ALLE CONTROL OF THE C	Jeb description	Date & Time Completed	Done by
Date In: 7/19-11:21  Ref No: Najincigo 07 985/44	SAS e-filing		
Veh No: Vok 1005T	E-mail (within Shrs, AIC 2hrs		
D.O.A : 6/4/19, 16:15	i-Motor Claim Form		
	i-Motor W/O (Within: OD	M7/1043292-201	Thing wa
OD / TP/ Reporting Only	i-Photo Uploaded	2hrs, TP 4hrs)	
TP Insurer:	Assessment/Survey Repor		
Preferred Wksp / INC Assign Wksp / QW:	Ass't Report by Fax / Har	to Owner/Wksp	
			ax:
Owner / Driver: (	C XTSYA INC		. 197
Pella No. 6		Tel:	)
	Period: (	) Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %	) [Note-Est. Status (WO): N: 0	-20%; P: 21-79%. F: 80-1	00%]
Year of Registration: ( )	Warranty: YES ( )/NO(	)	
Excess: (\$ ) Loading: \$	1,000 ( )/\$2,000 ( )		
General Remarks	AND THE SECOND STATE OF TH	EXAMPLE A TOTAL TOTAL	125 C 11 T 1
		E Tax Proposed on the second	SUBSTITUTE OF THE STREET
( ) Walk-In Customer: Customer's in	nformation strictly Confidential &	Strictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Ins	urer URGENTLY.		
Drive-In ( )/ Towed-In ( ); Invo	pice: YES( ) / NO( );	Towing Co: (	
			/
Remarks: (INC hotline: 6788 6616)	A second residual securitoria de la tratación de section de section de la compansión de la	Date&Time Completed	Done by
1) Apply for Transport Allowance ( )	/ Courtesy Car ( )		
		1/2-1	
2) QC Check / Post Repair Inspection	( )		
2) QC Check / Post Repair Inspection	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost>	( )		
2) QC Check / Post Repair Inspection	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )		S. Carrie
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )		The School St.
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )		San Caire
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )		Section .
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Pate/Time Actions	( ) \$3000] ( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Pate/Time Actions	( ) \$3000] ( )	eparation Checklist:	Ant (5) And
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Pate/Time Actions	( ) \$3000] ( )  Invoice Pr.  1) AR: Accide	nt Reporting (\$30);	TriBiji Add
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Pate/Time Actions  Unional Serticulars:	( ) \$3000] ( )  Inveice Pr.  1) AR: Accider 2) DA: Damag	at Reporting (\$30); Assessment (\$100); INC (\$80)	TRBIII Add
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Pate/Time Actions  Umant's Particulars:-  ver/Owner:	( ) \$3000] ( )  Invoice Pr.  1) AR: Accide	at Reporting (\$30); a Assessment (\$100); INC (\$80) Fee \$40/3	ISLBIII Add
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Pate/Time Actions  Unional Serticulars:	Invoice Pr.  1) AR: Accides 2) DA: Damag 3) TF: Towing 4) FT: Follow 5) FT: Follow	at Reporting (\$30);  a Assessment (\$100); INC (\$80)  Fee \$40/5  Through Survey (\$100); INC (\$100);  Through Survey (\$100);  Th	TRBIII Add
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury :  Pate/Time Actions  Umant's Particulars :-  ver/Owner:	Invoice Profile 1 (1)  Invoice Profile 2 (2) DA: Damag  3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming	at Reporting (\$30); a Assessment (\$100); INC (\$80) Fee \$40/5 Through Survey \$1 Through Survey (Resurvey) \$ against INC Only (wef 10 Jan 2005)	18 Bill Add
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Pate/Time Actions  Umant's Particulars:-  ver/Owner:	Invoice Pr.  1) AR: Accider 2) DA: Darriag 3) TF: Towing 4) FT: Follow- For claiming 6) TR: Re-inspe	at Reporting (\$30); a Assessment (\$100); INC (\$80) Fee \$40/5 Through Survey \$1 Through Survey (Resurvey) \$ against INC Only (wef 10 Jan 2005)	1
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Pate/Time Actions  Umant's Particulars:  ver/Owner:  maged Portion:	Invoice Pr.	at Reporting (\$30); a Assessment (\$100); INC (\$80) Fee \$40/5 Through Survey \$1 Through Survey (Resurvey) \$ against JNC Only (wef 10 Jan 2005) botton \$ + SMRT Survey \$1	1
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury :  Pate/Time Actions  Umant's Particulars :-  ver/Owner:	Invoice Profile Profil	at Reporting (\$30);  a Assessment (\$100); INC (\$80)  Fee \$40/5  Through Survey \$1  Through Survey (Resurvey) \$  against INC Only (wef 10 Jan 2005)  ection \$  + SMRT Survey \$1  ional Services:-	78 Bill Add 45 20 30 75 60
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Pate/Time Actions  Umant's Particulars:  ver/Owner:  maged Portion:	Invoice Pr.	at Reporting (\$30);  Assessment (\$100); INC (\$80)  Fee S40/3  Through Survey \$1  Through Survey (Resurvey) \$  against JNC Only (wef 10 Jan 2005)  section \$  + SMRT Survey \$1  tonal Services:-  y Car / Tpt Allowance	78 Bill Add 45 20 30 75 60 53
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Onte/Time Actions  Umant's Particulars:-  ver/Owner:  Itact No:  Inaged Portion:  Checked by (Engr-In-Charge):	Invoice Pr.	at Reporting (\$30);  Assessment (\$100); INC (\$80)  Fee S40/3  Through Survey \$1  Through Survey (Resurvey) \$  against JNC Only (wef 10 Jan 2005)  betton \$  + SMRT Survey \$1  ional Services:-  y Car / Tpt Allowance  Co-ordination \$  pair Inspection \$	78 Bill Add 45 20 30 75 60
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury :  Pate/Time Actions  Limant's Particulars :-  ver/Owner:  Itact No:  Inaged Portion:  Checked by (Engr-In-Charge):	Invoice Pr.     Invoice Pr.     1) AR: Accider     2) DA: Darring     3) TF: Towing     4) FT: Follow-   5) FT: Follow-   For claiming     6) TR: Re-insp     7) N1: Idao DA     8) NTUC Addit     OD:     *N5: Courter     *N6: Repair C     *N7: Fost Re     *N8: DV / Co	at Reporting (\$30);  Assessment (\$100); INC (\$80)  Fee S40/3  Through Survey \$1  Through Survey (Resurvey) \$  against INC Only (wef 10 Jan 2005)  section \$  + SMRT Survey \$1  tonal Services:  y Car / Tpt Allowance  Co-ordination \$  pair Inspection \$  Illect Excess Coordination	78 Bill Add
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Onte/Time Actions  Umant's Particulars:-  ver/Owner:  Itact No:  Inaged Portion:  Checked by (Engr-In-Charge):	Invoice Pr.     Invoice Pr.     1) AR: Accider     2) DA: Darring     3) TF: Towing     4) FT: Follow-   5) FT: Follow-   For claiming     6) TR: Re-insp     7) N1: Idao DA     8) NTUC Addit     OD:     *N5: Courter     *N6: Repair C     *N7: Fost Re     *N8: DV / Co	at Reporting (\$30);  Assessment (\$100); INC (\$80)  Fee S40/3  Through Survey \$1  Through Survey (Resurvey) \$2  against INC Only (wef 10 Jan 2005)  action \$3  + SMRT Survey \$1  ional Services:  y Car / Tpt Allowance  Co-ordination \$5  air Inspection \$  (Non INC) against INC \$5	78 Bill Add

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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.
- 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	07/05/2019 11:31
Date Of Accident	06/05/2019 16:15
Exact Location Of Accident	JUNC KALLANG BAHRU & LAVENDER ST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMK1005T
Insured/Policyholder	
Name Of Registered Owner	VOULEZ CARZ
Co Reg No	53350846X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91449265
Alternative Phone No	OFFICE-91449265
Vehicle Particulars	
Manufacturer	HONDA
Model	GRACE HYBRID 1.5LX AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5097296239-01
Cover Note Number	
Driver	
Name of Driver	KOH CHER TIONG
NRIC No	S6945184E
Date Of Birth	30/12/1969
Occupation	OUTDOOR
Date Of Driving Pass	21/02/1990
Driving Experience	29 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97898411
Fax Number	

OFFICE-97898411

NOEMAIL

**BLK 143 RIVERVALE DRIVE** Address

#10-555

Postcode 540143

Was driver an employee of the Insured's Company NO

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

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?

NO NO

YES

NO

2

2

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

5 -

: FEMALE GENDER:

## **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

#### 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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

PC2554A

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

BUS

Name of Driver

SANDRASEGARAN S/O NARAINASAMY

NRIC/Passport Number

S1353364D

Contact Number

Address

Postcode

#### 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:
  - 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)

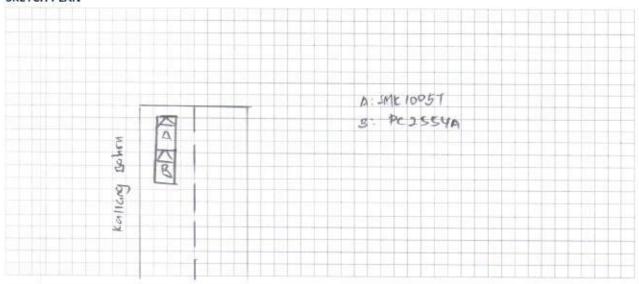
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

to Histerment.

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 .:

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. S6945184E



KOH CHER TIONG



CHINESE

Date of birth 30-12-1969

SINGAPORE





5714185



14-03-2017

APT BLK 143 RIVERVALE DRIVE #10-555 SINGAPORE 540143

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

EFFECTIVE DATE

Class 2B Class 2A Class 2 Class 3

Class 4

Motorcycles =< 200 cc
Motorcycles >< 400 cc
Motorcycles > 400 cc
Motorcycles > 400 cc
Motorcycles > 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

10 Oct 1991

26 Jun 1990 26 Jun 1990 25 Aug 1992 21 Feb 1990

13 Nov 1991

NP 428A





Policy No.	5097296239-01	Policyholder Name	VOULEZ	CARS	Policyholder NRIC	53350846X	
ertificate lo.							
ddress	BLK 102 #09-908 SIMEI STREET	T 1 SINGAPOR	E 520102				
roduct lame	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy ssue late	30/08/2018	Effective Date	25/09/20	018 00:00	Expiry Date	24/09/2019	23:59
xcess		All Claims Excess					
hird		Own			W. dr		
arty xcess	1500	damage Excess	1500		Windscreen Excess	100	
dditional xcess	0	OS Premium	7764.37				
outside ingapore	1500	Outside	4500				2
DD xcess	1500	TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	ANIKA INS BROKERS & CONSUL	Agent Tel.	6672998	8	GST Flag	Y	
Co- nsurance Flag Open Policy nfo	No						
Certificate info							
Policy	holder Mailing Address						
ddress 1	BLK 102 #09-908	Addre	ss 2	SIMEI STREET 1		Address 3	SINGAPORE 520102
ddress 4			ss Type	Singapore address		Post Code	520102
Init No.	09-908	Relati Numb	ed Policy er	5097296239-01			
) Insure	ed Object: SMK1005T						
□ Endors	sements						
Sequer		Endorseme		Endorsement Number		ment Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJQ7952Z 25-09-2018 \$1,156.18 In view of this amendment, an additional premium of \$1,156.18 (inclusive of GST) is payable under your policy. Please
52	25/09/2018 00:00	Endorsement	CONT	000001286901958	Endorseme Effective	mt rake	ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from
							the date of this letter. For cheque payment, please issue the cheque favour of "NTUC Income" with you name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.

cident HT/1043292					
	529, (UPC) (S	bia-Corecano	50WW8ACV		
icy No.	5097296239-01	Vehicle No.	SMK100ST	GST Registration No.	
rtificate No.	DOMEST CARD				
icyholder Name	VOULEZ CARS	525 25		Policyholder NRIC	53350846X
iduct Code ntact No. (Mobile)	PLEET INSURANCE	Cover Type	drivo CLASSIC	Loading	0
30 81	91449265	Contact No. (Office)	0	Contact No.(Home)	0
ail Address	0.0	Special Remark		eCode	NI Y
<b>(</b>	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	No	NCD Emillement(%)	0	Private Hire	Yes
Accident Details	NAME OF TAXABLE PARTY OF TAXABLE PARTY.	- 181 V - 201 (191 (191 (191 (191 (191 (191 (191 (1			
ourt Date	07/05/2019 12:00	Accident Report Within 24 hrs	Yes	Acodent Type	Collision - Head to Rear
e of Accident	06/05/2019	Time of Accident hh:mm	16:15	Country of Accident	Singapore
orting Centre	Land Address Company and Compa	Grange Force		ICM No.	
dent Location	JUNC KALLANG BAHRU & LAVENDER ST				
Excess					
n damage Excess	1,500.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess	1,500.00		
D Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Informa	ntion				
Registered	No.		GST Registration Date	(1)	
Registration No.			GST Status Verified	Yes	
ification History					
Policyholder Mailing Ad	anno.				
ress 1	BLK 102 #09-908				
iress 4	BCK 102 +09-908	Address 2	SIMEI STREET 1	Address 3	SINGAPORE 520102
	Care was	Address Type	Singapore address	Post Code	520102
OI Driver Info	09-908	Related Policy Number	5097296239-01		
er Name	Unnamed Driver	12000200	100000000000000000000000000000000000000		
arned driver Name	KOH CHER TIONS	Driver Type Driver NR3C	Unnamed Driver	manooway.	DOUGH SHAP Y
			56945184E	Driver DOB	30/12/1969
ister Date of Driver License		Driver Age	49	Driving Experience	29
tact No.(Motive)	97898411	Contact No.(Office)	0	Contact No.(Home)	0
ress 1	BLK 143	Address 2	RIVERVALE DRIVE	Address 3	SINGAPORE 540143
iress 4		Address Type	Singapore address	Post Code	540143
t No.	10-555				
is he own a Singapore pistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
	YO YOU	11,000,000,000			
aration athalyser or Blood Test ding?	0 mg	Any injury?	○ Yes ® Nu		
athalyser or Blood Test	ā mg	Any injury?	○ Yes ® No		
athalyser or Blood Test	ů mg	Any injury?	○ Yes  ® Na		
Ithalyser or Blood Test ding? fication History	₫ mg	Any injury?	○ Yes  Na		
chalyser or Blood Test ding? history	₫ mg	Any injuny?	○ Yes  Na		
chalyser or Blood Test ding? history	á mg	Any injuny?	○ Yes  Na		
ethalyser or Blood Test drig? hcation History laim 991 New		0.2004.050,000		W. (1992)	pontaneous
ethalyser or Blood Test dring?  histion History  laim 001 New	CO-MX	Insured Name	VOULEZ CARS	Snaured NRIC	53350846X
othalyser or Blood Test dring?  https://doi.org/ html://doi.or		Insured Name Contact No.(Home)	VOULEZ CARS	Contact No.(Office)	•
othalyser or Blood Test dring?  httston History  laim 903 New  m Type *  lact No. (Mobile)  el Address	CO-MX V 91449265	Insured Name Contact No.(Home) DJ Vehicle Nymber	VOULEZ CARS MIL SMK100ST		The state of the s
thalyser or Blood Test sing?  Incation History  Incation History  In Type *  Incat No. (Mobile)  Il Address  Il Address  Il Address  Il Address  Il Address  Il Address	CO-MX V 91449255 Please Select V	Insured Name Contact No.(Home) DJ Vehicle Nymber Type of Benefit *	VOULEZ CARS	Contact No.(Office)	•
thalyser or Blood Test sing?  Incation History  In Type * Inact No. (Mobile)  If Address  Mant Type Claimant Type *  mant Name *	CO-MX V 91449265	Insured Name Contact No.(Home) DJ Vehicle Nymber	VOULEZ CARS MIL SMK100ST	Contact No.(Office)	•
thalyser or Blood Test ting?  fication History  Maim 903 New  Maype * last No. (Mobile)  Id Address  ment Type Claimant Type * ment Name * ment Address	CO-MX   V   91449265   Please Select   V   >>	Insured Name Contact No.(Home) DJ Vehicle Nymber Type of Benefit *	VOULEZ CARS MIL SMK100ST	Contact No.(Office) TP Vehicle Number	•
in Type *  Interest No. (Mobile)  If Address  Mannet Type Opinion Type *  Interest No. (Mobile)  If Address  Interest No. (Mobile)	CO-MX V 91449255 Please Select V	Insured Name Contact No.(Home) D) Vehicle Number Type of Benefit * Cleiment NRIC *	VOULEZ CARS MIL SMK100ST Please Select	Contact No.(Office)	•
hostion History  fication History  Maim 993 New  Mayre *  lact No. (Mobile)  Address  mant Type Claimant Type *  mant Name *  mant Address  n Description  erred Workshop Contact	OO-MX 91449255  Please Select  >>>  SMK1005T / PC2554A ON 6 May 2019	Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Cleiment NRIC *	VOULEZ CARS MIL SMK100ST Please Select V	Contact No.(Office) TP Vehicle Number	•
thalyser or Blood Test dring?  fication History laim Q03 New  m Type * lact No. (Mobile) iil Address ment Type Claimant Type * ment Name * ment Address in Description erred Workshop Contact uine Finalisation	CO-MX 91449265 Please Select >>> SMK1006T / PC2554A ON 6 May 2019 Ves.	Insured Name Contact No.(Home) D) Vehicle Number Type of Benefit * Cleimant NRTC *  Insured Liability * Preferend Repair Option	VOULEZ CARS MIL SMK100ST Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop	•
thalyser or Blood Test ting?  fication History  laim 903 New  In Type * last No.(Mobile) Il Address ment Type Claimant Type * ment Name * ment Address in Description erred Workshop Contact uine Finelisation Registered	CO-MX	Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Cleiment NRIC *	VOULEZ CARS MIL SMK100ST Please Select V	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop	PC2SS4A
thalyser or Blood Test ting?  fication History  laim 903 New  In Type * last No.(Mobile) Il Address ment Type Claimant Type * ment Name * ment Address in Description erred Workshop Contact uine Finelisation Registered	CO-MX 91449265 Please Select >>> SMK1006T / PC2554A ON 6 May 2019 Ves.	Insured Name Contact No.(Home) D) Vehicle Number Type of Benefit * Cleimant NRTC *  Insured Liability * Preferend Repair Option	VOULEZ CARS MIL SMK100ST Please Select V	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	PC2SS4A  Received
thalyser or Blood Test ting?  fication History  In Type * In Type * In Type (Mobile) If Address In Type Claimant Type * In Type Claimant Type * In Description In Description In Registered In Taken By	CO-MX	Insured Name Contact No.(Home) D) Vehicle Number Type of Benefit * Cleimant NRTC *  Insured Liability * Preferend Repair Option	VOULEZ CARS MIL SMK100ST Please Select V	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	PC2SS4A  Received
thalyser or Blood Test ting?  fication History  In Type * In Type * In Type (Mobile) If Address In Type Claimant Type * In Type Claimant Type * In Description In Description In Registered In Taken By	CO-MX	Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferenced Repair Option Claim Close Date	VOULEZ CARS  NIL  SPIKI 100ST  Flease Select  V  Not at Fault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	PC2SS4A  Received
chalyser or Blood Test sing?  New  Type * Lact No.(Mobile) If Address mant Name * mant Name * mant Address in Description erred Workshop Contact uire Finalisation If Registered out Taken By Print AK letter	CO-MX	Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferenced Repair Option Claim Close Date	VOULEZ CARS MIL SMK100ST Please Select V	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	PC2SS4A  Received
in Type *  tart No. (Mobile)  and Name *  mant Name *  mant Address  n Description  erred Workshop Contact  uire Finalisation  is Registered  part Taken By  Print AK letter	CO-MX	Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferenced Repair Option Claim Close Date	VOULEZ CARS  NIL  SPIKI 100ST  Flease Select  V  Not at Fault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	PC2SS4A  Received
thalyser or Blood Test dring?  Reston History laim Q03 New  In Type * last No. (Mobile) el Address mant Type Claimant Type * mant Address in Description erred Workshop Contact uine Finalisation et Registered and Taken By Print AK letter	CO-MX	Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferenced Repair Option Claim Close Date	VOULEZ CARS  NIL  SPIKI 100ST  Flease Select  V  Not at Fault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	PC2SS4A  Received
athalyser or Blood Test drip?  Incation History  Itaim GO1 New  In Type * tact No. (Mobile) el Address mant Type Claimant Type * mant Name * mant Address in Description erred Workshop Contact tuire Finalisation e Registered out Taken By Print AK listber  ttachment	CO-MX	Insured Name Contact No.(Home) D) Vehicle Number Type of Benefit * Cleiment NRIC *  Insured Liability * Preferend Repair Option Claim Close Date	VOULEZ CARS MIL SMK100ST Flease Select  Not at Fault Preferred Workphop, Name unknown  Seve Submit	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	PC2SS4A  Received
athalyser or Blood Test drip?  Incation History  Itaim GO1 New  In Type * tact No. (Mobile) el Address mant Type Claimant Type * mant Name * mant Address in Description erred Workshop Contact uire Finalisation e Registered out Taken By Print AK listber  ttachment  dent No.	CO-MX	Insured Name Contact No.(Home) D) Vehicle Number Type of Benefit * Cleiment NRIC *  Insured Liability * Preferend Repair Option Claim Close Date  Claim No.	VOULEZ CARS MIL SMK100ST Please Select  Preferred Workshop, Name unknown  Save Submit	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	PC2SS4A  Received
thalyser or Blood Test ting?  fication History  laim 903 New  In Type * last No. (Mobile)  Il Address mant Type Claimant Type * mant Address in Description erred Workshop Contact Line Finalisation IR egistered Just Taken By Print AK letter  dent No.	CO-MX	Insured Name Contact No.(Home) D) Vehicle Number Type of Benefit * Cleiment NRIC *  Insured Liability * Preferend Repair Option Claim Close Date	VOULEZ CARS MIL SMK100ST Flease Select  Not at Fault Preferred Workphop, Name unknown  Seve Submit	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	PC2SS4A  Received
chalyser or Blood Test ing?  Nextine History  aim 903 Next  Nextine History  at No. (Mobile)  I Address  nant Type Claimant Type *  nant Name *  nant Address  a Description  red Workshop Contact  irre Finalisation  Registered  et Taken By  Vyint AK letter  lent No.	CO-MX	Insured Name Contact No.(Home) D) Vehicle Number Type of Benefit * Cleiment NRIC *  Insured Liability * Preferend Repair Option Claim Close Date  Claim No.	VOULEZ CARS MIL SMK100ST Please Select  Preferred Workshop, Name unknown  Save Submit	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	Received V
inchalyser or Blood Test dring?  Reation History laim Q03 New  In Type * last No. (Mobile) iil Address mant Type Claimant Type * mant Address in Description erred Workshop Contact uine Finelisation ii Registered drift Taken By Print AK letter	CO-MX	Insured Name Contact No.(Home) D) Vehicle Number Type of Benefit * Cleiment NRIC *  Insured Liability * Preferend Repair Option Claim Close Date  Claim No.	NOULEZ CARS MIL SMK100ST Please Select  Preferred Workshop, Name unknown  Save Submit  001 07/05/2019 12:03 Category *	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received	Received V 07/05/2019 00:00

