NATIONAL Assessment Cent			3	
	tre Services.   met 1 Janos M	MAPPERMIALI	er Managaranting	
Date In: 15/4/19-18:46	Job description	Date &Time Completed	Done	py.
Res No: NA JULIC 1420 GTOTA FLY	SAS e-filing			
Veh No: JX7~(15	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 17/4/19-17-75	i-Motor Claim Form	M7/1043293-001	15/4/19 71:1	11
OD TP Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4brs)		
OB TP Reporting Only	i-Photo Uploaded			
TD Inches	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (	The state of the s	Tol: F	ax:	)
TP Particulars: Veh No: 503	68935 INC (	)/Non-INC( )		
Owner / Driver: (		Tel:	)	0-0-11-2
Policy No: ( )	Period: (	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-	100%]	
	Warranty: YES ( )/NO (	)		
	,000 ( )/\$2,000 ( )		W. 100 (1)	
General Remarks;-			100 S	
( ) Walk-In Customer : Customer's in		trictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insu				
Drive-In ( ) / Towed-In ( ); Invoi	ice: YES( ) / NO( );	Towing Co: (		)
Remarks;- (INC horline: 6788 6616)		Date& Time Completed	Done	by
1) Apply for Transport Allowance ( )/	Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost > :	\$30001 ( )	44		
	00000]			
Injury:				
Injury:  Date/Time / Actions			17. (E. 17. (E	
			ara de la come	
				* 194. p
Date/Time Actions		paration Checklist.	Ant (S)	Ami (1)
Date/Time Actions  MA190277 9	Invoice Pre	t Reporting (\$30);	TA BILL	Amt (\$)
Date/Time Actions  NA190277   liumant's Particulars :-	Invoice Pro  1) AR: Acciden 2) DA: Damage	t Reporting (\$30); Assessment (\$100); INC (\$	TA BILL	
Date/Lime Actions  NA192177 9  laimant's Particulars:-	Invoice Pro  1) AR: Accident 2) DA: Darrage 3) TF: Towing 4) FT: Follow-1	t Reporting (\$30); Assessment (\$100); INC (\$ Fee . \$4 Through Survey	7 pt Bill 80) 0/\$45 \$120	
Date/Time Actions	Invoice Pro  1) AR: Accident 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Fullow-1	t Reporting (\$30); Assessment (\$100); INC (\$	56 Bill 80) 0/\$45 \$120 \$30	
Date/Lime Actions  NA192193 9  laimant's Particulars:- river/Owner:	Invoice Pro  1) AR : Acciden  2) DA : Damage  3) TF : Towing  4) FT : Follow-  5) FT : Follow-  For claiming  6) TR : Re-iuspe	t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Chrough Survey Chrough Survey (Resurvey) against INC Only (wef 10 Jan 200); action	50 5120 530 5) \$75	
Date/Lime Actions  NA192193 9  laimant's Particulars:- river/Owner:	Invoice Pro  1) AR: Accident 2) DA: Darnage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For elaiming 6) TR: Re-iuspe 7) N1: Idac DA 8) NTUC Additi	t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Chrough Survey Chrough Survey (Resurvey) against INC Only (wef 10 Jan 200) section + SMRT Survey	56 Bill 80) 0/\$45 \$120 \$30	
Date/Time Actions  NA 140 1/37 • Inimant's Particulars:- river/Owner: ontact No: amaged Portion:	Invoice Pro  1) AR: Acciden  2) DA: Damage  3) TF: Towing  4) FT: Follow-1  5) FT: Follow-1  For claiming  6) TR: Re-iuspe  7) N1: Idae DA  8) NTUC Addition	t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Chrough Survey Chrough Survey (Resurvey) against INC Only (wef 10 Jan 200) section + SMRT Survey	50 5120 530 5) \$75	
Date/Lime Actions  NA192177 9  Inimant's Particulars:- river/Owner: ontact No: amaged Portion:  C Checked by (Engr-In-Charge):	Invoice Pro  1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-iuspe 7) N1: Idae DA  8) NTUC Additi OD*  *N5: Courtes  *N6: Repair O	t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Chrough Survey Chrough Survey (Resurvey) against INC Only (wef 10 Jan 200); action + SMRT Survey ional Services:- y Car / Tpt Allowance Co-ordination	50 510 510 510 510 510 510 510 510 510 5	
Date/Time Actions  NA192197 9  laimant's Particulars:- river/Owner: ontact No: amaged Portion:  C Checked by (Engr-In-Charge):	Invoice Pro  1) AR: Accident 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-iuspe 7) N1: Idae DA  3	t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Chrough Survey Chrough Survey (Resurvey) against INC Only (wef 10 Jan 200); action + SMRT Survey ional Services: - y Car / Tpt Allowance Co-ordination mair Inspection bleet Excess Coordination	50 Die Bill 51 Die	
Date/Time Actions  NA19227  Inimant's Particulars:	Invoice Pro  1) AR: Accident 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-iuspe 7) N1: Idae DA  3	t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Chrough Survey Chrough Survey (Resurvey) against INC Only (wef 10 Jan 200) action + SMRT Survey ional Services:	56 Bill 580) 0/\$45 \$120 \$30 \$30 \$75 \$160 \$25 \$35 \$20 30	

### 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 <a href="mailto:truthful and accurate">truthful and accurate</a> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT
Date Of Report	15/04/2019 18:46
Date Of Accident	13/04/2019 12:55
Exact Location Of Accident	BIDEFORD RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJX7211S
Insured/Policyholder	
Name Of Registered Owner	SIM BENG CHOON
NRIC No	S1316634Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90781739
Alternative Phone No	OFFICE-90781739
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO.
Policy Number	5108128217
Cover Note Number	
Driver	

Driver

 Name of Driver
 SHEN XINGCHEN

 NRIC No
 \$9608758F

 Date Of Birth
 18/03/1996

 Occupation
 INDOOR

 Date Of Driving Pass
 04/12/2017

Driving Experience 1 YEAR AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83338879

Fax Number

Contact Number OFFICE-83338879

EMail Address NOEMAIL

Address BLK 229 SIMEI STREET 4

#04-190

Postcode 520229

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured CHILDREN

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)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

YES NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME:

4.04

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SDB6893S Vehicle Make/Model/Colour BMW

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver WONG BAY KWONG

NRIC/Passport Number S0323759A Contact Number 98398081

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME: :

GENDER: :

## SKETCH PLAN

## 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.
- 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)

M

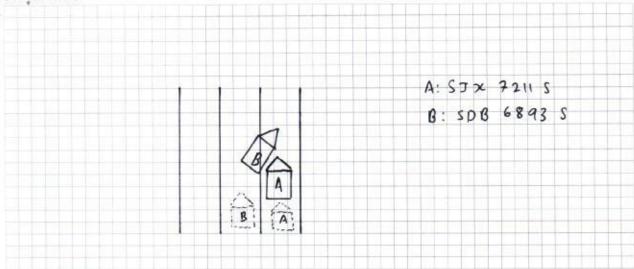
Date & Time:

Reporting Centre Person

Name:

NRIC/FIN No .:

nature



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

2	I was	travel	ling a	long	the	319 10	ne (n	nost Ng	nt) when	n a	BMW
Sweru	ed into	my	lane	from	the	second	lane	K	Collided	into	the
24	front	portion	of	my	Car.	No in	unes	were	reporte	d .	

# **DECLARATION**

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.:

# **ACCIDENT STATEMENT**

ACCIDENT DAT	E: 13 / 04 / 201	9 )(DD/MM/YYY	Y), TIME:/ 12	. 56 1/HH-MMI
LOCATION:_B	deford Road			,
	OF VEHICLE	7205	-	
	ANCE COMPANY:		7-3-3	
CIFOLIC	Y NUMBER: 5109	8 128217		
ajrolic	Y TYPE: (COMPREHE	NSIVE / THIRD PA	RTY / THÍRD PAF	RTY FIRE &THEFT)
Almane	& MODEL:V	N Scirono 14	* 1	
f)TYPE:(S	ALOON / COUPE / A	MPV /VAN / LORR	Y / MOTORCY	CLE / OTHERS)
9) VEHIC	LE CATEGORY: (PRIV	ATE / COMMERC	IAL / MOTORCY	YCLE)
TIPURPO	SE OF USING AT AC	CIDENT TIME:	Private	
I) ARE YO	U CLAIMING UNDER	YOUR OWN INSU	RANCE (YES/N	3)
IF NO, P	LEASE STATE (THIRD)	PART CLAIM / RE	EPORTING ONL	Y)
Z. HYSUKED	POLICY HOLDER			
A)NAME:	Sim Beng Cl	Noon	(MA	LE / FEMALE)
D)NRIC/F	IN/PASSPORT: S	131 66342	CONTACT:_	90781739
CJADDRE	SS: 224 Sime;	5+ 4, 404	-190, (S)	520229.
	2.0			2/ G
The of passenge DRIVER	UE TO 3.d IF DRIVER	ALSO POLICY HO	DLDER	and the same of the same
of passenger DRIVER	CI - V (			
1 11 15 15 15	Shen Xing Che	N		E / FEMALE)
(1)	N/PASSPORT: 596		CONTACT:_	8333 8879.
I Am ale.	3. 3 me 45 00	wher		
"CIDATE C	EDIDTUL / 13 / OL	. 10.00		
eloccup	OF BIRTH: (_13 / 06 ATION: (IN 000R / 0	1438 (DD/V	MM/YYYY)	20
flyfars	F DRIVING EXPRERIE	DUIDOOR)		yo
4. WAS DRIV	/ED AN EMPLOYEE	NCE:		
IF NO. RE	ER AN EMPLOYEE	OF THE INSURE	D'S COMPANY	? (YES //NO)
5. g)WFATHE	LATIONSHIP OF THE R CONDITION: (C)	JE DRIVER WITH	INSURED:_A	Son
blroad si	JRFACE: (DRY / WET	AR / RAINING / O	THERS	)
6. WAS ANYR	ODY INJURED (YES )	/OTHERS		
7. alreporte	D TO POLICE (YES /	8		
IF YES PI	EASE STATE WHICH	(S)	23	
	EASE STATE WHICH F			
He of passenger a) VEHIC	FNIMBED SOF	3 6893 5	0.44	79
MCLUCTURE ALLEGA \ DI DRIVER	S NAME WOOD	R. Klungs	_MODEL: <u>BM</u>	
c) NRIC/F	IN/PASSPORT: Sc	3237ta A.	CONTLOT	9839 8081
9. THIRD PART	( VEHICLE	3237377	_CONTACT:_	7834 9081
MA A DOCCO	E NUMBER:			
DRIVER	'S NAME		_MODEL:	1/3
Including driver) f) NRIC/F	N/PASSPORT.			
No of passenger d) VEHICLE Including driver f) NRIC/FI	1471 A551 OKI,		_CONTACT:	,
15				
856				
		17.0		1000

email = xingchen xing chen@hotmail.com.

fax =

VIDEO =

REPUBLIC OF SII

Licence Number: \$9608758F

SHEN XINGCHEN

Birth Date: 18 Mar 1996

Issue Date: 15 Jun 2016



SINGAPORE ARMED FORCES **IDENTITY CARD** SHEN XINGCHEN

NRIC No S9608758F

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward without delay to Central Manpower Base or any Police Station.



Motorcycles =< 200 CC Class 2A Class 2A Class 3A

passengers, exclusive of the driver; and motor tractors/vehicles without clutch pedals =< 2500 kg Motorcycles between 201 CC and 400 CC Motor cars without clutch pedals =< 3000 kg with =<7

FFFECTIVE DATE

S9608758F

S / No.9000276146

NP 428A

Licence No:S9608758F

GEMALTOSGPU1054519B1116

00000050320710

S9608758FI PINK NRIC No/Colour

Date Of Birth 18/03/1996 Race

Service Status

Address NSF

#04-190 SINGAPORE 520229 **BIK 229 SIMEI STREET 4** 

Sex

Blood Group (+) o

Military Rank Status ENLISTEE

SINGAPORE Country Of Birth





Policy No.	5108128217	Policyholder Name	SIM BENG	CHOON	Policyholder NRIC	S1316634Z	
Certificate No.					mac		
Address	BLK 229 #04-190 SIMEI ST	REET 4 SINGAP	ORE 520229				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	11/03/2019	Effective Date	11/03/201	19 00:00	Expiry Date	10/03/2020 23	3:59
Excess Type	Per Accident	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	DIRECT BUSINESS DEPT	Agent Tel.	NIL		GST Flag	Υ	
Co- insurance Flag Open Policy Info	No						
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 229 #04-190	Addre	ss 2	SIMEI STREET 4		Address 3	SINGAPORE 520229
Address 4		Addre	ss Type	Singapore address		Post Code	520229
4001 C35 4		Relat Numb	ed Policy er	5108128217			
Unit No.	04-190	Nume					
Unit No.	04-190 ed Object: SJX7211S	Nume					
Unit No.	ed Object: SJX7211S	Nume					

ccident MT/1040293					
nkcy No.	5108128217	Vehicle No.	SIX7211S	GST Registration No.	
ertificate No.		Turiou ito.	21072120	gar registration res	
olicyholder Name	SIM BEND CHOON			Policyholder NRIC	51316634Z
oduct Code	PRIVATE CAR INSURANCE	Court Total			
ontact No. (Mobile)		Cover Type	drivo CLASSIC	Loading	0
mai Andress	90781739	Contact No. (Office)	0	Contact No.(Nome)	0
	San Oka-	Special Remark	00	eCode	THE V
FK	® No ○ Yes	TCA	No ○Yes	eCode Reason	
CD Protection	No	NCO Entitlement(%)	0	Private Hire	No
Accident Details					
port Date	15/04/2019 21:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
ite of Accident	13/04/2019	Time of Accident hh:mm	12:55	Country of Accident	Singapore
porting Centre		Orange Porce		ICH No.	
rident Location	BIDEFORD RD				
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100,00		
Standard Excess	500,00	TP Scandard Excess	0.00		
D OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
ditional Excess	0.00				
tal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
Benefits		AND DECEMBER OF THE PROPERTY OF THE PERSON O			
GST Registered Informa	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Venfied	Yes	
Infication History					
Policyholder Mailing Ad	dress				
dress 1	BLK 229-#04-190	Address 2	SIMEI STREET 4	Address 3	SINGAPORE 520229
dress 4		Address Type	Singapore address	Post Code	520229
it No.	04-190	Related Policy Number	5108128217		
OI Driver Info					
iver Name	SHEN XINGOHEN	Oriver Type	Named Driver		
named driver Name		Driver MKIC	39606758F	Driver DOB	18/03/1996
gister Date of Driver License	04/12/2017	Oriver Age	23	Driving Experience	1
ntact No.(Mobile)	83338879	Contact No. (Office)	0	Contact No.(Home)	0
dress 1	BLK 229	Address 2	SIMEI STREET 4	Address 3	SINGAPORE 520229
dress 4	A PROTORS	Address Type	Singapore address	Post Code	520229
sit No.	04-190				Datas
es he own a Singapore	☐ Yes ® No	Driver Vehicle No.		The state of the s	
gistered car?	Cresceno	Driver vehicle No.		Driver Insurer Company	
deration					
eathalyser or Blood Test					
ading?	0 mg	Any injury?	☐ Yes ® No		
dification History					
dification History					
CHARTING CONTROL SANCE S					
Charles Cal Seven and Ch	d				
Claim OD1 OD-MX NEW	-				
Claim 001 00-MX Nam	00-MX	Insured Name	SIM BENG CHOON	Insured NRIC	513166342
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im Type *  "tact No. (Mobile) ail Address imarx Type Calimant Type * imart Address imart Address im Description ferred Workshop Contact quire Finalisation	DO-MX   V   B3338679   Isingchenxingchen@hotmail.com   Pease Select   V   ≥≥   S3X72115 / SDB6893S ON 13 Apr 2019	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability *	67850080  50X72115  Please Select	Contact No. (Office) TP Vehicle Number	54631762 5D868935
im Type * **Vact No. (Mobile) all Address imant Type Claimant Type * imant Address im Description ferred Workshop Contact quire Finalsation te Registered	DO-MX	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Close Date	67850080  50X72115  Please Select	Contact No. (Office) TP Vehicle Number	50868935 SD868935
Ilm Type *  Plact No. (Mobile)  Isal Address  Ilmant Type Cleimant Type *  Ilmant Address  Ilmant Type *  Ilman	B3338679  singchenxingchen@hotmai.com  Please Select  >>  S3X72115 / SDB68935 ON 13 Apr 2019  Yes	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	67850080  50X72115  Please Select	Contact No. (Office) TP Vehicle Number    Name of Preferred Workshop	50868935 SD868935
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