NATIONAL Assessment Ce			4A119070714		
Date In: 10 6 1 19 - 17:51	Jeb description	S	Date &Time Completed	Don	e by
Re[No: 49 MC19010134 24	SAS e-filing				
Veh No: SCZ7140D	E-mail (within	Shrs, AIC 2hrs)			
D.O.A : 9/6/19 - 16: TS	i-Motor Clair	m Form	M711048267-001	10/6/19	14:02
OD : TP : Peporting Only	i-Motor W/O	(Within: OD 2hr			
OB : If Treporting Only	i-Photo Uplo	aded	1		
TP Insurer:	Assessment/Su	rvey Report		-	
Transaction .	Ass't Report b	y Fax / Hand	to Owner/Wksp		W40\528\4\1
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:	
TP Particulars: Veh No: S	chairon .	. INC()/Non-INC()		
Owner / Driver: (National Control of the Control of t		Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	(W) [Note-Est. Status (W)	70): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO()		
	\$1,000 ()/\$2,000	()			
General Remarks:				3.00	
() Walk-In Customer: Customer's	information strictly Con	fidential & St	rictly NO refer of renairer		
() Total Loss Case : to e-mail Ins	surer URGENTLY.	338	8		19.00
D. L. C.	oice: YES () / N	0/).T	owing Co: (
, , , , , , , , , , , , , , , , , , , ,		0();1	owing Co: (
Remarks: (INC hotline: 6788 6616	0)		Date&Time Completed	Don	by
	/ Courtesy Car ()				and the same
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost >	>\$3000] ()		-		711 17
Injury:					
Date/Time Actions	Control of the Paris	area entresado		BARSON IN	
	H				
	-1				
				**************************************	1850 X 1 G2.
NAIDOMA	11	Invoice Prep	aration Checklist	Anit (S) fat Bill	Amt (\$) Add Bill
laimant's Particulars :-	Miliande, Sau ella esta Milia de la compressión	1) AR : Accident			11-5-1-11
river/Owner:		2) DA : Damage A 3) TF : Towing Fe	Assessment (\$100); INC (\$80		
		4) FT : Follow-Th	rough Survey S	120	
ontact No:			rough Survey (Resurvey) ajnst INC Only (wef 10 Jan 2005)	\$30	
maged Portion:		6) TR : Re-inspect	lion	\$75	
		7) N1 : Idao DA + 8) NTUC Addition		160	
Checked by (Engr-In-Charge):	14	on.			2 10 000
, (-1.5. 1. Onling)		*N5: Courtesy (*N6: Repair Co	Car / Tpt Allowance	\$5	
iditors! Comments :-		*N7: Fost Repai	ir Inspection	\$25	
	A)40 (2.4 0(44)-41, 1-44)(4.5 § §		set Excess Coordination Non INC) against INC	\$20	
) N12: Idac Mobi	ile	30	
2/3;	100	nvoice dated	Fee Charged		and Tal
	17	nvoice dated	Fee Charged	Section 1	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

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

	ACCIDENT STATEMENT
Date Of Report	10/06/2019 13:51
Date Of Accident	09/06/2019 16:55
Exact Location Of Accident	PIE (CHANGI) BEFORE EUNOS LINK EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ7140D
Insured/Policyholder	
Name Of Registered Owner	PANG NEOK
NRIC No	S2038165E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98699070
Alternative Phone No	OFFICE-98699070
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
Exact Purpose for which vehicle was being used at time of accident	
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	White the second
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100417235-01
Cover Note Number	
Driver	
Name of Driver	DARYL LEE JUN CHERNG
NRIC No	S9539769G
Date Of Birth	29/10/1995
Occupation	INDOOR
Date Of Driving Pass	15/11/2014
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90408008
Fax Number	territoria de la compania del la compania del la compania de la compania del la compania de la compania del la compa
Contact Number	OFFICE-90408008
AND ADDRESS OF THE PARTY OF THE	

NOEMAIL

50 CHOA CHU KANG NORTH 7 Address

#14-16

Postcode 689527

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured RELATIVE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

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

Number of Passengers (Including Driver)

NO 5

NAME:

Passenger 1

GENDER: : MALE

Passenger 2

NAME:

GENDER:

: MALE

Passenger 3

NAME:

GENDER:

: FEMALE

Passenger 4

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

SLN9220G

Vehicle Make/Model/Colour

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLC8994X

Vehicle Make/Model/Colour

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

Name

DARYL LEE JUN CHERNG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLZ7140D

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Using C - SLC 8994X

Pushed 9

Pushed 9

INPROVE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was	DRIVIAL	ALONG	PUE	TOWARD	CHANGI	DIRECTION,	I was
ON TI	HE RICHT	conie.				H-6-2-2-2	
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VBHI CU	2 B -	SLN 92	206				
VEIN CA	13 C -	SLC 1	994 X				

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.:

Vehicle No.	SLZ FIGO D Model / Make HONDA SHUTTLE
Date of Accident	09/06/19
Time of Accident	1655 HRS
Location of Accident	PIR TOWARD CHANGI BEFORE ELWOS EXIT.
Exact purpose use during accid	
Name of Owner	Pang Neok
Telephone No.	H/P: 98699070 Home: 67636402 Office:
NRIC	S 20 3 8 1 65 E
Address	50 Choa Chu Kang North 7 #16-14 5(689527)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	
Name of Driver	As Above If No, DARYL LEE JUIN CHERAL
NRIC	5 95 397 69 G Any Passengers: 4 (FATHER/ MOTHER)
Date of birth	201 OCT 10105 BROTHER CHEEPE
Occupation	Outdoor / Indoor (2mare /2penace)
Driving License Pass Date	15 NOV 2014
Gender	Male / Female
Contact No.	H/P: 0040 rook Home: Office:
Address	50 CHOA CHU KANG NORTH 7 #14-16 5(689 527)
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state CRANDSON
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	DARYL LER JUIN CHERNL, 9040 8008
Name And Contact No.	
Police Report	No If Yes, Where?
Vehicle B No.	SLN 9220 G Any Passengers:
Name of Driver	Contact No. :
Vehicle C No.	SLC 8994 × Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	FRONT AND REAR
Camera Recorder	Yes/No SD CARD FILE CORRUPTION
Email Address	
PARTICULAR WORKSHOP	TWINCAR ANCOMOTIVE PER LED
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	IAN
FAX NO	6741 0510
WORKSHOP EMAIL APDRESS	sales @ n51. com. sg

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9539769G





Licence Number S9539769G

DARYL LEE JUIN CHERNG

DARYL LEE JUIN CHERNG



CHINESE

29-10-1995

SINGAPORE

For LKK/NAC Use Only



For LKK/NAC Use Only



29-07-2010

50 CHOA CHU KANG NORTH 7 SINGAPORE 689527

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

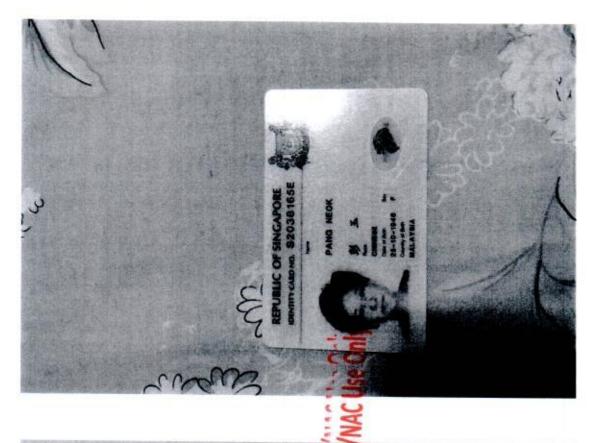
EFFECTIVE DATE

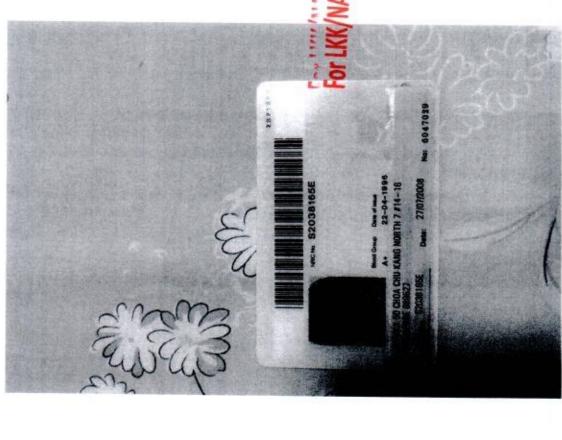
Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

For LKK/NAC Use Only

NP 428A









Certificate of Insurance

Cover : drivo PREMIUM

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: 5100417235

1. Index mark and Registration Number of Vehicle

Chassis Number

Name of Policyholder
 Effective Date of Insurance

4. Expiry Date of Insurance

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.

: SLZ7140D : GP71208308

: PANG NEOK

: 16 May 2018

: 15 May 2019

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 : YES
INSURE WITH COE : YES
NCD PROTECTION : YES
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO
PRIMARY DRIVER : PANG NEOK

NAMED DRIVER (1) : BRIAN LEE JUIN HSIEN :
NAMED DRIVER (2) : DARLY LEE JUIN CHERNG

HIRE PURCHASE COMPANY : N/A

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)

Agency :

: VENTURE CARS PTE. LTD. (00000573058)

Date of Issue : 15 May 2018 13:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive





Accident MT/1048267					
nkcy No.	6190417235-01	vehicle No.	SLZ7140D	GST Registration No.	
ortificate No.			300004.000	and the first state of the stat	
Acynoider Name	PANG NEOK			Policyhalder NRIC	520381655
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
intact No.(Mobile)	98699070	Contact No.(Office)	0	Contact No.(riome)	
mail Address		Special Remark	ā.	eCode	0
FK	® No ○Yes	TCA	81-0V		4 0
CD Protection	Salt Salt Salt Salt Salt Salt Salt Salt		® No ○Yes	eCode Reason	
Accident Details	Yes	NCD Entitlement(%)	50	Private Hire	No ·
eport Date	10/06/2019 14:00	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
are of Accident	09/06/2019	Time of Accident bhomm	16:55	Country of Accident	Singapore
oporting Centre		Orange Force		ICM No.	
Cident Location	PIE (CHANGI) BEFORE EUNOS LINK EXIT				
 Total Excess Applicable 					
cess Type	Per Accident	Windscreen Excess	100.00		
D Standard Excess	600.00	TP Standard Excess	0.00		
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
ditional Excess	0.00				
cal GO Excess Applicable	600.00	Total TP Excess Applicable	0.00		
> Benefits					
GST Registered Informa	ation				
ST Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Ves	
dification Hotory					
Policyholder Hailing Ad					
Adress 1	50 OHDA CHU KANG NORTH 7	Address 2	#14-16 REGENT GROVE	Address 3	SINGAPORE 689527
idrays 4		Address Type	Singapore address	Post Code	689527
Nt No.	14-16	Related Policy Number	5100417235-01		
OI Driver Info					
iver Name	DARLY LEE JUIN CHERNS	Driver Type	Named Driver		
named driver Name		Driver NRIC	\$9539769G	Driver DOB	29/10/1995
pister Date of Driver License	15/11/2014	Driver Age	23	Driving Experience	4
intact No.(Mobile)	90405005	Contact No.(Office)	0	Contact No. (Home)	0
Idress 1	50 CHOA CHU KANG NORTH 7	Address 2	REGENT GROVE	Address 3	SINGAPORE 689527
loress 4		Address Type	Singapore address	Post Cope	689527
nit No.	14-16		CALLERY CHANGE AND	(Carrier Carrier	002327
es he own a Singapore	○ Yes ® No	Driver Vehicle No.			
gistered car?	C 1410	Driver venicle No.		Driver Insurer Company	
claration					
eathalyser or Blood Test	0 mg		@1000@100		
ading?	u mg	Any injury?	® Yes ○ No		
dificacion History					
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diffication History					
diffication History					
Hication History	CO-MX	Disures Name	PANG NEOK	Insured NRTC	\$2038165F
Infraction History Liaim 001 New	CO:MX 98699070	Insures Name Confact No. (Home)	PANG NECK		\$2038165E
in Type • Nact No.(Mobile)	#TOTAL CONTRACT OF THE PARTY OF	Contact No.(Home)	NIL	Contact No.(Office)	
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in Type * Nacr No. (Mobile) all Address ment Type Claimant Type * ment Name *	98699070 Y2CHING@GMAIL.COM Please Select Z-2	Contact No.(Home) Of Vehicle Number Type of Benefit *	NIL SLZ71400	Contact No. (Office) TP Vehicle Number	
in Type * Nact No. (Mobile) all Address wheat Type Calmant Type * mant Name * mant Address m Description	98699070 Y2CHING@GMAIL.COM Please Select	Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC *	NIL SLZ7140D Please Select	Contact No.(Office)	
in Type * tact No. (Mobile) all Address ment Type Claimant Type * ment Name * mant Address m Description ferred Workshop Comact	Se699070	Contact No. (Home) D3 Vehicle Number Type of Benefit * Claiment NR3C *	NIL SLEF1400 Please Select V Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	
in Type * tact No. (Mobile) all Address mant Type Claimant Type * mant Name * mant Address m Description ferred Workshop Comact uine Finalisation	98699070 Y7CHING@GMAIL.CDM Please Select	Contact No. (Home) D3 Vehicle Number Type of Benefit * Claimant NR3C * Insured Liability * Preferend Repeir Option	NIL SLZ71400 Please Select Not at Fault	Contact No. (Office) TP Vehicle Number	
in Type * tact No. (Mobile) all Address mant Type Claimant Type * mant Address mant Address m Description ferred Workshop Comact uine Finalisation a Registered	98699070 Y3CHING@GMAIL.CDM Please Select \$2.2 \$2.2 \$2.2 \$2.2 \$3.2 \$4.2	Contact No. (Home) D3 Vehicle Number Type of Benefit * Claiment NR3C *	NIL SLEF1400 Please Select V Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	SLN9220G
im Type * ntact No. (Mobile) aid Address wheat Type Claimare Type * what Address wheat Mame * what Address im Description ferred Werkshop Comact pure Finalisation le Registered	98699070 Y7CHING@GMAIL.CDM Please Select	Contact No. (Home) D3 Vehicle Number Type of Benefit * Claimant NR3C * Insured Liability * Preferend Repeir Option	NIL SLEF1400 Please Select V Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLN9220G
im Type * **********************************	98699070 Y3CHING@GMAIL.CDM Please Select \$2.2 \$2.2 \$2.2 \$2.2 \$3.2 \$4.2	Contact No. (Home) D3 Vehicle Number Type of Benefit * Claimant NR3C * Insured Liability * Preferend Repeir Option	NIL SLET1400 Please Select V Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLN9220G
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