Query Policy No. Date Vehicle No. (For Motor) SKZ83023 Certificate Select Policy No. No. Certificate Number Policyholder Name NRIC NRIC Product NRIC NGAN SOK S79410333 GPC	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Search Select Policy No. Certificate Policyholder Name NRIC Number Name NRIC Sor77598698- NGAN SOK STANDARD COST Office Offic	Policy Query Policy No. Date of Accident O Vehicle No.(For Motor) SKZ83023 Certificate Number Select Policy No. Certificate Number Name NRIC Product Cover Type No. 5077598698- NGAN SOK SZ8410323 CFC drivo CYZ00000	Policy Query Policy No. Date of Accident O5/04/2019 1 Vehicle No.(For Motor) SEBECT Policy No. Certificate Number Select Policy No. Certificate Policyholder Policyholder Policyholder Policyholder Number Name NRIC Product Cover Type Vehicle Insured No. Object O5077598698- NGAN SOK STRANDAN OFFICE OFFICE OFFICE NO. ODJECT	Policy Query Policy No. Date of Accident 05/04/2019 18:10 Vehicle No. (For Motor) SKZ83023 Certificate Number Select Policy No. Certificate Number Name NRIC Product Cover Type No. Object Date O5/077598698- NGAN SOK \$28410323 CFC drivo CATABOAN SWITTERS

Policy No.	5077598698-03	Policyholder Name	NGAN SOR	YEE	Policyholder NRIC	579410333	
Certificate No.		A PARTICIPATION OF THE PARTICI			NKIC		
Address	BLK 445 #03-1649 ANG MO KI	O AVENUE 10 S	SINGAPORE	560445			
Product Name	PRÍVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	17/01/2019	Effective Date	04/02/201	9 00:00	Expiry Date	03/02/2020 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	SAFE HARBOUR ENSURANCE	Agent Tel.	63823203		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 445 #03-1649	Addre	ss 2	ANG MO KIO AVEN	UE 10	Address 3	SINGAPORE 560445
Address 4		Addre	ss Type	Singapore address		Post Code	560445
Jnit No.	01-02	Relate Numb	ed Policy er	5077598698-03			
	d Object: SKZ83023						
D Insure	d Object: SK283023						
D Insure	504012-0001 01001 01001 0100 000 000 000 000 0						

Icy No.	5077598698-03	Vehicle No.	SKZ8302)	GST Registration No.	
tificate No.					
cyholder Name	NGAN SOK YEE			Policyholder NRIC	579410333
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ttáct No.(Mobile)	93870074	Contact No. (Office)	0	Contact No.(Home)	0
ail Address		Special Remark		eCode	
6	® No ○ Yes	TCA	® No ⊜ Yes		No. V
D Protection	No		1.55	eCode Reason	
Accident Details	277	NCD Entitlement(%)	50	Private Hire	No
ort Date	06/04/2019 14:14	120020020000000000000000000000000000000			
		Accident Report Within 24 hrs.	Yes	Academ Type	Collision - Head to Rear
e of Accident	05/04/2019	Time of Accident hh:mm	18:10	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
dent Location	SLIP RD SINARAN DR TWDS IRRAWADDY #	D			
Excess					
r damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	0.00	Outside Singapore OO Excess	600.00		
rd Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Inform	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
Ification History			A. 100000 - 2010-000 - 2011-000	7,00	
Policyholder Mailing Ad					
iress 1	BLK 445 #03-1649	Address 2	ANG MO KTO AVENUE 10	Address 3	SINGAPORE \$60445
iress 4		Address Type	Singapore address	Post Code	560445
I No.	01-02	Related Policy Number	5077598698-03		
OI Driver Info	40177-20013				
er Name	NGAN SOK YEE	Driver Type	Main Driver		
amed driver Name		Driver NRIC	579410333	Driver DOB	31/12/1979
ister Date of Driver License	16/04/2001	Driver Age	19	Driving Experience	17
fact No.(Mobile)	93870074	Contact No.(Office)	0	Contact No.(Home)	0
ress 1	BUC 445	Address 2	ANG MO KIO AVENUE 10	Address 3	SINGAPORE 560445
iress 4		Address Type	Singapore address	Post Code	560445
t No.	03-1549				Security
	05-1949				
s he own a Singapore		Organization No.			
es he own a Singapore estered car?	Yex ® No	Oriver vehicle No.		Oriver Insurer Company	
stered car?		Oriver vehicle No.		Oriver Insurer Company	
stered car? aration sthalyser or Blood Test		Oriver vénicle No. Any injury?	® Yes ○ No	Driver Insurer Company	
istered car? laration echalyser or Blood Test	○Yes ® No	And the second	® Yes ○No	Oriver Insurer Company	
es he own a Singapore patered car? Paration pathalyser or Blood Teat dding?	○Yes ® No	And the second	® Yes ○No	Oriver Insurer Company	
istered car? laration ethalyser or Blood Teat drug?	○Yes ® No	And the second	® Yes ○No	Oriver Insurer Company	
stered car? chalyser or Bload Teat lang? Incation History	○Yes ® No	And the second	® Yes ○No	Oriver Insurer Company	
stered car? station chalyser or Blood Test ling?	○Yes ® No	And the second	® Yes ○No	Oriver Insurer Company	
stered car? aration stratyser or Blood Test drug? fication History aim 001 Naw:	○ Yest ® No.	Any injury?	N. 45000 45000	Section configuration	
stered car? aration schalyser or Blood Test drop? fication History aim 001: New	○ Yest ® No O mg	Any injury? Insured Name	NGAN SOK YEE	Insured NRIC	579410331
stered car? stration stratyser or Blood Test straty fication History aim 001 Naw: Type *	○ Yest	Any injury? Insured Name Contact No.(Home)	NGAN SOK YEE 64539459	Insured NR3C Contact No.(Office)	
aration shalpser or Blood Teat ling? Fication History aim 001: New:	☐ Yes	Any injury? Insured Name Contact No.(Home) OI Vehicle Number	NGAN SOK YEE 64539459 SKZ83023	Insured NRIC	57941033J SL53775X
stered car? stalyser or Blood Test ling? Ication History sim 001 Naw: Type * sct. No.(Mobile) Address sant Type Claiment Type *	O mg OD-MX 93870074 njestyn79@yahoe.com Phease Select	Any injury? Insured Name Contact No. (Home) Of Valuate Number Type of Benefit +	NGAN SOK YEE 64539459	Insured NR3C Contact No.(Office)	
stered car? chalyser or Blood Teat ling? Scatton History aim 001 New Type * act No.(Mobile) Address ham Type Claiment Type * ant Name *	☐ Yes	Any injury? Insured Name Contact No.(Home) OI Vehicle Number	NGAN SOK YEE 64539459 SKZ83023	Insured NR3C Contact No.(Office)	
stered car? chalyser or Blood Teat ling? Scatton History sim 001 New Type * sct No.(Mobile) I Address ham Type Claiment Type * ham Name * ham Name *	O mg OD-MX 93870074 Njestyn79@yahoo.com Please Select ≥≥	Any injury? Insured Name Contact No. (Home) Of Valuate Number Type of Benefit +	NGAN SOK YEE 64539459 SKZ83023	Insured NR3C Contact No.(Office)	
stered car? chalyser or Blood Teat ling? fication History aim 001 New Type * act No.(Mobile) ii Address nent Type Claiment Type * nant Name * nant Address in Description	O mg OD-MX 93870074 njestyn79@yahoe.com Phease Select	Any injury? Insured Name Contact No. (Home) Of Valuate Number Type of Benefit +	NGAN SOK YEE 64539459 SKZ83023	Insured NR3C Contact No.(Office)	
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