NATIONAL Assessment Ce.	ntre Services - puet 1 Jan'08)	MNA119075279	
Date In: 190/19-14129	Jeb description	Date & Time Completed	Done by
Res No: Ha Hugara 62 hy	SAS e-filing	i	
Vch No: JUZZY164	E-mail (within Shrs, AIC 2hr	5)	
D.O.A : 8/6/14-07:55	i-Motor Claim Form	M7 1348 709 , 031	13 6/19 15:47
OD (TP) Reporting Only	I-Motor W/O (Within: OD		
OD TP Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Repo	rt	
Thousand the second	Ass't Report by Fax / Ha	nd to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:)
TP Particulars: Veh No: J	J4 125~13	C(,)/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Date:	Time:)
	6) [Note-Est. Status (WO): N:	0-20%; P: 21-79%. P: 80-	100%]
	Warranty: YES ()/NO ()	
Excess: (\$) Loading:	SCHOOL STATE OF THE STATE OF TH	Charles Browning Co. Co. C. Co.	PROFESIOR WILLIAM CO.
General Remarks:			
() Walk-In Customer : Customer's		Strictly NO refer of repairer.	
	surer URGENTLY.		
Drive-In ()/ Towed-In (); Inv	oice: YES () / NO ()	; Towing Co: ()
Remarks: (INC hotline: 6788 6616	5)	Date&Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost:	> \$3000] ()		
Injury:			
Date/Time Actions			
		97.3	(838)06)2F
			4
NAIGOUGY	Invoice I	reparation Checklist	Ant (S) Amt (S)
laimant's Particulars :-		dent Reporting (\$30);	fit Bill Add Bill
	2) DA : Dam 3) TF : Towi	age Assessment (\$100); INC (\$100); INC (\$100);	80) 0/ \$4 5
river/Owner:	4) FT : Follo	w-Through Survey	\$120
ontact No:		w-Through Survey (Resurvey) ng against INC Only (wof 10 Jan 200)	530
amaged Portion:	6) TR : Re-it	spection	\$75
	The second secon	DA + SMRT Survey dilional Services	\$160
C Checked by (Engr-In-Charge):	OD*	tesy Cer / Tpt Allowense	Doc Note C
TST WEST WAR	*N6: Repe	ir Co-ordination	310
uditors! Comments :-		Repair Inspection Collect Excess Coordination	35
_1:	TP (N11) 9) N12: Idae	: TP (Non INC) against INC Mobile	30
2/3:	Invoice dates	Fee Charged	公共市 了公省
1 M - 1 M	Invoice dated	Fee Charged	1530M

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

EMail Address

- 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 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.

ALTO DESCRIPTION OF THE PROPERTY OF THE	ACCIDENT STATEMENT
Date Of Report	10/06/2019 14:29
Date Of Accident	08/06/2019 07:55
Exact Location Of Accident	PIE (CHANGI) BEFORE BEDOK RESERVOIR RD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ7246H
Insured/Policyholder	
Name Of Registered Owner	LAM SUET FAN
NRIC No	S2677833F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91444243
Alternative Phone No.	OFFICE-91444243
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100714088-01
Cover Note Number	
Driver	
Name of Driver	LAM SUET FAN
NRIC No	S2677833F
Date Of Birth	13/04/1967
Occupation	OUTDOOR
Date Of Driving Pass	28/08/1997
Driving Experience	21 YEARS AND 9 MONTHS
Gender	FEMALE

(LOCAL) +65-91444243

OFFICE-91444243

NOEMAIL

Address BLK 170 BEDOK SOUTH ROAD

#07-360

Postcode 460170

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 SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

YES

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,

NO

YES

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

GENDER:

. . .

TEL NO: 65470000 - FAX NO:

: MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190609/7022.

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 Witness 1

Name

DARRYL LIM

Phone Number

88663691

Email Address

Details of Witness 2

Name

CHUN HOWE

Phone Number

87125726

Email Address

Page 2 of 26

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJH1392B

Vehicle Make/Model/Colour

TOYOTA CAMRY

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)

2

Passenger 1

NAME:

GENDER:

HACK CONTROL OF THE PARTY OF TH

DETAILS OF INJURED PERSON 1

Name

LAM SUET FAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLZ7246H

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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 wilful misrepresentation or withholding 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.
- 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 Indigment 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)

Lunder stand, 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) at
 - 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:
 - (sii) 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.

Policyholdo's Signature

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Persons

Name:

NRIC/FIN No.:

SKETCH PLAN					
PZE	TOWALD	CHANGI	BK204 21.5 54	17 A - B -	SLZ7246 ₁ SJH 1392B
Pos		POS 2			
DESCRIBE CIRCUMSTANC		<u>11111 г. — т. </u>			
- PEFER 7					
	, , , , , , ,	121011			
		M 34			
				1	
	:				
DECLARATION I/We deviate the foregoing pa	rticulars are true in eve	ery respect.		·	1/1
Policyhilder's Signature Dute & Time	Driver's Signa (If driver is no Date & Tirne:	at the policyholder)	Reporting Name: NRIC/FIN N	Centre Personnel	Signature

ACCIDENT STATEMENT

ACCIDENT DATE: 08 106 12019 (DD/MM/YYYY), TIME: 07:55 HHH:MM)
LOCATION: PIE TOWARD CHANGI BEFORE BEDOK RES EXIT

	1. DETAILS OF VEHICLE	H
	a) VEHICLE NUMBER: SLZ 7	24611
	b)INSURANCE COMPANY:	UIUC
	C)POLICY NUMBER:	The state of the s
		THIRD PARTY / THIRD PARTY FIRE &THEFT)
	GIMAKE & MODEL: HONDA SH	AN (LODDY (MOTORCYCLE (OTHERS)
	THE SAKOON / COUPE / MPY /V	AN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / C	
	h) PURPOSE OF USING AT ACCIDENT	
	I) ARE YOU CLAIMING UNDER YOUR	OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY)	CLAIM / REPORTING ONLY)
	2. INSURED / POLICY HOLDER	N/ (1441 2 /554415)
	ANAME LAM SUET FA	N (MALE) FEMALE)
	b)NRIC/FIN/PASSPORT: 32677	833F CONTACT: 9144 4243 5041H AVE 3 20AD \$07-360
	SINGAPORE 46	0170
	* CONTINUE TO 3.d IF DRIVER ALSO P	
1971 0	3, DRIVER	OLICY HOLDER
19 Ho of passing	ONAME:	(MALE / FEMALE)
Cloduding drive	b)NRIC/FIN/PASSPORT:	
(0)	DJINKIC/FIN/FASSFORI.	CONTACT.
01/20/20/20	c) ADDRESS:	
imale.	*d) DATE OF BIRTH: (13 / 04/ 196	7 1/00/114/00001
	BOCCUPATION: (INDOOR POUTDO	DA (DOMM) IIII)
	TYEARS OF DRIVING EXPRENENCE:	TO YEAR
4	WAS DRIVER AN EMPLOYEE OF THE	E INSURED'S COMPANY? (YES / ΝΦ)
	IF NO, RELATIONSHIP OF THE DRIV	VER WITH INSURED: OWNER
5	a) WEATHER CONDITION: TCLEAR / RA	INING / OTHERS
	DIROAD SURFACE: DRY'Y WET / OTHE	
6.	WAS ANYBODY INJURED (YES / NO)	
	a)REPORTED TO POLICE (YES / NO)	
	IF YES, PLEASE STATE WHICH POLICE	STATION:
8.	THIRD PARTY VEHICLE	
He of possenger	a) VEHICLE NUMBER: 5JH 1392	B MODEL: TOYOTA CAMPY
Induding driver		
	c) NRIC/FIN/PASSPORT:	CONTACT:
(0)	THIRD PARTY VEHICLE	
Ho of passenger	d) VEHICLE NUMBER:	MODEL:
	EI DRIVER S NAME	
Including driver) f) NRIC/FIN/PASSPORT:	CONTACT:
()	person i pretramostativa commento persona est tremis note molifico.	Committee Commit

email =

fax =





1 of 3

Report No. T/20190609/7022

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time 09/06/201	Date/Time Report Made: 09/06/2019 23:41		Vide Report No.:	Station Diary No.:	
Informan	t's Particu	ulars			
Name of I LAM SUE	nformant: T FAN		Address: APT BLK 170 BEDOK SOUTI 460170	H ROAD #07-360 SINGAPORE	
ID Type / NRIC NO	ID No.: / S26778:	33F	Contact No.: Home/Office: Mobile: 91444243		
Nationality SINGAPO	y: ORE CITIZ	EN	Email: isabelle.toh.yx@gmail.com		
Sex: Female	Age: 52	Date of Birth: 13/04/1967	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: PRIVATE HIRE DRIVER		IVER	Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/06/2019 07:55	Type of Location Straight Road
PAN ISLAND Weather: Clear	EXPRESSWAY	Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collis Between Mov	ion: ring Vehicles - Head	To Rear		Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJH1392B	Car		Toyota	Silver	Slightly Damaged	2
SLZ7246H	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Silver		2

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SLZ7246H	NTUC Income Insurance Co-Operative Limited	5100714088-01	16/05/2019	15/05/2020		





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20190609/7022

CONTINUATION OF REPORT

Details of Perso	n Involved	THE STATE OF THE S		E Media		
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Driver				- Vertex	MILE TO	National Control
Name	LAM SUET FAN		ID No	Q13	S2677833F	
Related Vehicle	SLZ7246H (Car)			Contact No.		91444243
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	03				t

Brief Details.

On 8 June 2019 at about 0755hrs. I was driving my vehicle (SLZ7246H) along pie toward Changi before Bedok reservoir exit.

I was in lane. Suddenly I felt a huge impact from my right rear. I got down my vehicle , I realised that a vehicle (SJH1392B) collided onto the right rear portion of my vehicle. And it caused my mirror and rear right of my vehicle to be damaged. Two witness happened to be there when the accident happened as they were behind the vehicle who hit me . And I exchange contact with them in case anything happened.

I sustained injuries from the above mentioned accident and was given 3 days of mc.

The two witnesses are

- 1) Darryl Lim 88663691
- 2) Chun Howe 87125726





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190609/7022

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/06/2019 23:41
Officer In Charge Of Case: TP / TPIB / KOH CHEE SENG, KEVIN Contact No.: 65472073	Classification Of Case:
Authentication Stamp	

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S2677833F

LAM SUET FAN

Birth Date: 13 Apr 1967

Issue Date: 08 Jun 2015



For LKK/NAC Use Only

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S2677833F

Name



LAM SUET FAN

Race

CHINESE

Date of Birth

Sex

13-04-1967

Country of Birth

MALAYSIA



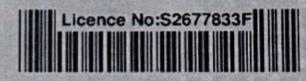
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3

Motor Cars =< 3000kg with =<7 passengers, exclusive 28 Aug 1997 of the driver; and other motor vehicles =< 2500kg

NP 428A



For LKK/NAC Use Only

A0169138



NRIC No. S2677833F



Blood Group

Date of issue

B+

16-07-2002

APT BLK 170 BEDOK SOUTH ROAD #07 – 360 SINGAPORE 460170

NRIC No: S2677833F

Date: 21-03-2006

No: 5349937

eBao Tech								是最后	Genera	alClaim
Hello, NAC_PAYA_UBI_80 My Desktop	Policy Query					• Change	Language	+ Chang	e Password	, Log Out
Notice of Loss	Policy No. Vehicle No.(For Motor)	SLZ724	16H			of Accident	[08	8/06/2019 0	7:55	
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Search Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5100714088- 01		LAM SUET	52677833F	GPC	drivo CLASSIC	SLZ7246H		16/05/2019	15/05/2020
				-	Continue	J				

Policy No.	5100714088-01	Policyholder Name	LAM SUET	FAN	Policyholder NRIC	S2677833F	
Certificate No.					mac		
Address	BEDOK SOUTH ROAD BLK 170	#07-360 SING	APORE 460	170			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	15/05/2019	Effective Date	16/05/201	19 00:00	Expiry Date	15/05/2020 2	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Youn	g/Inexperience Driver Excess
Agent	INDEX AGENCY PTE LTD	Agent Tel.			GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	BLK 170 #07-360	Addre	ss 2	BEDOK SOUT	H ROAD	Address 3	SINGAPORE 460170
Address 4		Addre	ss Type	Singapore add	iress	Post Code	460170
Unit No.	07-360	Relate Numb	ed Policy er	5100714088-	01		
) Insure	ed Object: SLZ7246H						
₩ Endors	sements						

Accident MT/1048309					
olicy No.	5100714088-01	Vehicle No.	SL27245H	GST Registration No.	
Certificate No.				SEC Programation reg.	
Policyholder Name	LAM SUET FAN			Policyholder NR3C	52677833F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No. (Mobile)	9[444243	Contact No.(Office)	0	Contact No. (Home)	0
met Address		Special Remark	17		0
CFIC	® No ○ Yes	TCA	® No ⊜Yes	eCode eCode Reason	N V
ACD Protection	No	NCD Entitlement(%)	10		
Accident Details		one Charlette ap	10	Private Hire	Yes
eport bare	10/06/2019 15:41	Tarabasa and the land of the land	192.00	100000000000000000000000000000000000000	
Pate of Accident	08/06/2019	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
eporting Centre	00/00/2012	Time of Accident hhomm	07:55	Country of Acadent	Singapore
		Orange Force		BCM No.	
ocident Location	PTE (CHANGE) BEFORE BEDOK RESER	VOIR RD EXIT			
→ Total Excess Applicable					
xcess Type	Per Acodent	Windscreen Excess	100.00		
IV Standard Serves					
D Standard Excess IED OD Excess	2,000.00	TP Standard Excess	1,500.00		
delitional Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
otal OD Excess Applicable	0.00				
otal OO Excess Applicable Benefits	2,000.00	Total TP Excess Applicable	1,500.00		
GST Registered Informa	ation				
ST Registered			- 200		
ST Registration No.	No		GST Registration Date		
edification History			GST Status Ventied	Yes	
Policyholder Hailing Ad	dress				
ddress 1	BLK 170 #07-360	Address 2	BEDOK SOUTH ROAD		
ddress 4		Address Type		Address 3	\$1NGAPORE 460170
nt No.	07-360		Singapore address	Post Code	460170
OI Driver Info	(47,104)	Related Policy Number	5100714088-01		
nver Name	LAM SUET FAN	Driver Type	was 2000m		
nnamed driver Name		Driver NRIC	Main Driver S2677833F	40.00444	0.0000000000000000000000000000000000000
egister Date of Driver License	28/06/1997	Driver Age		Driver DOS	13/04/1967
ordact No.(Mobile)	91444242	Contact No.(Office)	0	Driving Experience	21
ddress 1	BLK 170	Address 2		Contact No.(Home)	D
ddress 4	N35553	Address Type	BEDOK SOUTH ROAD	Address 3	SINGAPORE 460170
Init No.:	07-360	Add too Type	Singapore address	Post Code	460170
oes he own a Singapore		**************************************			
egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
eclaration.					
reatharyser or Blood Test	0 mg	Any injury?	⊕ Yes ○No		
reatharyser or Blood Test	0 mg	Any injury?	® Yes ○No		
eclaration readhayser or Blood Test eading? oddication History	0 mg	Arry injury?	⊕ Yes ○No		
reacharyser or Blood Test reading? Addication History	Omg	Any injury?	® Yes ○No		
esthalyser or Blood Test sading? diffication History	0 mg	Any injury?	® Yes ○ No		
eatharyser or Blood Test lading? diffication History	0 mg	Any injury?	® Yes ○ No		
eatharyser or blood Teat againg? diffication History Claim 001 New				Total season leaves	[0.00000]
eatharyser or blood Teat againg? diffication History Claim 001 New		Insured Name	LAM SLET FAN	Insures NRIC	\$2677813 †
catholyser or blood Test adding? Idification History Claim 001 New Wirm Type *	ОD-МX У 91444243	Insured Name Contact No.(Home)	LAM SLET FAN 65024585	Contact No.(Office)	
eatheryser or blood Teat aging? diffication History Cleim 001 New Wirn Type * misc No.(Mobile)	OD-MX 93444243 vivienie*1304@gmeil.com	Insured Name Corract No. (Horne) OI Vehicle Number	LAM SLET FAN 65024585 SL27240H		\$2677833F \$3H13928
eatheryser or blood Teat aging? diffication Hattery Claim 001 New Wirn Type * nitact No. (Mobile) nail Address winn Type Claimant Type *	OD-MX 93444243 vivienief3304@gmeil.com Please Select	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit *	LAM SLET FAN 65024585	Contact No.(Office)	
estheryser or Blood Test esting? Offication History Claim 001 New Inflor Type * Inflor No.(Mobile) Inst Address Imant Type Claimant Type * Imant Name *	OD-MX 93444243 vivienie*1304@gmeil.com	Insured Name Corract No. (Horne) OI Vehicle Number	LAM SLET FAN 65024585 SL27240H	Contact No.(Office)	
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