NATIONAL Assessment Centre Seri	tices (and charge)		
Date 10: 07/06/2019 6:47 John	lescription	Date & Time Completed	Done by
REINO: NBAI INCLADIOUST KU SA	S e-filing		
VEHNO SEA 2883 U E.	nail (within 8hrs, AIC 2hrs;		
from the state of	lotor Claim Form	MT/ 104800	70-001 8/6/19
I-N	lotor W/O (Within: OD 2h		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OD TP : Reporting Only	lioto Uploaded	!	
TD In users	essment/Survey Report		
TP Insurer:	't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW; (Tel:	Fax:
TP Particulars: Veh No: SBV	7855 P INC)/Non-INC().	
Owner / Driver: (11/1	7'cl:)
Policy No: () Period: ()	Cover Type: (
Constrmed by : (Dates	Tinte:)
		20%; P: 21-79%. F: 80-	100%]
Year of Registration: () Warrant)	
)/\$2,000()	Sternauges 19 1	
Cengual Remarks	PHARMS TO A	Carrie Strandard A. L. A.	1. 4-1
() Walk-In Costoniar : Customer's information		thatly NO rater of repairer	·
() Total Loss Case : to e-mail Insurer URG		T	
Drive-In () / Towed-In (); Invoice: YES	()/NO();	Towing Co: (
Remarks: (INC horline: 6788 6616)		Date&Time Completed	Done by
Apply for Transport Allowance () / Courtesy	Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost > \$3000]	()		
Injury:		·	
Date/Pime / Actions	SECTION SECTIO	RESTRICTS NOT SECOND	ar nage
Denoting Personal and the second of the second and the second of the sec	((455,7239,387b); Salistical()	inge - Design of weight the Romes is	NIZ GOLD OF THE
NA 19041	88 Invaice Pi	eparation Checklist	Anit (\$) Anit (\$) Tit Bill Add B
	I) AR : Accide	ent Reporting (\$30);	ASSESSED THE REAL PROPERTY.
Claimant'i Particulars :-	2) DA : Dumo 3) TF : Towist		(\$80)
Driver/Owner:	4) FT : Fallow	Through Survey	\$120
Contact No:	Eoz cloimiu	-Through Survey (Remrvey) s against INC Only (well U Jan 2)	530
Damaged Portion:	6) TR: Ite-ins		\$75
3	6) NTUC Add	litional Servines:	
QC Checked by (Engr-In-Charge):	* N3: Court	tay Car / Tpt Allowante	
	*N6; Repai	r Co-ordination	310
Auditors Comments :	The state of the second st	Repair Inspection Collect Excess Coordination	\$25
Int. J.:	1.P.(NII):	TP (Non INC) against INC	\$20
int. 2/3.	9) N12: Idne I Invoice dozeil		30 30 30 30 30 30 30 30 30 30 30 30 30 3
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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.
- 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

	ACCIDENT STATEMENT
Date Of Report	07/06/2019 16:47
Date Of Accident	07/06/2019 13:00
Exact Location Of Accident	BLK 78C CARPARK TOA PAYOH CENTRAL
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKA2883U
Insured/Policyholder	
Name Of Registered Owner	WONG CHUEN SHOON ABRAHAM
NRIC No	S8935153G
Email Address	ABELOVESSG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96221923
Alternative Phone No	OTHERS-83388178
Vehicle Particulars	
Manufacturer	BMW
Model	*************************************
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	5105389521
Cover Note Number	
Driver	
Name of Driver	WONG CHUEN SHOON ABRAHAM
NRIC No	S8935153G
Date Of Birth	30/09/1989

Date Of Birth 30/09/1989 Occupation INDOOR Date Of Driving Pass 30/09/2010

Driving Experience 8 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96221923

Fax Number

Contact Number OTHERS-83388178

EMail Address ABELOVESSG@GMAIL.COM

BLK 79A TOA PAYOH CENTRAL Address

#28-01

Postcode 311079

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 FIRE, EXPLOSION OR LIGHTNING

Weather Conditions CLEAR Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

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)

0

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

REVERT

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SBV7855P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver TAN LIANG SENG

NRIC/Passport Number S1270717G Contact Number 91887855

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 23

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>.
- 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.
- 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.:

BLK 78C Carpark TOA PAYOH CENTRAL SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT SKA 28834 was parked at Blk 78 c multi store Car Park 2019 olive ralled and BMW not ans DECLARATION I/We declare the foregoing particulars are true in every respect Policyholder's Signature Driver's Signature Date & Time: 7 6 2019 Reporting Centre Personnel's Signature (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No.:



CASE CARD

E/20190607/0061 Classification:

Police Assistance Regural

For queries, please contact:

A10 Adib

Actions Taken

Advised to file magistrate's complaint

Advised to seek community mediation

For further investigation

Others:_

6391 6000

NP319E (2018)

For more information, visit www.police.gov.sg or the agencies below;

Magistrate's Complaint www.statecourts.gov.sg

Community Mediation Centre www.mlaw.gov.sg/content/cmc

Samaritans of Singapore www.sos.org.eg

Family Violence Centre www.ncss.gov.sg

Municipal Services Office www.oneservice.sg

Consumer Association of Singapore www.case.org.sg

NP319E (2/18)

MOTOR	ACCIDENT	REPORT	FORM
mo lon	ACCIDE IT	KELOKI	LOKIN

Date of Accident: 7 June 2019 Time: 1pm	
DETAILS OF INSURED/POLICYHOLDER (OWN VEH	IICLE)
Vehicles Registration Number: SKA 2883 U	Name of Registered Owner: Work Church Sharing Abraham
NRIC / Passport No. / FIN: \$89351536	Co. Reg. No.(for Co. Vehicle Only):
*Own Insured Email Address:	*Mobile Phone No.: 96 22 /923 *Alternative Phone No.: 8 33 88 77
VEHICLE PARTICULARS (OWN VEHICLE)	
Manufacturer: BMW	Model: 11 6
Exact purpose of vehicle being used at time of accident	- S- + Chick E (product state).
Are you claiming your own insurance policy for repair to	o your vehicle? Yes ☐ Claiming Against 3 rd Party ☐ For Reporting Only ☐
Vehicle Category: Private Car Private	
INSURANCE COMPANY (OWN VEHICLE)	
Name of My Insurance Company:	
Type of Coverage: Comprehensive Third F	Party D
Fleet Policy (Multiple vehicles coverage): Yes	No □ Policy / Cover Note Number:
DRIVER PARTICULARS Same as Insu	
Name of Driver:	NRIC / Passport No. / FIN:
Date of Birth:	Occupation: Indoor Outdoor Twelve
Date of Driving Pass:	Gender: Male □ Female □
Mobile Phone No.: Alternativ	re Phone No.:
Address as stated in NRIC:	
mail Address:	(Post Code:
Vas driver an employee of the Insured's Company?	Yes □ No □ State relationship of the driver with the insured:
oes the Driver Own Any Other Vehicle?	Yes No No
/ehicle Reg. Number of Driver's Own Vehicle (if applica	Contraction (Contraction)
nsurance Company of Driver's Own Vehicle (if applicab	
nsurance Company of Driver's Own Vehicle (if applicable NFORMATION OF THE ACCIDENT	ole):
nsurance Company of Driver's Own Vehicle (if applications) NFORMATION OF THE ACCIDENT Veather Conditions	Clear Raining □ Others □ (please state condition):
nsurance Company of Driver's Own Vehicle (if applicable NFORMATION OF THE ACCIDENT Veather Conditions Road Surface	Clear Raining Others (please state condition): Wet Dry Others (please state condition):
NEW AND A SUPPLIED TO SUPPLIED	Clear Raining Others (please state condition): Wet Dy Others (please state condition): No Yes D
NSUrance Company of Driver's Own Vehicle (if applicable NFORMATION OF THE ACCIDENT Weather Conditions Road Surface Was any foreign vehicle involved in this accident? Foreign Vehicle Registration Number	Clear Raining Others (please state condition): Wet Dy Others (please state condition): No Yes D SBV 7855 P (Sing pore)
nsurance Company of Driver's Own Vehicle (if applicable NFORMATION OF THE ACCIDENT Veather Conditions Road Surface Vas any foreign vehicle involved in this accident? oreign Vehicle Registration Number oreign Vehicle Category	Clear Raining Others (please state condition): Wet Dy Others (please state condition): No Yes D
NEON VERY COMPANY OF THE ACCIDENT Veather Conditions Road Surface Vas any foreign vehicle involved in this accident? oreign Vehicle Registration Number oreign Vehicle Category Number of vehicle involved in the accident	Clear Raining Others (please state condition): Wet Dry Others (please state condition): No Yes SBV 7855 P (Singrer) Private Car/Commercial Vehicle/Motorcycle/Taxi/Bus Others *Please Indicate
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NFORMATION OF THE ACCIDENT Veather Conditions Road Surface Vas any foreign vehicle involved in this accident? oreign Vehicle Registration Number oreign Vehicle Category Number of vehicle involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Vas any other material or property damaged? have been approached by unknown person(s)	Clear Raining Others (please state condition): Wet Div Others (please state condition): No Yes Control Private Car/Commercial Vehicle/Motorcycle/Taxi/Bus Others Please Indicate No Yes No Yes No Yes No Yes
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As any body injured in the Accident? Was any foreign vehicle involved in this accident? Was any foreign vehicle involved in this accident? Oreign Vehicle Registration Number Oreign Vehicle Category Number of vehicle involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Vas any other material or property damaged? Nave been approached by unknown person(s) Diciting / offering accident claims assistance. Number of Passengers (Including Driver) Passenger 1 Passenger 3	Clear Raining Others (please state condition): Wet DDy Others (please state condition): No Yes Car/Commercial Vehicle/Motorcycle/Taxi/Bus Others Please Indicate No Yes Gander Male Female Name: Name: Gender Male Female Name: Gender Male Female Gender Male Female Name: Gender Male Female Name: Gender Male Female Gender Male Gender M
As any other material or property damaged?	Clear Raining Others (please state condition): Wet DDy Others (please state condition): No Yes D Private Car/Commercial Vehicle/Motorcycle/Taxi/Bus Others Please Indicate No D Yes D Name: TAN LIANG SENG D Gender Male Female D Name: Gender Male Female D Name: Gender Male Female D Name: Gender Male Female D
NFORMATION OF THE ACCIDENT Veather Conditions Road Surface Vas any foreign vehicle involved in this accident? oreign Vehicle Registration Number oreign Vehicle Category Number of vehicle involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Vas any other material or property damaged? have been approached by unknown person(s) oliciting / offering accident claims assistance. Number of Passengers (Including Driver) Passenger 1 Passenger 2 Passenger 3 Passenger 5	Clear Raining Others (please state condition): Wet Doy Others (please state condition): No Yes Of Shypore Private Car/Commercial Vehicle/Motorcycle/Taxi/Bus Others *Please Indicate No Yes
NFORMATION OF THE ACCIDENT Veather Conditions Road Surface Vas any foreign vehicle involved in this accident? Foreign Vehicle Registration Number Foreign Vehicle Category Number of vehicle involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? have been approached by unknown person(s) oliciting / offering accident claims assistance. Number of Passengers (Including Driver) Passenger 1 Passenger 2 Passenger 3 Passenger 5 Vas the accident reported to the Police?	Clear O Raining Others (please state condition): Wet Doy Others (please state condition): No Yes O Private Car/Commercial Vehicle/Motorcycle/Taxi/Bus Others *Please Indicate No O Yes O No O Yes
NFORMATION OF THE ACCIDENT Veather Conditions Road Surface Vas any foreign vehicle involved in this accident? oreign Vehicle Registration Number oreign Vehicle Category Number of vehicle involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Vas any other material or property damaged? have been approached by unknown person(s) oliciting / offering accident claims assistance. Number of Passengers (Including Driver) Passenger 1 Passenger 2 Passenger 3 Passenger 5	Clear Raining Others (please state condition): Wet
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abelovessa Ogmail.com

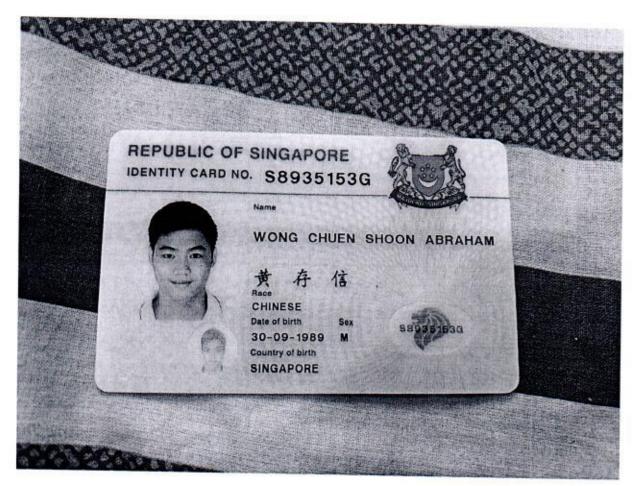
rsbu 6 1 kk auto.com

Foreign Vehille again. ? DETAILS OF OTHER VEHICLE (Please complete Annex A Form if more vehicles involved) Vehicles Registration No.: SBV 7855P Vehicle Make / Model / Colour: Details of Property Damaged in Accident (other than 3rd-Party vehicle): *Vehicle Category: Private Car 🖾 Commercial Vehicle 🗆 Taxi 🗆 Private Hire 🗆 Bus 🗆 Motorcycle 🗅 Goods Vehicle Tanker ☐ Government ☐ Mobile Equipment ☐ Motor Trade □ NRIC/Passport Number: Name of Driver: 9188 Contact Number: (Post Code: Address: Insurance Company Name No. of Passengers (Including Driver): Nature of Damage: Front Rear Left D Right Details of Witness - Name: rase Details of Witness - Contact Number: Details of Witness - Email Address: DETAILS OF INJURED PERSON (Please complete Annex A Form if more person injured) Approximate Age: Name: (Post Code: Address: Injuries Sustained: Injured person in which vehicle (vehicle reg. no.): Were seat belts worn? Yes Were injured conveyed to hospital by ambulance? No 🗆 Yes 🗆 No 🗆 Type of Accident (Please tick the appropriate type on flipside of this form)

TYPE OF ACCIDENT (Please tick the appropriate type)

Chain Collision		Collision - Opening Door of Vehicle
Collided into Bicyclist		Collision - Roundabout
Collided into Motorcyclist		Collision – U-Turn
Collided into Parked Vehicle		Drink Driving / Drugs Influence
Collided into Pedestrian	ø	Fire, Explosion or Lightning at Cav Parlc.
Collided into Property		Flood
Collision - Change / Cross Lane		Hit and Run / Vandalism / Damaged whilst Parked
Collision – Cross Junction		Hit by Fallen Tree
Collision – Head on Collision		No Collision
Collision – Head to Rear		Side Swipe
Collision – Major / Minor Road		Theft

Driver



Briver



Driver



YOU ARE LICENSED TO GRIVE VEHICLES IN THE FOLLOWING CLASSIECT

EFFECTIVE DATE

Aotor Cars=< 3000kg with =<7 passengers, exclusive 30 Sep 2010 of the driver; and other motor vehicles =< 2500kg

NP 428A

Licence No: \$8935153G

Hello, NAC_BUKIT_MERA	H_800676						• Chang	e Languag	e Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query						8.8		50	
Notice of Loss	Policy N	Vo.				Date	of Accident		07/06/2019 1	13:00	
	Vehicle	No.(For Motor)	SKA28	83U		Certif	icate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5105389521		WONG CHUEN SHOON ABRAHAM	S8935153G	GPC	drivo PREMIUM	SKA2883U	SARTERIA.	14/11/2018	13/11/2019

Sequenc	Date of Endorsement	E	ndorsement T	ype i	Endorsement	Status	Endorsement Content
Dendorse	ements						
D Insured	Object: SKA2883U						
Jnit No.	28-01	Related		5105389521			
Address 4	SINGAPORE 311079	Addres	200	Singapore address	- 1	Post Code	311079
Address 1	BLK 79A #28-01	Addres	s 2	TOA PAYOH CENTRA	iL .	Address 3	CENTRAL HORIZON
115007.007	older Mailing Address						
nfo							
Policy Info							
Flag Open							
Co- nsurance	No	VI-MORNING ALL			GST Flag	M.	
Agent	TEH TZU HAO	Agent Tel.	93813910		GST Flag	Y	
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	0	Own damage Excess	0.0		Windscreen Excess	100	
Excess Type		All Claims Excess					
Policy issue Date	09/11/2018	Effective Date	14/11/2018	00:00	Expiry Date	13/11/2019	23:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 79A #28-01 TOA PAYOH CI	ENTRAL CENTR	AL HORIZON	SINGAPORE 311079	9		
Certificate No.					NRIC	203331330	
Policy No.	5105389521	Policyholder Name	WONG CHUE	N SHOON ABRAHAI	Policyholder	S8935153G	

Continue Cancel

Claim Handling Accident MT/1048090

Policy No.	5105389521					
Certificate No.	3403309321	Vehicle No.	SKA2883U		GST Reg	gistration
Policyholder Name	WONE CHARLE					
Product Code	WONG CHUEN SHOON ABRAHAM				Policyho	der NRIC
Contact No.(Mobile)	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM		Loading	
Email Address	96221923	Contact No.(Office)	0		Contact	No.(Hom
KFK		Special Remark			eCode	
0000000	» No Yes	TCA	No Yes		eCode R	leason
NCD Protection	No	NCD Entitlement(%)	10		Private H	Hire
Accident Details					30000000	
Report Date	08/06/2019 09:59	Accident Report Within 24 hrs	Yes		Accident	Tunn
Date of Accident	07/06/2019	Time of Accident hh:mm	13:00			
Reporting Centre		Orange Force	322.00			of Accide
Accident Location	BLK 78C CARPARK TOA PAYOH CENTRAL				ICM No.	
₩ Excess						
Own damage Excess	0.00	Additional Excess	0		12 per 20 men	0100720000
Unnamed Driver Excess	0.00	Outside Singapore OD Excess		0.00	Windscre	een Exces
Third Party Excess	0.00	Outside Singapore TP Excess		0.00		
▽ Benefits	-	Saturde Singapore of Excess		0.00		
Coverage			12-900-90-90-9			
Excess Waiver			Sum Insured			
	tion		99999999.99			
GST Registered	No		92/10/20/20			
GST Registration No.	NO		GST Registrat			
Modification History			GST Status Ve	erified		Yes
Policyholder Mailing Add	ress					
Address 1		72.000000				
Address 4	BLK 79A #28-01	Address 2	TOA PAYOH CENTRAL		Address :	3
Unit No.	SINGAPORE 311079	Address Type	Singapore address		Post Code	e
▽ OI Driver Info	28-01	Related Policy Number	5105389521			
Driver Name	WONG CHUEN SHOON ABRAHAM	Driver Type	Main Driver			
Unnamed driver Name		Driver NRIC	58935153G		Driver DO	ОВ
Register Date of Driver License	30/09/2010	Driver Age	29		Driving E	xperience
Contact No.(Mobile)	96221923	Contact No.(Office)	0		Contact N	No.(Home
Address 1	BLK 79A	Address 2	TOA PAYOH CENTRAL		Address 3	3
Address 4		Address Type	Singapore address		Post Code	B
Unit No.	#28-01					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			Driver Ins	surer Com
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes • No	1/2		
fodification History						
Claim 001 OD-MX New	1					
Claim Type •					Insured	
			Loi	D-MX ¥	Insured Name	WONG
Contact No.(Mobile)			81	688779	Contact No. (Home)	
mail Address			abo	elovesSG@gmail.com	OI Vehicle	SKA28
laim Description					Number	
referred			SK	A2883U / SBV7855P ON 7 Jur	2019	-
Vorkshop	Profesered Partially at Fa					
inalisation Yes	Repair Option Preferred Workshop, Nan		*			
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→ Attachment	nt List	Common Constitutions					
Attachment		Uploaded By/Date	Category	9	Urgency		De
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	NAC_BUKI	T_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:06	NRIC/ Oriving License		Normal		NRIC/ Drivin
	NAC_BUKI	T_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:06	NRIC/ Driving License		Normal		NRIC/ Drivin
1	NAC_BUKI	T_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:04	SAS		Normal		SAS
X	NAC_BUKT	T_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 08 Jun 2019 10:04	Photos		Normal		Photo
96	NAC_BUKT	T_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:04	Photos		Normal		Photo
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6	NAC_BUKT	_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:03	Photos		Normal		Photo
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9	NAC_BUKIT	"_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:03	Photos		Normal		Photo
20	NAC_BUKIT	_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:03	Photos		Normal		Photo
	NAC_BUKIT	_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:03	Photos		Normal		Photo
	NAC_BUKIT	_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:03	Photos		Normal		Photo