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NATIONAL Assessment Cu	ntre Services.	[wef 1 Jan'05] M	Na 119062266	1	
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OD TP Reporting Only	i-Photo Up		, 17 4013)		
TP Insurer:		Survey Report			
		by Fax / Hand t	Owner/Wksp	- 27491212	
Preferred Wksp / INC Assign Wksp / QW: (Tol: F	ax:	
	hk4650h.	. INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. P: 80-1	00%]	
	Warranty: YES ()/NO()	- lug-season	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.

1991041901190	
	ACCIDENT STATEMENT
Date Of Report	13/05/2019 19:05
Date Of Accident	13/05/2019 07:40
Exact Location Of Accident	BUKIT TIMAH RD TWDS WOODLANDS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGY5500B
Insured/Policyholder	
Name Of Registered Owner	LIM YONG CHENG LIONEL
NRIC No	S7120166Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91155858
Alternative Phone No	OFFICE-91155858
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	TIGUAN 2.0L TSI AT 5N12K9
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
Dollar Number	

Policy Number 5092251561-01

Cover Note Number

Driver

Name of Driver LIM YONG CHENG LIONEL

 NRIC No
 \$7120166Z

 Date Of Birth
 12/06/1971

 Occupation
 INDOOR

 Date Of Driving Pass
 01/10/1990

Driving Experience 28 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91155858

Fax Number

Contact Number OFFICE-91155858

EMail Address NOEMAIL

BLK 415A FERNVALE LINK Address

#14-42

Postcode 791415

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 - 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

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGK4650G

Vehicle Make/Model/Colour

TOYOTA ALTIS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Page 2 of 20

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

LIM YONG CHENG LIONEL

NECK & BODY

SGY5500B

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

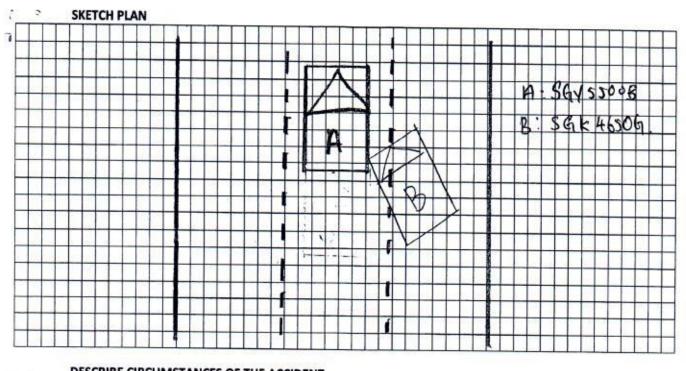
1

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 4) The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the police for investigation.
- 6) 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:



was driving along bukit timah road towards woodlands on the second lane. While waiting for the traffic light to turn green, just at the point of time when i was about to move off, suddenly a vehicle hit me from the rear right portion of my
rehicle.
1
\ \/ \/

Policy holder's signature

Date & time:

Driver's signature

(if driver is not policy holder)

Date & time:

reporting centre personnel's Signature

Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre. Please report correctly on the details of the accident to speed up the claim process. This form must be filled up by the policy holder and/or authorised driver.

- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance ٠ companies to repudiate policy liability.
- 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 traffic police department for investigation.

ACCIDENT DETAILS	
13 5 2 019.	(DD/MM/YY)
7. 40am	(HH:MM)
Bukit Timeh Rocal towards wouldends.	Ç
	13/5/2019. 7-40am

	DETAILS OF VEHICLE
Vehicle registration number	SGY 5500 B
Vehicle make and model	VOKSWAGEN TIGHAN
Type of vehicle	Saloon MPV CRV Van Lorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes No if no, please select: Reporting only

	INSURANCE INF	ORMATION	
Insurance company	Ntuc		
Policy number	5092251561-1	01	
Type of policy	Comprehensive	Third party fire & theft	TP only

	INSURED / POLICY HOLDER		
Name	LIM YONG CHENG LIONEL	Male	Female
NRIC / Fin / Passport number	571201667		
Contact	91155858	A-0/5-22 1	
Address	8 41519 FELOVALE LINE *14-42 S(791415)		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Male □ Female o
NRIC / Fin / Passport number	
Contact	
Address	
Email address	
Date of birth	12-Jun-1971
Occupation	Indoor Outdoor
Driving date pass	01-10-1990.

	GENERAL	INFORMATIO	N OF THE ACCIDENT	
Was driver an employee of	Yes 🗆	No		
the insured's company?	If no, rela	ationship of th	e driver and insured:	Quev.
Accident captured by camera?		No 🗆		
Weather condition	Clear	Raining	Others:	
Road surface	Dry	Wet □		
No of passenger	01	11 11 11 11 11 11		(Inclusive of driver)
		PASSENC	SER 1	
Name	-			
Gender	Male	Female		
		D. CCC.		
Name		PASSENC	SER 2	
Gender	Male 🗆	Female		
Gender	Male	remale 🗆		
		PASSENG	SER 3	
Name		PASSENC	JEN J	
Gender	Male 🗆	Female		
	-			
		PASSENG	SER 4	
Name				
Gender	Male 🗆	Female		
		PASSENC	SER 5	
Name				
Gender	Male 🗆	Female 🗆		
		PASSENG	SER 6	
Name				
Gender	Male 🗆	Female		
		OTHER INFOR	RMATION	
Was anybody injured?	Yes 🗷	No 🗆		
Was other vehicle damaged?	Yes	No 🗆		
	DETAIL	S OF BOLICE S	TATION ACTION	
Reported to police?	Yes 🗆		yes, please state which	nolice station
Police station name	163 0	NOZ II	yes, please state which	police station.
		WITNES	S 1	
Name				
	-		305, 0.302	
		WITNES	S 2	
Name	le le			

THIRD PARTY VEHICLE 1	
Vehicle registration number	3GK 46506.
Vehicle make model	Toyota latts.
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2		
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

THIRD PARTY VEHICLE 3		
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

THIRD PARTY VEHICLE 4					
Vehicle registration number					
Vehicle make model					
Name					
NRIC / Fin / Passport number					
Contact					

	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1				
Name	LIM YONG CHENG LIONEL			
Injuries sustained	Neck and Body pain.			
Which vehicle person in?	SGYSSOOB.			
Were seat belts worn?	Yes No D			
Was injured conveyed to hospital by ambulance?	Yes □ No Ø			

INJURED PERSON 2				
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes D No D			
Was injured conveyed to hospital by ambulance?	Yes No			

INJURED PERSON 3				
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆 No 🗅			
Was injured conveyed to hospital by ambulance?	Yes D No D			

INJURED PERSON 4				
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No o		

INJURED PERSON 5			
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

INJURED PERSON 6			
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$71201662



Stame

LIM YONG CHENG LIONEL

Rece

CHINESE Date of birth 12-06-1971

SINGAPORE

Sex M 871201662

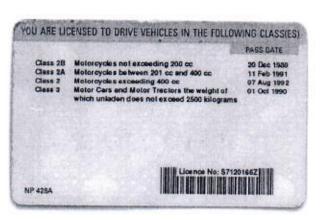
PEPUBLIC OF SINGAPORE DRIVING LICENCE

Lim Yong Cheng Lionel

Burn Dale, 12 Jun 1971

Insue Date, 31 Oct 2003







Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND	COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND	
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate	Numb	per: 5	09225	1561	1-01
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Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SGY5500B

Chassis Number

: WVGZZZ5NZBW074897

2. Name of Policyholder

: LIM YONG CHENG LIONEL

3. Effective Date of Insurance

: 03 Sep 2018

4. Expiry Date of Insurance

: 02 Sep 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes 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 speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100

ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : YES TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : LIM YONG CHENG LIONEL

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : TOKYO CENTURY LEASING (S) PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: HUA YANG CREDIT PTE LTD (00000613824)

Date of Issue

: 10 Aug 2018 22:31 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech								GeneralClaim	
601		The state of the s			· Change	e Language	+ Chang	e Password	· Log Out
Policy Query									59
Policy No.				Date	of Accident	1	3/05/2019 0	7:40	
Vehicle No.(For Motor)	SGY55	800		Certi	ificate Number				
				Search					
Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
O 5092251561- 01		LIM YONG CHENG LIONEL	S7120166Z	GPC	drivo CLASSIC		35%100000	03/09/2018	02/09/2019
	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. 5092251561-	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Certificate Number 5092251561-	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Certificate Number Name 5092251561- D1 CHENG CHENG	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Certificate Number Name NRIC 5092251561- D1 CHENG S7120166Z	Policy Query Policy No. Vehicle No.(For Motor) Segy5500B Certificate Select Policy No. Certificate Number Name NRIC Sog 251561- D1 CHENG 57120166Z GPC	Policy Query Policy No. Date of Accident Certificate Number Search Select Policy No. Certificate Number Name NRIC Solution No. Search LIM YONG CHENG S7120166Z GPC CHENG	Policy Query Policy No. Date of Accident September Search Select Policy No. Certificate Number Name NRIC Product Cover Type No. Did CHENG S7120166Z GPC drivo SGY55008	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Certificate Number Search Select Policy No. Certificate Number Name NRIC Name NRIC Select Policy No. Certificate Number Name NRIC No. Select Policy No. Certificate Number Name NRIC Search Certificate Number Name NRIC Search Certificate Number Name NRIC Search Certificate Number No. Search Certificate Number Name NRIC Search Certificate Number No. Search Certificate Number No. Certificate Number Name NRIC Search Certificate Number No. Policy Query Policy No. Date of Accident Certificate Number Select Policy No. Certificate Number Name NRIC Number Name NRIC Select Policy No. Certificate Number No. Date of Accident 13/05/2019 07:40 Search Certificate Number Commence No. Date Commence No. Date Commence No. Date Commence No. Certificate Number No. Date Commence No. Date	

Policy No.	5092251561-01	Policyholder Name	LIM YONG	CHENG LIONEL	Policyholder NRIC	S7120166Z	
Certificate No.		0,0000000			THE		
Address	BLK 415A #14-42 FERNVALE L	INK FERNVALE	RIVERBOW	SINGAPORE 791415			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N.	
Policy issue Oate	10/08/2018	Effective Date	03/09/201	8 00:00	Expiry Date	02/09/2019 2	3:59
Excess Type		All Claims Excess					
Third		Own					
Party Excess	0	damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside		Outside					
Singapore OD Excess	600	Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	HUA YANG CREDIT PTE LTD	Agent Tel.	64585111		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	BLK 415A #14-42	Addre	ess 2	FERNVALE LINK		Address 3	FERNVALE RIVERBOW
Address 4	SINGAPORE 791415		ess Type	Singapore address		Post Code	791415
Unit No.	14-42	Relate Numb	ed Policy er	5092251561-01			
D Insure	d Object: SGY5500B	8630083	37.5				
▽ Endors	sements						

Roy No. 5092251561-01 Vehicle No. 5GY\$5008 GST Registration No.	Claim Handling					
MINISTRATE OF THE PROPERTY OF	ccident MT/1044341					
MONTE CAR DECORPTION STATES MICHAEL MONTE CAR DECORPTION MICHAE	olicy No.	5092251561-01	Vehicle No.	SGYSSOOR	CST Registration No.	
## MOUNT ON PUBLISHED Separation Separ	ertificate No.			ATT 2015 155 F	GOT REGISTRATION NO.	
MICHATE LAND AND AND AND AND AND AND AND AND AND	licyholder Name	LIM YONG CHENG LIONEL			Postponeday NRTC	E71301667
Contact No (Office)	oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		
Second Records Seco	ntact No. (Mobile)	91155858			A PROPERTY OF THE PROPERTY OF	
Marches Marc	nel Address				PROPERTY OF STREET	and the same of th
Content Name		® No ○Yes		8 to 0 to		/iii V
Marie						
Marche M	Accident Dataile		ACD Entitlement(as)	50	Private Hire	No
Tell Accorded 1,006/2019 Toler Accorded Tell Accorded		50000000000000000000000000000000000000				
Part Control		13/05/2019 20:45	Acadent Report Within 24 hrs	Yes	Acodent Type	Collision - Change / Cross lane
### Control C	e of Accident	13/05/2019	Time of Accident Nhomm	07:40	Country of Accident	Singapore
Marchanister Marc	orting Centre		Orange Force		ICM No.	
March Marc	dent Location	BUKIY TIMAH KO TWOS WOODLANDS				
### Displace 0.00 Outside Singuisme OD Social Singuisme TE (costs) 0.00 Outside Singuisme TE (cost	Excess					
### Description 0.00 Cutation Engageme OD Second 400.00	damage Excess	600.00	Additional Excess	0	Wilderson France	1100.00
## CAMPA CA	amed Driver Excess				Windscreen Excess	100.00
Marche March Mar						
## PART		0.00	Outside Singapore TP Excess	0.00		
Magement No						
Magnetican No.						
Part	A CHARLES AND A STATE OF THE ST	P40				
## 1				GST Status Verified	Yes	
March Marc						
March Marc	Policyholder Maillon 14	tifress				
STATE STAT			Value V			
## PART CASE #				FERNVALE LINK	Address 3	FERNVALE RIVERBOW
## PATENT		SINGAPORE 791415	Address Type	Singapore address	Past Code	791415
Man Driver LIM YONG CHENG LIDNEL	No.	14-42	Related Policy Number	5092251561-01		
### Diver Name ### Diver Usins ### Diver Usin	OI Driver Info					
### Contract Notice of Driver Library 2 12/06/1975 1	er Name	LIM YONG CHENG LIONEL	Oniver Type	Main Driver		
Mark Divide Offices (1971-1996) Command No.	amed driver Name		Driver NRIC	571201662	Driver DOS	12/06/1971
Direct No. (Parties) S155558 Contact No. (Office) Direct No. (Parties) Direct No	ater Date of Driver License	01/10/1990	Oriver Age	47	Driving Experience	
Marie Mari	fact No.(Mobile)	91155858	Contact No.(Office)	0		
Machine Mac	reas 1	BLK 415A	Address 2			
14-42 14-42 15-45	trees 4					
Any injury) Any injury			Address Type	Singapore address	Post Code	791415
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Type * OD-MX						
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Identifies Ional Jim-yc@gmail.com OT Venicle Number Scrissos TP Venicle Number T			Insured Name	LIM YONG CHENG LIONEL	Insured NRIC	571201662
Ill Address Service Number SGX4550G TP Vehicle Number SGX4550G The of Benefit * Please Select	fact No.(Mobile)	91155858	Contact No.(Home)	NIL	Contact No.(Office)	NIL
mant Type Claimant Type * Please Select	iil Address	lional.lim.yc@gmail.com	Of Vehicle Number	sgyssoce	TP Vehicle Number	protection in the contract of
nant Address In Description S0755008 / SGX4650G ON 13 May 2019 Insured Workshop Contact Insured Liability * Not at Pault Vers Preference Repair Option Preferred Workshop, Name unknown V GIA report Received 13/05/2019 20:46 Claim Close Date Date Received 13/05/2019 00:00 Princ Act letter Save Submit Save Submit Fachment Save Submit Save Submit Doc. Received NT/1044341 Oterm No. MT/1044341 Oterm No.	nant Type Claimant Type •	Please Select	Type of Benefit *	Please Select		TOTAL STATE OF THE
SEVESONS / SCR4650G ON 13 May 2019 Insured Liability * Not at Pauk Ves V Preferred Repair Option Preferred Workshop, Name unknown V GIA report Received V Taken By Jackson Fire No. MT/3044341 Clem No. 001 Doc. Received V Ves No. Upload Date 13/05/2019 20:48 Path * Category * Confidential Urgency * Description * Description * Browse Clear Please Select V No. Normal V Normal V No. Normal V Normal V No. Normal V Normal V No. Normal V Normal V No.	nant Name *	22	Claimant NRIC *			
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