NATIONAL Assessment Ce	ntre Services. wet 1 Jamos M.	N 10-2264V	1 1
1919-10:71	Job description	Date & Time Completed	Done by
Rei No: Neglat 19009824/24	SAS e-filing		
Veh No: SE 4378R	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 3/6/19- 0:25	i-Motor Claim Form	1	
	i-Motor W/O (Within: OD 2hr	M-11047503-201	4/6/19/11/14
OD / TP/ Reporting Only	i-Photo Uploaded	s, 11 4trs)	
TP Insurer:	Assessment/Survey Report	-	
17 msurer:	Ass't Report by Fax / Hand t	0 Our //3//	
Preferred Wksp / INC Assign Wksp / QW:	(
TP Particulars: Veh No:	22 Company of the state of the		ax:
Owner / Driver: (1489820 . INC)/Non-INC()	
Policy No: ()	Period: (Tel:)
Confirmed by : (Date:	Cover Type: ()
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20	Time:)
Year of Registration: ()	Warranty: YES ()/NO (70, P: 21-79%. P: 80-1	00%]
	1,000 ()/\$2,000 ())	
General Remarks:	7,000 ()/\$2,000 ()		
THE PERSON OF TH	nformation strictly Confidential & Stri		Ser Service
() Walk-In Customer : Customer's in	nformation strictly Confidential & Stri	ctly NO refer of repairer	
() Total Loss Case : to e-mail Ins	urer URGENTLY.	~	
Drive-In ()/ Towed-In (); Invo	ice: YES() / NO(); To	wing Co. (
Remarks: (INC hotline: 6788 6616)			,
Apply for Transport Allowance ()	An and the second	Date&Time Completed	Done by
2) OC Check / Pour 2 - 1	Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
 Upload Resurvey Photo [Repair Cost > 	\$3000] ()		
Injury:			
Date/Fime Actions			
Date/Time Actions		e in the second	Degree Comme
			MEGANE.
	3		
Am altifact			NE CANAL SERVICE
Algorito	Invoice Prepar	ation Checklist	Anit (S) Amit fit Bill Add E
umant's Particulars :-		porting (\$30);	The second second
ver/Owner:	1) AR : Accident Rep		a constant a miles
	2) DA : Damage Ass	essment (\$100); INC (\$80)	
tact No:	2) DA : Damage Ass 3) TF : Towing Fee 4) FT : Follow-Throu	ssment (\$100); INC (\$80) \$40/\$4 gh Survey \$12	
	2) DA : Damage Ass 3) TF : Towing Fee 4) FT : Follow-Throu 5) FT : Follow-Throu	ssment (\$100); INC (\$80) \$40/\$4 gh Survey \$12 gh Survey (Resurvey) \$3	
	2) DA: Damage Ass 3) TF: Towing Fee 4) FT: Follow-Throu 5) FT: Follow-Throu For claiming again 6) TR: Re-inspection	essment (\$100); INC (\$80) \$40/\$4 gh Survey \$120 gh Survey (Resurvey) \$30 st INC Only (wef 10 Jan 2005) \$75	
	2) DA : Damage Ass 3) TF : Towing Fee 4) FT : Follow-Throu 5) FT : Follow-Throu For claiming again 6) TR : Re-inspection 7) N1 : Idao DA + SN	### Survey S100 S40/54 ### gh Survey S12 ### gh Survey (Resurvey) S31 ### SUNC Only (wef 10 Jan 2005) ### ST Survey S160 ### Survey S160 #### Survey S160 #### Survey S160 #### Survey S160 #### Survey S160	
naged Portion:	2) DA: Damage Ass 3) TF: Towing Fee 4) FT: Follow-Throu 5) FT: Follow-Throu For claiming again 6) TR: Re-inspection	### Survey S100 S40/54 ### gh Survey S12 ### gh Survey (Resurvey) S31 ### SURVEY (Wef 10 Jan 2005) ### ST Survey S160 #### Survey S160 ###################################	
naged Portion:	2) DA : Damage Ass 3) TF : Towing Fee 4) FT : Follow-Throu 5) FT : Follow-Throu For claiming again 6) TR : Re-inspection 7) N1 : Idao DA + SN 8) NTUC Additional : OD: *N5: Courtesy Car	### (\$100); INC (\$80) \$40/\$4 gh Survey \$12: gh Survey (Resurvey) \$3: #### \$100 Only (wef 10 Jan 2005) #### \$100 Only (wef 10 Jan 2005) ##################################	
naged Portion: Checked by (Engr-In-Charge):	2) DA: Damage Ass 3) TF: Towing Fee 4) FT: Follow-Throu 5) FT: Follow-Throu For cleiming again 6) TR: Re-inspection 7) N1: Idae DA + SN 8) NTUC Additional OJI* *N5: Courtesy Car *N6: Repair Co-ore	### (\$100); INC (\$80) \$40/\$4 gh Survey	
naged Portion: Checked by (Engr-In-Charge): litors' Comments ::	2) DA: Damage Ass 3) TF: Towing Fee 4) FT: Follow-Throu 5) FT: Follow-Throu For cleiming again 6) TR: Re-inspection 7) N1: Idao DA + SN 8) NTUC Additional: OJD: *N5: Courtesy Car *N6: Repair Co-ore *N7: Fost Repair In	### Survey \$100 \$10	
naged Portion: Checked by (Engr-In-Charge): litors' Comments ::	2) DA : Damage Ass 3) TF : Towing Fee 4) FT : Follow-Throu 5) FT : Follow-Throu For cleiming agoin 6) TR : Re-inspection 7) N1 : Idac DA + SN 8) NTUC Additional : OJ)* *N5: Courtesy Car *N6: Repair Co-ore *N7: Fost Repair In *N8: DV / Collect I TP (N11) : TP (N-11)	### (\$100); INC (\$80) \$40/\$4 gh Survey	
ntact No: maged Portion: Checked by (Engr-In-Charge): https://omments:: 1: 2/3:	2) DA: Damage Ass 3) TF: Towing Fee 4) FT: Follow-Throu 5) FT: Follow-Throu For cleiming again 6) TR: Re-inspection 7) N1: Idao DA + SN 8) NTUC Additional: OD: *N5: Courtesy Car *N6: Repair Co-ord *N7: Fost Repair In *N8: DV / Collect I	### (\$100); INC (\$80) \$40/\$4 \$40/\$	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the Police for investigation.

- 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.

union the indexistration of the	ACCIDENT STATEMENT
Date Of Report	04/06/2019 10:31
Date Of Accident	03/06/2019 01:25
Exact Location Of Accident	WOODLANDS CHECKPOINT TWDS SG CUSTOM
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE4378R
Insured/Policyholder	
Name Of Registered Owner	CHAN SIONG SAN
NRIC No	S2655824G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83994067
Alternative Phone No	OFFICE-83994067
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180 ML
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	5082687808-02
Cover Note Number	
Driver	
Name of Driver	GARY CHAN HAN LIN
NRIC No	S9071588G
Date Of Birth	09/12/1990
Occupation	INDOOR
Date Of Driving Pass	27/09/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83392879
Fax Number	
Contact Number	OFFICE-83392879
EMail Address	NOEMAIL

Address BLK 454 CLEMENTI AVENUE 3

#21-550

Postcode 120454

Was driver an employee of the Insured's Company NO

With British at the British and the British an

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 - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

nt? NO

Number of vehicles (including own vehicle) involved in the accident

2

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)

3

Passenger 1

NAME:

. .

GENDER:

: FEMALE

Passenger 2

NAME:

100

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

SJH8982C

Vehicle Make/Model/Colour

HONDA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

RODVIGUES ADRIAN JEROME SIMON

NRIC/Passport Number

S7523684J

Contact Number

Address

Postcode

No. Of Passenger (Including Driver)

THE RESIDENCE OF THE PERSON NAMED OF THE PERSO	DETAILS OF INJURED PERSON 1
Name	GARY CHAN HAN LIN
Approximate Age	S. S
Injuries Sustain	BODY
Injured person in which vehicle?	SLE4378R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

MPORTANT 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.
- Information provided must be as truthful and accurate as possible. Any wiful misrapresentation or withholding of material facts may aflow 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 dark 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 explan of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lundgrstend, 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 desting with my daims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims:
 - (Ri) 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 low 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 occident 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 losurers and/or GIA to their third party sorvice providers or agents/including their lawyers/law firms), which may be sited outside of Singapora, for one or more of the above Purposes.
- (a) 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 dalms.
- (a) the information so collected under (a) above may be shared / disclosed:
 - to all insurers end/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.

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

Date & Times

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On 3/6/2019, around 0125 at
woodlands customs toward Singapore Customs
Wehicle A stationary, After that vehicle A feel an impack from the back of the car. Vehicle A went
down and notice the rear side was damage by whide B.
DECLARATION I/We declars the foregoins particulars are true in every respect

Policyholder's Signature Date & Time:

Oriver's Signature (if driver is not the policyholder) Date & Time: Reporting Centre Persopher's Signature Name: NRIC/FIN No.;

Date of Accident	: 3 6 19 Accident Time: 01 25 (24-HR-Format)
Accident Place	: Woodburds Custom toward Sq Custom.
Vehicle Reg. No. (Car Plate No.)	: SLE 4378 R
Vehicle Make/Model	Merc C180 ML
Insurance Company	: NTUC hcome. Policy No.
Owner or Company Name /IC No.	: Chan Stony San 52655 824G
Owner or Company Contact No.	8399 4067 _wner's Hp Company Tel
DRIVER'S Name / IC No.	: Gary Chan Han Lin
DRIVER'S Date Of Birth	: 09 12 1990 DRIVER'S License Pass Date 27 Sep 2016
Relationship of Owner & Driver	: Spouse \Parents \Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 454 Clement: Aul 3 #21-550
DRIVER'S Contact No./ Alt No.	:1) 8339 2879 2)
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: platinumwerkz @gmail.com
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including D	river): 3 (2 female)
Was there any video Captured by ca Exact purpose for which vehicle wa	ar camera YES NO
	Party Driver's Particular (if any)
Vehicle Reg. No: SSA 898	ZC Vehicle Reg. No:
Vehicle Make Model: Honda	Vehicle Make\Model:
Name Driver: Kodvigues A	drian Jevome Simon Name Driver:
IC No. Driver: S 752368	45 IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:



For LKK/NAC Use Only

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 27 Sep 2016 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$9071588G





Name

GARY CHAN HAN LIN



汉麟



Sex



M



For LKK/NAC Use Only

6026149



NEIC No. S90715880



Date of Issue

18-09-2018

APT BLK 454 CLEMENTI AVENUE 3 #21-550 SINGAPORE 120454



For LKK/NAC Use Only





Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5082687808-02

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLE4378R

Chassis Number

: WDC2030462R247774

2. Name of Policyholder

: CHAN SIONG SAN

3. Effective Date of Insurance

4. Expiry Date of Insurance

: 01 Nov 2018

: 31 Oct 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 : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : CHAN SIONG SAN NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A

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)

Agency

: TELESALES-DIRECT MARKETING (00000601661)

Date of Issue

SUM INSURED

: 30 Oct 2018 14:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

Countersigned By:

Authorised Officer

Chief Executive

Date of Accident Certificate Number	• Change Password	alClaim • Log Ou
	3/06/2019 01:25	
	3/06/2019 01:25	
Certificate Number		
		1
arch		
oduct Cover Type Vehicle No.	Insured Commence Object Date	Expiry Date
GPC drivo SLE4378R		31/10/2019
G	duct Cover Type Vehicle No.	duct Cover Type Vehicle Insured Commence No. Object Date PC CLASSIC SLE4378R SLE4378R 01/11/2018

Policy No.	5082687808-02	Policyholder	CHAN SIC	ONG SAN	Policyholder	S2655824G	
Certificate		Name	0.000	NO SAIL	NRIC	520558246	
Address	BLK 454 #21-550 CLEMENTI A	VENUE 3 SING	APORE 120	454			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	30/10/2018	Effective Date	01/11/20	18 00:00	Expiry Date		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	g/Inexperience Driver Excess
Agent	TELESALES-DIRECT MARKETIN	C Agent Tel.			GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
- roncy		Adde	ss 2	CLEMENTI AV	ENUE 3	Address 3	SINGAPORE 120454
Address 1	BLK 454 #21-550	Adure					And the second second
Address 1	BLK 454 #21-550		ss Type	Singapore add	ress	Post Code	120454
ecus aren caren u	BLK 454 #21-550	Addre	ess Type			Post Code	
Address 1 Address 4 Unit No.	BLK 454 #21-550	Addre	ess Type	Singapore add		Post Code	
Address 1 Address 4 Unit No.	ed Object: SLE4378R	Addre	ess Type	Singapore add		Post Code	

Hey No.					
	5082667808-02	Vehicle No.	SLE4378R	GST Registration No.	
ertificate No.					
olicyholder Name	CHAN STONG SAN			Policyholder NR3C	52655824G
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
mist No.(Hobie)	83994067	Contact No.(Office)	0	Contact No.(Home)	0
nali Address		Special Remark		eCode	in V
×	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	(Ch. 5)
O Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details				22120000000	rec .
port Date	04/06/2019 11:12	Acadent Report Within 24 hrs	Yes	Accident Type	220250300000000000000000000000000000000
te of Accident	03/06/2019	Time of Accident bhimm	01:25		Collision - Head to Rear
porting Centre		Orange Force	V4.63	Country of Accident	Singapore
ident Location	WOODLANDS CHECKPOINT TWDS SG (5-0700 5-0700 570		ICM No.	
Excess		Weigh.			
n damage Escess	10000000	\$2.500mmmmm			
named Driver Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
d Party Excess	500.00	Outside Singapore DO Excess	800.00		
Benefits	0.00	Outside Singapore TP Excess	0.00		
GST Registered Inform					
Registration No.	No		GST Registration Date		
dication History			GST Status Vented	Yes	
Policybolder Halling Ar	Idress				
ress 1	BLK 454 #21-550	144-1-1	Varia .		
dress 4	2222	Address 2	CLEMENTI AVENUE 3	Address 3	SINGAPORE 120454
it No.		Address Type	Singapore address	Post Code	120454
OI Driver Info		Related Policy Number	5062687908-02		
er Name	Unnamed Driver	200000000			
amed driver Name	GARY CHAN HAN LIN	Driver Type	Unnamed Driver		
ister Date of Driver License		Driver NRIC	59071588G	Driver DOS	09/12/1990
tect No.(Mobile)		Oriver Age	28	Driving Experience	2
ress 1	83392879	Contact No.(Office)	0	Contact No. (Home)	0
	BLK 454	Address 2	CLEMENTE AVENUE 3	Address 3	QUEMENTI HEIGHTS
ress 4	SINGAPORE 120454	Address Type	Singapore address	Post Code	120454
Na.	21-550				
ts he own a Singapore intered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
				and the same of th	
thelyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
athalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
eration sthelyser or Blood Test ding? fication History	0 mg	Any injury?	® Yes ○ No		
ithelyser or Blood Test ding? fication History	0 mg	Any injury?	® Yes ○ No		
ithelyser or Blood Test ding? fication History	0 mg	Any injury?	® Yes ○ No		
ithalyser or Blood Test ding? fication History	0 mg	Any injury?	® Yes ○ No		
thalyser or Blood Test Sing? Acadon History				\$ (51%) SOJENYE	
thalyser or Blood Test Sing? Acadon History aim 001 New		Insured Name	CHAN SJONG SAN	Insured NRIC	\$2655034G
thelyser or Blood Test ling? Icasion History Sim 001 New 1 Type * act No.(Mobile)	OD-MX S392879	Insured Name Contact No.(Home)	CHAN SUONG SAN 68728846	Contact No. (Office)	
thelyser or Blood Test ling? Icasion History Illim GO1 New I Type * RCI No.(Mobile) Address	OD-MX 63392879 CHANGARY HLIGHOTMAJL.COM	Insured Name Contact No. (Home) DI Vehicle Number	CHAN SUCING SAN 68728846 SLE4378R		\$3655824G \$3H8982C
thelyser or Blood Test ling? Icasion History Im 001 New I Type * Ict No.(Mobile) Address and Type Claimant Type *	OD-MX 63392879 CHANGARY-HLSHOTMASL.COM Please Select	Insured Name Contact No. (Home) DI Vehicle Number Type of Benefit *	CHAN SUONG SAN 68728846	Contact No. (Office)	
thelyser or Blood Test Ing? Icasion History Imm 001 New I Type * Ict No.(Mobile) Address and Type Claimant Type * ant Name *	OD-MX 63392879 CHANGARY HLIGHOTMAJL.COM	Insured Name Contact No. (Home) DI Vehicle Number	CHAN SUCING SAN 68728846 SLE4378R	Contact No. (Office)	
thelyser or Blood Test ling? ICEBOON History IT Type * ICT No. (Mobile) Address And Type Claiman; Type * ant Name * ant Address	OD-MX 63392879 CHANGARY-HLGHOTMAJL.COM Please Select ≥≥	Insured Name Contact No. (Home) DI Vehicle Number Type of Benefit *	CHAN SUCING SAN 68728846 SLE4378R	Contact No. (Office) TP Vehicle Number	
thelyser or Blood Test sing? Acason History aim do1 Nem Type * act No.(Mobile) I Address hart Type Claiman Type * tant Address I Description	OD-MX 63392879 CHANGARY-HLSHOTMASL.COM Please Select	Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NR3C *	CHAN SUCNIG SAN 68728846 SLE4378R Please Select	Contact No. (Office)	
thelyser or Blood Test sing? Scation History aim 601 New In Type * act No. (Mobrie) Address And Type Claiman; Type * sent Name * sant Address Description med Workshop Contact	OD-MX 83392879 CHANGARY HLGHOTMASL.COM Please Select ≥≥ SLE4378R / SJH8962C ON 3 Jun 2019	Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NR3C *	CHAN SUCING SAN 68728846 SLE4378R	Contact No. (Office) TP Vehicle Number	
thelyser or Blood Test sing? Scanon History aim 601 New In Type * act No. (Mobrie) Address And Type Claiman; Type * sent Name * sant Address Description and Workshop Contact or Enaksation	OD-MX 63392879 CHANGARY-HLGHOTMAJL.COM Please Select >> SLE4178R / SJH8982C ON 3 Jun 2019 Yes	Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC *	CHAN SJONG SAN 68728846 SLE4378R Please Select	Contact No. (Office) TP Vehicle Number	S3H6962C
thelyser or Blood Test ing? ICEBOON History IT Type * ICE Ne. (Mobile) Address and Type Claimans Type * and Name * and Address Description med Workshop Contact re Finalisation Registered	OD-MX 83392879 CHANGARY HLGHOTMASL.COM Please Select ≥≥ SLE4378R / SJH8962C ON 3 Jun 2019	Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC *	CHAN SJONG SAN 68728846 SLE4378R Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report	S3H8982C
thelyser or Blood Test ing? ICEBOON History IT Type * ICE Ne. (Mobile) Address and Type Claimans Type * and Name * and Address Description med Workshop Contact re Finalisation Registered	OD-MX 63392879 CHANGARY-HLGHOTMAJL.COM Please Select >> SLE4178R / SJH8982C ON 3 Jun 2019 Yes	Insured Name Contact No. (Home) DI Vehicle Number Type of Benefit * Clarmant NR)C * Insured Liabiley * Preferenced Repair Option	CHAN SJONG SAN 68728846 SLE4378R Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	S3H6962C
thelyser or Blood Test Ing? CEDON History Imm 001 New Type * CT Ne. (Mobile) Address and Type Claimans Type * and Address Description med Workshop Contact re Finalisation Legistered 1 Taken By	OD-MX	Insured Name Contact No. (Home) DI Vehicle Number Type of Benefit * Clarmant NR)C * Insured Liabiley * Preferenced Repair Option	CHAN SJONG SAN 68728846 SLE4378R Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report	S3H8982C
thelyser or Blood Test ling? Icanon History Imm 001 New I Type * Int Ne. (Mobile) Address And Type Claiman; Type * ant Name * ant Address Description med Workshop Contact re Finalisation Registered 1 Taken By	OD-MX	Insured Name Contact No. (Home) DI Vehicle Number Type of Benefit * Clarmant NR)C * Insured Liabiley * Preferenced Repair Option	CHAN SJONG SAN 68728846 SLE4378R Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report	S3H8982C
thelyser or Blood Test ling? Icanon History Imm 601 New Type * Ict No. (Mobile) Address ant Address Description and Workshop Contact re Finalisation Registered Taken By Inst AK lister	OD-MX	Insured Name Contact No. (Home) DI Vehicle Number Type of Benefit * Clamant NRIC * Insured Liability * Preference Repair Option Claim Close Date	CHAN SJONG SAN 68728846 SLE4378R Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report	S3H8982C
thelyser or Blood Test sing? Scanon History Imm GO1 New Type * Int No. (Mobile) Address Address Jest No. (Mobile) Address Jest No. (Mobile) Address Jest No. (Mobile) Address Type Claimant Type * Int Address Description Fred Workshop Contact Fre Finalisation Registered T Taken By Frent AK listter	OD-MX	Insured Name Contact No. (Home) DI Vehicle Number Type of Benefit * Clamant NRIC * Insured Liability * Preference Repair Option Claim Close Date	CHAN SIONG SAN 68728846 SLE4378R Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report	S3H8982C
thelyser or Blood Test sing? Accord History In Type * Set No. (Mobile) Address Address In Description and Workshop Contact or Finalisation Registered Titaken By rant Act letter	OD-MX	Insured Name Contact No. (Home) DI Vehicle Number Type of Benefit * Clamant NRIC * Insured Liability * Preference Repair Option Claim Close Date	CHAN SIONG SAN 68728846 SLE4378R Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report	S3H8982C
inthelyser or Blood Test ding? fication History falm GO3 New In Type * act No.(Mobile) if Address whent Type Claimans Type * ment Name * ment Name * ment Address in Description med Workshop Contact inter Finalisation Registered int Takon By Vivint AK letter lachiment	OD-MX	Insured Name Contact No. (Home) DI Vehicle Number Type of Benefit * Clamant NRIC * Insured Liability * Preference Repair Option Claim Close Date	CHAN SIONG SAN 68728846 SLE4378R Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report	S3H8982C
thelyser or Blood Test sing? Scanon History sim dos New Type * act No. (Mobile) Address and Nyme * and Address Description med Workshop Contact re Finalisation Registered T Taken By rint AX letter achiment	OD-MX	Insured Name Contact No. (Home) DI Vehicle Number Type of Benefit * Clamant NRIC * Insured Liability * Preference Repair Option Claim Close Date	CHAN SIONG SAN 68728846 SLE4378R Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report	S3H8982C
thelyser or Blood Test ing? ICEBOON History ICEBOON History IT Type * ICE Ne. (Mobile) Address and Type Claimans Type * and Name * and Address Description red Workshop Contact re Finalisation Registered I Taken By Inst AK letter schment	OD-MX	Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Clarmant NR)C * Insured Liability * Preferenced Repair Option Clarm Close Date	CHAN SUCNIC SAN 68728846 SLE4378R Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report	S3H8982C
thelyser or Blood Test ing? Cation History Lim 001 New Type * CI Ne.(Mobile) Address and Type Claimang Type * and Ratness Description red Workshop Contact re Finalisation legistered I Taken By and AK letter schment	OD-MX	Insured Name Contact No. (Home) DI Vehicle Number Type of Benefit * Clarmant NR)C * Insured Liabitey * Preferenced Repair Option Clarm Close Date	CHAN SUCNIC SAN 68728846 SLE4378R Prease Select Not at Fault Preferred Workshop, Name unknown 04/06/2019 11:15	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	S3H8982C S3H8982C Received V
thelyser or Blood Test ing? Cation History Lim 001 New Type * CI Ne.(Mobile) Address and Type Claimang Type * and Ratness Description red Workshop Contact re Finalisation legistered I Taken By and AK letter schment	OD-MX	Insured Name Contact No. (Home) DI Vehicle Number Type of Benefit * Clarmant NR)C * Insured Liabitey * Preferenced Repair Option Clarm Close Date	CHAN SUCNIG SAN 68728946 SLE4378R Phease Select Not at Fault Preferred Workshop, Name unknown Ave Submit 001	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidencial Urgency	
thelyser or Blood Test ling? Ication History In Type * Ication Mem In Type * Icat No. (Mobile) Address Address In History In History In Type * In History In Type * In History In Type * In History In History	OD-MX	Insured Name Contact No. (Home) DI Vehicle Number Type of Benefit * Clarmant NR)C * Insured Liability * Preferenced Repair Option Clarm Close Date Clarm No. Upload Date	CHAN SUCING SAN 68728846 SLE4378R Please Select Not at Fault Preferred Workshop, Name unknown 001 04/06/2019 11:15 Category + Clear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report Date Received Confidencial Urgency No. V Normal	
athelyser or Blood Test ding? fication History	OD-MX	Insured Name Contact No. (Home) DI Vehicle Number Type of Benefit * Clarmant NR)C * Insured Liability * Preferenced Repair Option Clarm Close Date Clarm No. Upload Date Browse	CHAN SUCING SAN 68728846 SLE4378R Please Select Not at Fault Preferred Workshop, Name unknown 001 04/06/2019 11:15 Category *	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidencial Urgency	

