Date Hi. MITHE 12111	11 11 11 11 11 11 11 11 11 11 11 11 11		14114062186		
Date In: 15/14-17:47	Job descripti	on	Date &Time Complete	d Do	ne by
Rel No: Na INCIGO 26944/14	SAS e-filin	g	i		
Veh No: 5F79 5377	E-mail (with	nia Shrs, AIC 2hrs)			
D.O.A: 20/5/14-14:25	i-Motor Cl	aim Form	M1 1045344-301	nising	14:31
OD : TP ! Reporting Only	i-Motor W	O (Within: OD 2hr:	, TP 4brs)		
	i-Photo Up	loaded	1	1	
TP Insurer:	Assessment/	Survey Report			
	Ass't Repor	by Fax / Hand t	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:			Tol:	Fax:	
TP Particulars: Veh No: V	nlem vin	. INC(	)/Non-INC( )		
Owner / Driver: (	10000		Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (		
Confirmed by: (		Date:	Time:	<u> </u>	
Insured/Driver Liability: ( %	) [Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. F: 80	1.100%1	
Year of Registration: ( )		THE RESPONDENCE OF THE	)	-100/0]	
Excess: (\$ ) Loading: \$					
General Remarks;	1757 Lessenson No. 17	1908-190-1275-7275000	Homes and Constitution of the Constitution of	797(K) 1 100	
A STATE OF THE PROPERTY OF THE	TAKE GAME THE RES	CYMPONENS)		Sistem Acco	· · ·
( ) Walk-In Customer: Customer's i	nformation strictly C	onfidential & Stri	ctly NO refer of repaire	r.	
( ) Total Loss Case : to e-mail Ins	urer URGENTLY.				
Drive-In ( )/ Towed-In ( ); Invo	pice: YES ( ) /	NO ( ); To	wing Co: (		ν.
		7,120	1		,
Remarks:- (INC hotline: 6788 6616	CASE ACCOUNT AND THE PROPERTY AND ASSESSED SHOWN CONTRACT THE PARTY OF		Date&Time Completed	Don	e by
Apply for Transport Allowance ( )	/ Country C-/		- 4		-
	/ Courtesy Car (	)		1	
2) QC Check / Post Repair Inspection	/ Courtesy Car (	)	-		
	(	)			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost >	(	)			
2) QC Check / Post Repair Inspection	(	)			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost >	(	)			×**, 51, 5.
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:	(	)			× 1 × 1 × 1
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:	(	)			. 54. 5
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 :  Onte/Time Actions	(				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:  OnterTime Actions	(		ration Checklist	Ant (5)	Amt (3
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Onte/Time Actions	(	Invoice Prepa	oration Checklist	Ant (5)	Amt (3
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions  A(903344)  Limant's Particulars:	(	Invoice Prepa 1) AR: Accident R 2) DA: Damage Ar	pration Checklist; eporting (\$30); sessment (\$100); INC (\$	Ant (5)	Amu(J
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:  OnterTime Actions	(	Invoice Prep:  1) AR: Accident R 2) DA: Damage A: 3) TF: Towing Fee 4) FT: Follow-Three	eporting (\$30); seasment (\$100); INC (\$500); Seasment (\$100); Seasment (\$1	Ant (5)	Amt (3
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions  A(903344)  Limant's Particulars:	(	Invoice Preparation of the Invoice Preparation o	eporting (\$30); seasment (\$100); INC (\$500); Survey ough Survey (Resurvey)	Ant (5) Fit Bill 880) 90/\$45 \$120 \$30	Amt (3
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Onte/Time Actions  A(903714  umant's Particulars :- ver/Owner:	(	Invoice Preparation of the Invoice Preparation o	pration Checklist  porting (\$30);  seasment (\$100); INC (\$  ough Survey  ough Survey (Resurvey)  inst INC Only (wef 10 Jan 200	Anii (S) Tst Bill is80) 40/\$45 \$120 \$30 \$)	Amt (3
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Onte/Time Actions  A(903714  umant's Particulars :- ver/Owner:	(	Invoice Preparation of the Prepa	porting (\$30); sessment (\$100); INC (\$  ough Survey ough Survey (Resurvey) ast INC Only (wef 10 Jan 200)	Anic (\$) Tst Bill 180) 10/\$45 \$120 \$30 \$) \$75	Amt (3
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Onte/Time Actions  A(903714)  umant's Particulars :- ver/Owner: ntact No: maged Portion:	(	Invoice Preparation of the Invoice Preparation o	porting (\$30); sessment (\$100); INC (\$  ough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 200 in	Anii (S) Tst Bill is80) 40/\$45 \$120 \$30 \$)	Amt (J
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Onte/Time Actions  A(903714)  umant's Particulars :- ver/Owner: ntact No: maged Portion:	(	Invoice Preparation of the property of the pro	pration Checklist:  sporting (\$30); sessment (\$100); INC (\$  Standard Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 200 on iMRT Survey I Services:-	Anit (\$) Ist Bill ist Bi	Amt (J
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Onte/Time Actions  A(903714  umant's Particulars :- ver/Owner:	(	Invoice Preps  1) AR: Accident R  2) DA: Damage As  3) TF: Towing Fee  4) FT: Follow-Thre  5) FT: Follow-Thre  For claiming aga  6) TR: Re-inspection  7) N1: Idae DA + S  8) NTUC Additional  ODE  *N5: Courtesy	porting (\$30); seasment (\$100); INC (\$  ough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 200 on iMRT Survey I Services:-	Anit (S)  fit Bill  880)  10/\$45  \$120  \$30  \$5)  \$75  \$160	Ant (1)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury :  Onte/Time Actions  Actions  umant's Particulars:- ver/Owner: ntact No: maged Portion:  Checked by (Engr-In-Charge):	(	Invoice Preparation of the property of the pro	porting (\$30); seasment (\$100); INC (\$  Seasment (\$100); INC (\$  Sugh Survey  Sugh Survey (Resurvey)  Sust INC Only (wef 10 Jan 200  SMRT Survey  I Services:-  Ser/Tpt Allowance  Serdination	Anit (\$) Ist Bill ist Bi	Amt (3
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Onte/Time Actions  A(\$03344  Limant's Particulars :- ver/Owner: Intact No: maged Portion:  Checked by (Engr-In-Charge):  ditors! Comments :-	(	Invoice Preps  1) AR: Accident R  2) DA: Damage As  3) TF: Towing Fee  4) FT: Follow-Thre  5) FT: Follow-Thre  For claiming aga  6) TR: Re-inspection  7) N1: Idae DA + S  8) NTUC Additional  OD!*  *N5: Courtesy Country  *N6: Repair Country  *N7: Post Repair  *N8: DV / Collect	pration Checklist  sporting (\$30);  sessment (\$100); INC (\$  sugh Survey  ough Survey (Resurvey)  inst INC Only (wef 10 Jan 200  on  MRT Survey  I Services:-  or / Tpt Allowance  ordination  Inspection  t Excess Coordination	Anit (\$) Ist Bill 1880) 10/\$45 \$120 \$30 \$) \$75 \$160 \$5 \$10 \$25 \$5	Amt (3
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury :  Onte/Time Actions  Actions  umant's Particulars:- ver/Owner: ntact No: maged Portion:  Checked by (Engr-In-Charge):	(	Invoice Preparation of the control o	pration Checklist  sporting (\$30);  seasment (\$100); INC (\$  State of the content	Anit (\$) Ist Bill 180) 10/\$45 \$120 \$30 \$) \$75 \$160 \$5 \$10 \$25 \$5 \$20	Amt (J
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Onte/Time Actions  A(\$03344  Limant's Particulars :- ver/Owner: Intact No: maged Portion:  Checked by (Engr-In-Charge):  ditors! Comments :-	(	Invoice Preps  1) AR: Accident R  2) DA: Damage As  3) TF: Towing Fee  4) FT: Follow-Thre  5) FT: Follow-Thre  For claiming aga  6) TR: Re-inspection  7) N1: Idae DA + S  8) NTUC Additional  OD!*  *N5: Courtesy Country  *N6: Repair Country  *N7: Post Repair  *N8: DV / Collect	pration Checklist  sporting (\$30);  seasment (\$100); INC (\$  State of the content	\$30 \$120 \$30 \$75 \$160 \$5 \$5 \$5 \$5 \$5 \$5 \$20 \$30	Amt (J

# 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 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.
- 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 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.	PERMITTAN P
Mark Name of the Control of the Cont	ACCIDENT STATEMENT
Date Of Report	21/05/2019 13:43
Date Of Accident	20/05/2019 14:05
Exact Location Of Accident	LOR 25 GEYLANG OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SFT9533T
Insured/Policyholder	
Name Of Registered Owner	KO GEOK CHOO @SHI FA XING
NRIC No	S1260734B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96600024
Alternative Phone No	OFFICE-96600024
Vehicle Particulars	
Manufacturer	SUZUKI
Model	APV 1.6 5-DOOR GLX AT ABS AIRBAG
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	REPORTING ONLY
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	5087967552-02
Cover Note Number	
Driver	
Name of Driver	KO GEOK CHOO @SHI FA XING

NRIC No S1260734B Date Of Birth 16/05/1957 Occupation OUTDOOR 14/01/1982 Date Of Driving Pass

37 YEARS AND 4 MONTHS **Driving Experience** 

FEMALE Gender

(LOCAL) +65-96600024 Mobile Number

Fax Number

OFFICE-96600024 Contact Number

EMail Address NOEMAIL Address

BLK 523 HOUGANG AVENUE 6

#09-109

Postcode

530523

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

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?

YES

Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

GENDER:

. .

: FEMALE

**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?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

PRIVATE CAR

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

### 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)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

# SKETCH PLAN

and		A: SFT9533T
1 2 1 m		A: SFT9533T B: WILMUA
2 codo -	(A)	
2 -	H-	
	i	

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Service to all the service of the contract of
Refer to state meny.

### 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.:

On 20/05/2019 at about 1407hrs I park my vehicle SFT9533T at carpark L0117 lorong 25A Geylang while i was coming out from my parking lot and I notice that my left side a vehicle was park so close to my vehicle. As I was moving out , my rear left side grace on the side of the other vehicle. I came down and waited for a while but no one's came forward, so i leave a massage on the windscreen. I waited for the call but no sign of it. As such I have to report as the other party might claim my insurance. thank you

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1260734B



KO GEOK CHOO @SHI FA XING

释法性

CHINESE

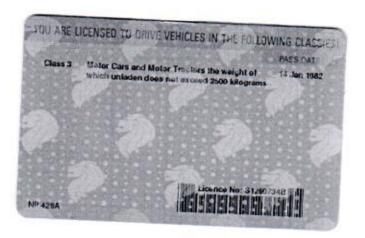
16-05-1957 Country/Place of birth

SINGAPORE











Policy No.	5087967552-02	Policyholder Name	KO GEOK	CHOO @SHI FA XING	Policyholder NRIC	S1260734B	
Certificate No.		28774-077					
Address	BLK 523 #09-109 HOUGANG	AVENUE 6 SING	APORE 530	523			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	21/11/2018	Effective Date	27/11/201	18 00:00		26/11/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	VILLAGE CREDIT PTE LTD	Agent Tel.	64646626	(Fax)	GST Flag	Υ	
Co- insurance Flag	No				Metalesco.		
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	BLK 523 #09-109	Addre	ss 2	HOUGANG AVENUE	6	Address 3	SINGAPORE 530523
Address 4		Addre	ss Type	Singapore address		Post Code	530523
Unit No.	13-340	Relate Numb	ed Policy er	5087967552-02			
□ Insure	d Object: SFT9533T	vovelik ki					
Endors	sements						

Accident MT/1045399					
Policy No.	5087967552-02	Vehicle No.	SFT9533T	GST Registration No.	
Certificate No.		Tables No.	G-19331	Gal Registration No.	
Poscyholder Name	KO GEDK CHOD ØSHE FA XINS			Policyholder NRIC	S1260734B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	96600024	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	
KFK	No ○ Yes	TCA	No ○ Yes	eCode Reason	ALL DES
4CD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details				1.3030000000000000000000000000000000000	
Report Date	21/05/2019 19:49	Accident Report Within 24 hrs.	Yes	Accident Type	Port Ports
Date of Acodent	20/05/2019	Time of Accident hitchern	14:05		Side Swipe
eporting Centre		Orange Force	14.00	Country of Accident	Singapore
vocident Location	LOR 25 GEYLANG OPEN SPACE CARPARK	Contragation Contract		ICM No.	
♥ Excess					
Den damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	William Laces	100.00
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>→</b> Benefits					
Doverage :			Sum Insured		
Fransport Allowance			99999999 99		
GST Registered Inform			5-110-100-10-100-100-100-100-100-100-100		
ST Registered	No		GST Registration Date		
IST Registration No. Additional History			GST Status Verified	Yes	
Policyholder Mailing Ad	idress				
Address 1	BLK 523 ±09-109	Address 2	HOUGANG AVENUE 6	******	
Address 4		Address Type	Singapore address	Address 3 Post Code	SINGAPORE 530523
Jne No.	13-340	Related Policy Number	5087967552-02	Post Code	530523
⇒ OI Driver Info	13,14%	Health Porty Hallings	300/90/302-04		
Oriver Name	KO GEOK CHOO @SHI FA XING	Driver Type	Main Driver		
innamed driver Name		Driver NRIC	\$12507348	Driver DOB	16/05/1957
Register Date of Driver License	14/01/1982	Driver Age	62	Driving Experience	37
Contact No.(Mobile)	96600024	Contact No.(Office)	0	Contact No. (Home)	0
Address 1	BLX 523	Address 2	HOUGANG AVENUE 6	Address 3	SINGAPORE 530523
Address 4		Address Type	Singapore address	Post Code	530523
Init No.	09-109				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
breathalyser or blood Test leading?	D mg	Ady injury?	○ Yes ® No		
odification History Claim 001 New					
Claim 001 New	DD-MX	Insured Name	KD GECK CHOO @SHG FA KING	Insured NRIC	\$12607248
Claim 001 New	DD-MX V 81235648		KO GEOK CHOO @SHE FA XING	Insured NRIC Contact No./Diffice)	512607348
Claim 001 New		Insured Name Contact No.(Home) OI venicle Number	NDL .	Contact No.(Office)	
Claim 001 Naw  Isim Type •  Dottact No. (Mobile)  mail Address	81235648	Contact No.(Home)			512607348 UNKNOWN
claim 001 New laim Type * ontact No.(Mobile) mail Address laimant Type Claimant Type *	81235648	Contact No.(Home) OI Venicle Number	NUL SFT9533T	Contact No.(Office)	
Claim 601 New  Jaim Type * contact No.(Mobile) mail Address Jaimant Type Claimant Type * Jaimant Name *	B1235648 Please Select	Contact No.(Home) OI venicle Number Type of Benefit *	NUL SFT9533T	Contact No.(Office)	
Claim 601 New  Jaim Type * contact No. (Mobile) mail Address Jaimant Type Claimant Type * Jaimant Name *	B1235648 Please Select	Contact No.(Home) OI venicle Number Type of Benefit *	NUL SFT9533T	Contact No.(Office)	
Claim 601 New  Laim Type *  Lontact No. [Mobile]  mail Address  Laimant Type Claimant Type *  Laimant Name *  Laimant Address  Laimant Address  Laimant Description  referred Workshop Contact	B1235648  Please Select: ✓	Contact No.(Home) OI venicle Number Type of Benefit *	NIL SFT9533T Please Select	Cantact No. (Office) TP Vehicle Number	
Claim 001 New  Daim Type * Dontact No. (Mobile) mail Address Laimant Type Claimant Type * Identify Name * Identify Address Id	B123564B  Please Select  ≥≥  SFT95337 / LINKNOWN ON 20 May 2019	Contact No.(Home) OI venicle Number Type of Benefit * Claimant NRIC *  Insured Liability *	NII. SFT9533T Please Select  Fully At Fault	Cartact No. (Office) TP Vehicle Number  Name of Preferred Workshop	UNKNOWN
Claim 001 New  Daim Type * Detact No. (Mobile) mail Address Laimant Type Claimant Type * Idemant Name * Idemant Address Description referred Workshop Contact or equire Finalisation	81235648  Please Select   ≥≥  SFT9533T / LINKNOWN ON 20 May 2019	Contact No.(Home) OI Venicle Number Type of Benefit * Claimare NRIC *	NIL SFT9533T Please Select	Cartact No. (Office) TP Vehicle Number          Name of Preferred Workshop GIA report	UNKNOWN
Claim 601 New  Jaim Type * contact No. (Mobile) mail Address Jaimant Type Claimant Type * Jaimant Name * Jaimant Address Jaimant Address Jaimant Mores Jaima	B123564B  Please Select  ≥≥  SFT95337 / LINKNOWIN ON 20 May 2019  Yes	Contact No.(Home) Of vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	NII. SFT9533T Please Select  Fully At Fault	Cartact No. (Office) TP Vehicle Number  Name of Preferred Workshop	UNKNOWN
Islim Type * contact No. (Mobile) mail Address laimant Type Claimant Type * laimant Address laimant Address laimant Address laimant Marie * laimant Address laimant Marie * laimant Address laimant Plainalisation ata Registered aport Taken By	81235648  Please Select  ≥≥  SF795337 / LINKNOWN ON 20 May 2019  Yes  21/05/2019 19-51	Contact No.(Home) Of vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	NII. SFT9533T Please Select  Fully At Fault	Cartact No. (Office) TP Vehicle Number          Name of Preferred Workshop GIA report	UNKNOWN
Claim 601 New  Jaim Type * contact No. (Mobile) mail Address laimant Type Claimant Type * laimant Name * laimant Address laimant Address laimant Page Claimant Type * laimant Address laimant Address laimant Address laimant Address laimant Address laimant Address laimant Registered aport Taken By	81235648  Please Select  ≥≥  SF795337 / LINKNOWN ON 20 May 2019  Yes  21/05/2019 19-51	Contact No.(Home) Of vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option	NII. SFT9533T Please Select  Fully At Fault	Cartact No. (Office) TP Vehicle Number          Name of Preferred Workshop GIA report	UNKNOWN
Claim 601 New  Jaim Type * contact No. (Mobile) mail Address laimant Type Claimant Type * laimant Name * laimant Address laimant Address laimant Page Claimant Type * laimant Address laimant Address laimant Address laimant Address laimant Address laimant Address laimant Registered aport Taken By	81235648  Please Select  ≥≥  SF795337 / LINKNOWN ON 20 May 2019  Yes  21/05/2019 19-51	Contact No.(Home) Of venicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Class Date	NII. SFT9533T Please Select  Fully At Fault	Cartact No. (Office) TP Vehicle Number          Name of Preferred Workshop GIA report	UNKNOWN
Claim 601 New  Daim Type * Contact No. (Mobile) Intel Address Claimant Type Claimant Type * Claimant Name * Claimant Type Claimant Type Claimant Type * Claimant Type Claimant Type Claimant Type * Claimant Type Claimant Type	81235648  Please Select  ≥≥  SF795337 / LINKNOWN ON 20 May 2019  Yes  21/05/2019 19-51	Contact No.(Home) Of venicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Class Date	NII.  SFT9533T  Please Select  Fully 4t Fault  Preferred Workshop, Name unknown	Cartact No. (Office) TP Vehicle Number          Name of Preferred Workshop GIA report	UNKNOWN
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Name * Claimant Address Claim Description Performed Workshop Confact No. Requiri Finalisation Data Registered Report Taken By  Print AK letter  Attachment	81235648  Please Select  ≥≥  SF795337 / LINKNOWN ON 20 May 2019  Yes  21/05/2019 19-51	Contact No.(Home) Of venicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferenced Repair Option Claim Class Date	NII.  SFT9533T  Please Select  Fully at Fault  Preferred Workshop, Name unknown  Save Submit	Cartact No. (Office) TP Vehicle Number          Name of Preferred Workshop GIA report	UNKNOWN
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Contact  Attachment  Gr	B1235648    Please Select	Contact No.(Home) Of venicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferenced Repair Option Claim Class Date	NII.  SFT9533T  Please Select  Fully At Fault  Preferred Workshop, Name unknown  Save Submit	Cartact No. (Office) TP Vehicle Number          Name of Preferred Workshop GIA report	UNKNOWN
Claim 601 New  Claim Type * Contact No. (Mobile) Imail Address Llaimant Type Claimant Type * Illaimant Name * Illaimant Address Claim Description referred Workshop Contact Let Registered Apport Taken By  Print AK letter  Attachment  W  Coldent No.	B1235648	Contact No.(Home) Of venicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferenced Repair Option Claim Class Date	NII.  SFT9533T  Please Select  Fully at Fault  Preferred Workshop, Name unknown  Save Submit	Cartact No. (Office) TP Vehicle Number          Name of Preferred Workshop GIA report	Received 21:05/2019 00:00

