NATIONAL Assessment Cent	tre Services		
Date In: u.t. 1	11 C DEL LICES - MATI 1 774.02   W	NA 119047719	
Date In: 11/4/19 - 12-27	Jeb description	Date & Time Completed	Done by
Ref No: HA   WC 19006441/24	SAS e-filing		
Veh No: FBL 8526k	E-mail (within Shrs, AIC 2hrs)	İ	
D.O.A: 10/1/19. 06:35	i-Motor Claim Form	M-1	actions and actions
	i-Motor W/O (Within: OD 2hr	M7 1039780-401	11/4/4 17:4
OD / (TP ) Reporting Only	i-Photo Uploaded	2, 11 40(3)	
	Assessment/Survey Report	+	
TP Insurer:		0. 0.	
Preferred Wksp / INC Assign Wksp / QW: (	Ass't Report by Fax / Hand		
	200		ax:
Owner / Driver: (	INC(		40
	Period: (	Tel:	))
Confirmed by : (	1	Cover Type: (	)
	Date:	Time:	)
Year of Registration: ( )	[Note-Est Status (WO): N: 0-20 Warranty: YES ( ) / NO (	0%; P: 21-79%. P: 80-10	00%]
Excess: (S ) Loading: \$1,	The state of the s	)	
General Remarks:	.000()/\$2,000()	S. M.	
( ) Walk-In Customer: Customers info	A CANCES SERVED BY A SERVED	Stant College College	Con N
2) QC Check / Post Repair Inspection	Courtesy Car ( )		
<ol> <li>Upload Resurvey Photo [Repair Cost &gt; \$:</li> </ol>	20002		
	3000] ( )		
Injury:	3000] ( )		
Injury:	3000] ( )		
Injury:	3000] ( )		rae Seboare
Injury:	3000] ( )		
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Injury:	3000]		
Injury :	1	aration Checklist	Ant (5)
Argo 2618	Invoice Prep	aration Checklist	Ant(S) Ant
Atto Hy Limant's Particulars:	Invoice Prep.  1) AR: Accident R  2) DA: Damage A	eporting (\$30); ssessment (\$100); INC (\$80)	Ant (5) Amt (7) Add B
Injury:  Date/Time Actions  A tho 2618  Limant's Particulars:-	Invoice Prep.  1) AR: Accident R  2) DA: Damage A  3) TF: Towing Fee  4) FT: Follow-The	eporting (\$30); seesament (\$100); INC (\$80) 540/5 ough Survey \$1	Ant (5) Amt (7) Add B
Injury:  Date/Time Actions  Atto 2618  Limant's Particulars:-	Invoice Prep.  1) AR: Accident R  2) DA: Damage A  3) TF: Towing Fee  4) FT: Follow-Thr  5) FT: Follow-Thr	eporting (\$30); ssessment (\$100); INC (\$80)  \$40/5 ough Survey \$1 ough Survey (Resurvey) \$	Ant (5) Amt (7) Add B
Injury:  Date/Time Actions  Atto 2618  Limant's Particulars:  ver/Owner:	Invoice Prep.  1) AR: Accident R  2) DA: Damage A  3) TF: Towing Fee  4) FT: Follow-The  5) FT: Follow-The For claiming aga  6) TR: Re-inspecti	eporting (\$30); ssessment (\$100); INC (\$80)	Ant (5) Ant ( 15t Bill Add B
Injury:  Date/Time Actions  Atto 2618  Limant's Particulars:  ver/Owner:	Invoice Prep.  1) AR: Accident R  2) DA: Damage A  3) TF: Towing Fee  4) FT: Follow-The  5) FT: Follow-The For claiming aga  6) TR: Re-inspecti  7) N1: Idae DA + 3	eporting (\$30);  ssessment (\$100); INC (\$80)  \$40/5  ough Survey \$15  ough Survey (Resurvey) \$5  inst INC Only (wef 10 Jon 2005)  on \$7  SMRT Survey \$16	Ant (5) Amt (7) Add B
Injury:  Date/Time Actions  Actions  Limant's Particulars:  over/Owner:  naged Portion:	Invoice Prep.  1) AR: Accident R  2) DA: Damage A  3) TF: Towing Fee  4) FT: Follow-Thr  5) FT: Follow-Thr  For claiming aga  6) TR: Re-inspecti  7) N1: Idac DA + 3  8) NTUC Additions  QD:	eporting (\$30);  ssessment (\$100); INC (\$80)  \$40/\$  ough Survey (\$250  ough Survey (Resurvey)  inst INC Only (wef 10 Jan 2005)  on \$70  SMRT Survey \$10  Services:-	Anit (5) Anit (5) Anit (5) Anit (6) Ani
Injury:  Date/Time Actions  Actions  Limant's Particulars:  over/Owner:  naged Portion:	Invoice Prep.  1) AR: Accident R  2) DA: Damage A  3) TF: Towing Fee  4) FT: Follow-Thr  5) FT: Follow-Thr  For claiming aga  6) TR: Re-inspecti  7) N1: Idac DA + 3  8) NTUC Additions  OD!*  *N5: Courtesy C	eporting (\$30); ssessment (\$100); INC (\$80) \$40/\$ cough Survey \$1: cough Survey (Resurvey) \$2: cough Survey (Resurvey) \$3: cough Survey (Wef 10 Jan 2005) con \$7: cond \$7: con	Anit (\$) Anit (\$)  15t Bill Add B  45 20 30 75 50
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Injury:  Date/Time Actions	Invoice Prep.  1) AR: Accident R  2) DA: Damage A  3) TF: Towing Fee  4) FT: Follow-Thr  5) FT: Follow-Thr  For claiming aga  6) TR: Re-inspecti  7) N1: Idae DA + 3  8) NTUC Additions  QD.*  *N5: Courtesy C  *N6: Repair Co-  *N7: Fost Repair  *N8: DV / Collect	eporting (\$30); ssessment (\$100); INC (\$80)  \$40/5  ough Survey (\$100)  ough Survey (Resurvey) \$100  ough Survey (Resurvey) \$100  ough Survey (Resurvey) \$100  ough Survey (Resurvey) \$100  ough Survey (\$100  ough Survey (\$100  ough Survey \$100  ou	Amit (5) Ami

#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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.

- 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 ladgement 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	11/04/2019 12:27
Date Of Accident	10/04/2019 06:35
Exact Location Of Accident	SLIP RD AYE (TUAS) TWDS JURONG PORT RD
Country/State of Loss	SINGAPORE
78.4	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBL8526K
Insured/Policyholder	
Name Of Registered Owner	NG PIAK CHIEW
NRIC No	S1564162B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97360313
Alternative Phone No	OFFICE-97360313
Vehicle Particulars	
Manufacturer	HONDA
Model	NC750X ABS
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5099169075
Cover Note Number	
Driver	
Name of Driver	NG PIAK CHIEW
NRIC No	S1564162B
Date Of Birth	19/11/1962
Occupation	OUTDOOR
Date Of Driving Pass	12/12/2006
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97360313
The state of the s	

OFFICE-97360313

NOEMAIL

Address BLK 303C PUNGGOL CENTRAL

#03-798

Postcode 823303

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)

2

involved in the accident

University of

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

NO

anibalanco i

.

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?

YES

If Yes, Please state which Police Station

Police Station Name

SENGKANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE:

545025 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800 - 3438999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

### Circumstances of Accident

REFER TO POLICE REPORT - T/20190411/2032.

#### 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

SGY2314S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHANG THIAN SENG

NRIC/Passport Number S1156915C Contact Number 93662223

Address Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name NG PIAK CHIEW

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBL8526K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

#### 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 Personnel's Signature

Name:

NRIC/FIN No.:

	Jurong Park Rd	of vr	
		A: FRE 8336C	
		A: FBL 8536K B: JLY2314S	
-			-
-	79.		
	192A		
	(Apple)		
	Par College		

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

zelor to police report-thougouilloom.	
-an to bottle 11/2014-1/20190411/2020.	

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

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





Police Station Of Origin: Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

		/203		

Report No. T/20190411/2032

1 of 3

Date/Time Report Made: 11/04/2019 10:57			Vide Report No.:	Station Diary No. 51			
Informa	nt's Partic	ulars	THE PERSON NAMED IN				
	f Informant: K CHIEW		Address: APT BLK 303C PUNGGOL CENTRAL #03-798 SINGAPORE 823303				
ID Type / ID No.: NRIC NO / S1564162B			Contact No.: Home/Office:	Mobile: 97360313			
Nationality: SINGAPORE CITIZEN		EN EN	Email:				
Sex: Male	Age: 56	Date of Birth: 19/11/1962	Type of Informant:				
Race: Chinese		- 20	Language:	Institution / School Name:			
Occupation: Crane operator (port)		t)	Driving Licence Information: Class: 2B,2A,2,3,4,5  Date of Expiry:				

-	nation of the Accid		ID. LET	
Type of Accident:	Others	Drink Drive: No	Date/Time of Accident: 10/04/2019 06:35	Type of Location Bend
Along Road 1 AYER RAJAH towards Juror	Traveling Toward R	oad 2		
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Clear				
Traffic Flow: Two Way		Traffic Control: Traffic Light - Wor	king	Traffic Volume:

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
FBL8526K	Motorcycle	HONDA	NC750X ABS	Red	Slightly Damaged	0		
SGY2314S	Car				Slightly Damaged	0		

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
FBL8526K	NTUC Income Insurance Co-Operative Limited	5099169075	20/04/2018	19/04/2019			





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

2 of 3 Report No. T/20190411/2032

Tel No: 1800-343 8999

CONTINUATION OF REPORT

<b>Details of Perso</b>	on Involved		ciriliamo)(r)	Political I	
Any Pedestrian I					
No. of Pedestria		Use of Pe	destriar	Cross	ning: NA
Rider		030 011 0	destrial	Closs	sing: NA
Name	NG PIAK CHIEW				S1564162B
Related Vehicle	FBL8526K (Motorcycle)			ct No.	97360313
Hospital/Clinic	WHAMPOA CLINIC			of g ce &	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	10/04/2019	Date Disc	Expiry Date		1/2010
No. of Days gran	ted Medical Leave 03		ate Discharge 10/04/2019 egree of Injury Slight		
Driver		Degree 0	injury	Silgiti	
Name	CHANG THIAN SENG		ID No.		S1156915C
Related Vehicle	SGY2314S (Car)			ct No.	93662223
Hospital/Clinic	NIL			of e & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
No. of Days grant	ed Medical Leave NIL	Degree of		NIL	

## Brief Details.

On the stated date, time and location, I was involved in an accident.

I was driving along AYE. When I exited Jurong Port Road, and waiting for the traffic to clear before proceeding, a car (SGY2314S) crashed onto the rear right side of my motorcycle (FBL8256K).

I fell to my left. My box which was attached to bike was also damaged. No traffic police or ambulance came to scene.

Afterwhich, we exchanged particulars and left subsequently. I did not feel at the point of time however, later part of the day, I felt some pain at the back and went to see the doctor.

I received 3 days mc from 11/3/2019 to 13/3/2019.





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

3 of 3 Report No. T/20190411/2032

Tel No: 1800-343 8999

CONTINUATION OF REPORT

# Sketch Plan

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: F / Sgt 2 MUHAMMAD HAIKAL BIN LATIFF	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/04/2019 10:57
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp	





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

EFFECTIVE DATE

14 Oct 1986

Motorcycles =< 200 cc
Motorcycles between 201 cc and 400 cc
Motorcycles > 400 cc
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg
Motor vehicles which are constructed to carry load
or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry
load or passengers and the unladen weight =< 7250kg
Motor vehicles not constructed to carry
and the unladen weight > 7250kg 16 Nov 1988 16 Nov 1988 12 Dec 2006 20 Aug 1980 Class 2B Class 2A Class 2 Class 3

31 Oct 1986 Class 5

Class 4

NP 428A

Licence No:S1564162B

6014628



S1564162B

03-09-2018

APT BLK 303C PUNGGOL CENTRAL #03-798 SINGAPORE 823303

<b>eBao</b> Tech	G								GeneralClain		
Hello, NAC_PAYA_UBI_80060 My Desktop Notice of Loss		Query	• Change Language					Change Password		• Log Ou	
		Policy No.  Vehicle No.(For Motor)  F8L8526K					of Accident icate Number	<u> </u>	10/04/2019 06:35		
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5	099169075		NG PIAK CHIEW	S1564162B	GMC	Third Party, Fire & Theft	FBL8526K	FBL8526K	20/04/2018	19/04/2019

Concy 140.	5099169075	Policyholder Name	NG PIAK CH	HIEW	Policyholder NRIC	S1564162B	
Certificate No.		X301351900					
Address	BLK 303C #03-798 PUNGGOL CENTRAL CORALINUS SINGAPORE 823303						
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	21/03/2018	Effective Date	20/04/2018	3 00:00	Expiry Date	19/04/2019 23:	59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/I	nexperience Driver Excess
Agent	KIMBERLEY INSURANCE AGENC	Agent Tel.	97912294		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
	BLK 303C #03-798	Addre	ss 2	PUNGGOL CENTRAL		Address 3	CORALINUS
Address 1			es Tunn	Singapore address		Post Code	823303
	SINGAPORE 823303	Addre	ss Type	anigopore oddiess			
Address 4	SINGAPORE 823303 14-1264		ed Policy	5099169075-01			
Address 4 Unit No.		Relati	ed Policy	- Salore am 196			
Address 1 Address 4 Unit No.  D Insure	14-1264 ed Object: FBL8526K	Relati	ed Policy	- Salore am 196		50-4-42 1129-50-4-50	

Claim Handling					- 1
Accident HT/1039780					
Policy No.	5099169075	Versicle No.	FBLBS26K	GST Registration No.	
Certificate No.				Carlo marining	
Policyholder Name	NG PIAK CHIEW			Policyholder NRJC	\$1564162B
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	97360313	Contact No.(Office)	0	Contact No. (Home)	0
fmail Address		Special Remark		eCode	
KPK	® No ○ Yes	TCA	® No ○Yes		12.4
NCO Protection	No	NCD Entitlement(%)	20	eCode Reason	
<b>™</b> Accident Details			44	Privace Hire	No
Report Date	11/04/2019 13:45	Antidos Report William Salar			
Date of Accident		Accident Report Within 24 h	rs Yes	Accident Type	Collision - Head to Rear
	10/04/2019	Time of Accident hh:mm	06:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
ecident Location  Excess	SLIP RD AYE (TUAS) TWDS JURONG	PORT RD			
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Innamed Driver Excess		Outside Singapore OD Exces	is a		
hird Party Excess	0.00	Outside Singapore TP Excess			
□ Benefits					
GST Registered Inform	ation				
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
fodification History					
Policyholder Mailing Ac					
Address 1	BLK 303C #03-798	Address 2	PUNGGOL CENTRAL	Address 3	CORALINUS
Address 4	SINGAPORE 823303	Address Type	Singapore address	Post Code	823303
Init No.	14-1264	Related Policy Number	9099169075-01		
○ OI Driver Infe					
river Name	NG PIAK CHIEW	Driver Type	Main Driver		
mnamed driver Name	Hagette Cara, -	Driver NRIC	S1564162B	Driver DOB	19/11/1962
egister Date of Driver License		Driver Age	56	Driving Experience	12
ontact No.(Mobile)	97360313	Contact No.(Office)	0	Contact No.(Home)	0
ddress 3	BUK 303C	Address 2	PUNGGOL CENTRAL	Address 3	CORALINUS
ddress 4	SINGAPORE 823303	Address Type	Singapore address	Post Code	823303
Init No.	03-798				
loes he own a Singapore legistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
reathalyser or Blood Test eading?	0 mg	Any injury?	® Yes ○No		
odification History					
Claim 001 New					
Isim Tuno B	for sec			A100000 A10000000	
laim Type *	00-MX	Insured Name	NG PIAK CHIEW	Insured NRIC	S1564162B
ontact No. (Mobile) Mail Address	97360313	Contact No.(Home)	NDL	Contact No. (Office)	
Mail Address  Ailment Type Claimant Type *	Please Select	OI Vehicle Number	FBL8526K	TP Venicle Number	SGY2314S
laimant Name *	Please Select	Type of Benefit *	Please Select		
	22	Claimant NRIC *			
armant Address					
aim Description	FBL8526K / SGY2314S ON 10 Apr 201	9		Name of Preferred Workshop	
eferred Workshop Contact ).		Insured Liability *	Not at Fault		100
quire Finalisation	Yes 🔍	Preferered Repair Option	Preferred Workshop, Name unknown	✓ GIA report	Darwinse (1971)
ate Registered	11/04/2019 13:47	Claim Close Date	,	Date Received	Received V
port Taken By	2ackson			Nete Kecewed	11/04/2019 00:00
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