NATIONAL Assessment Cen	tre Services	- [wef 1 Jamos] ML	16-684320611V		0,000
Date In: 17 6 19-10:00	Job descrip	tion	Date & Time Completed	Done	by
Ref No: HA HCIGOLOGOLY	SAS e-fil	ing			- 14-5
Vch No: FDH 3863R	E-mail (w	idia Shrs, AIC 2hrs)			
D.O.A: 4/6/19-20.70	i-Motor (	Claim Form	m110495~1001	17/6/19 1	1.25
OD TP Reporting Only	i-Motor V	W/O (Within: OD 2hr		11/0/19	0. 47
OD 117 Reporting Only	i-Photo U				
TP Insurer:	Assessmen	t/Survey Report			
Tr hisurer:		rt by Fax / Hand t	0 Owner/Wksn		
Preferred Wksp / INC Assign Wksp / QW: (				ax:	-
TP Particulars: Veh No: Su	C9687	INC(		ax:	
Owner / Driver: (	10.00		Tel:	· .	
Policy No: ( ) F	Period: (	)	Cover Type: (		
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est. Statu	s (WO): N: 0-20	0%; P: 21-79%. P: 30-1	00%]	
Year of Registration: ( )	Warranty: YES		)	<del></del>	
	,000 ( )/\$2,0	000()			
General Remarks:		8 (9 CB XX 6) X8 (8		131 / 17 / 17	-
( ) Walk-In Customer : Customer's inf ( ) Total Loss Case : to e-mail Insur	TIP OFFI	Commoential & Str	icuy NO rater of repairer.		
B 1 - 1		r, .	44 1		
Drive-In ( )/ Towed-In ( ); Invoice	e: YES ( )	NO( ); To	owing Co: (		)
Remarks: (INC hoffine: 6788 6616)	100		de a servicio de la Correctiona	7758383	X10:
	Courtesy Car (	Address of the transfer of	Date&Time Completed	Done	by
2) QC Check / Post Repair Inspection	Courtesy Car (	)	- 7		= 20g
3) Upload Resurvey Photo [Repair Cost > S	(	)	<u> </u>		0.4025
	3000] (	)			
Injury:			721		
Date/Time Actions				28 80 8 15 17 A 160	1, 51, 3
2-95,9419				SCHOOL STREET	
Name and American Control of the Con					-09
19					
•					
AMODYTOI	+	Invoice Prepa	aration Checklist	Anit (\$)	Amt (
timant's Particulars :-		1) AR : Accident R		firBill	Add B
iver/Owner:		2) DA : Damage A: 3) TF : Towing Fee		-	
		4) FT : Follow-Thre	ough Survey \$	120	200
ntact No:			ough Survey (Resurvey) 1 inst INC Only (wef 10 Jan 2005)	30	
maged Portion:	-81	6) TR : Re-inspection	on :	75	
	4	7) N1 : Idao DA + 8 8) NTUC Additions	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	60	
Checked by (Engr-In-Charge):		OD.			
, cong. in charge).		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	The second secon	\$5	
ditors! Comments :-		*N6: Repair Co-c		25	
1:	Catholice College	*N8: DV / Collec	t Excess Coordination	35	
		9) N12: Idne Mobile		30	
2/3;		Invoice dated	Fee Charged	23	the T
		Invoice dated	Fee Charged	SERVICE N	

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

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,
- 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

The State of the Bridge State is	ACCIDENT STATEMENT
Date Of Report	17/06/2019 16:02
Date Of Accident	04/06/2019 22:30
Exact Location Of Accident	ALONG PIE (CHANGI)
Country/State of Loss	SINGAPORE
Mary 1995 State of the Court of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBH3863R
Insured/Policyholder	
Name Of Registered Owner	LAW BOON BENG
NRIC No	S7188790A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90682833
Alternative Phone No	OFFICE-90682833
Vehicle Particulars	
Manufacturer	YAMAHA
Model	JUPITER 135 MANUAL
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	MOTORCYCLE
Insurance Company	Section of the second section of the second section is a second section of the second section of the second section section is a second section of the second section
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5101144491-01
Cover Note Number	
Driver	
Name of Driver	LAW BOON BENG
NRIC No	S7188790A
Date Of Birth	16/06/1971
Occupation	OUTDOOR
Date Of Driving Pass	26/09/1997
Driving Experience	21 YEARS AND 8 MONTHS
	AND A CONTRACTOR OF THE PROPERTY OF THE PROPER

MALE

NOEMAIL

(LOCAL) +65-90682833

OFFICE-90682833

BLK 332 ANG MO KIO AVENUE 1 Address

#11-1873

560332

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

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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

YES

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

YES

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)

2

Passenger 1

NAME:

: LEOW WOEI CHIN

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

YES

Police Station Name

BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2449999 - FAX NO: 62447258

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190607/2136.

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

**SLK9618J** 

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MOHD ABDUL AZIZ BIN MOHD DAUD

NRIC/Passport Number S0625635Z Contact Number 98590949

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name LAW BOON BENG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBH3863R

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

## **DETAILS OF INJURED PERSON 2**

Name LEOW WOEI CHIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBH3863R

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

## SKETCH PLAN

## 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 withholding of material
  facts may allow insurance companies to repudiate policy liability.
- 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.
- 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)

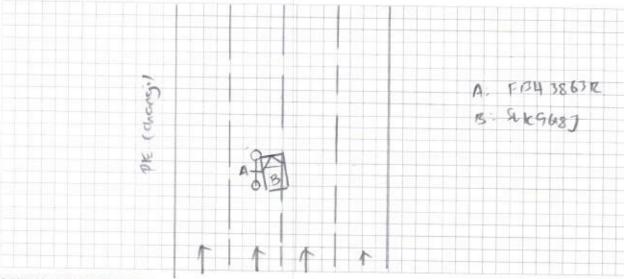
Date & Time: NRIC/F

Name:

NRIC/FIN No.:

Reporting Centre Personper's Signature

GIARMIC SkirtenPlanFrom v.s.



DESCRIBE CIRCUMSTANCES OF

Refer to	police r	1 - 17cq 1	20190607	12136.		
			_/			
						-
CLARATION						

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.:

# **ACCIDENT STATEMENT**

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Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

1 of 4 Report No. T/20190607/2136

REPORT OF A	TRAFFIC	ACCIDENT
-------------	---------	----------

	ne Report I 019 16:55	Made:	Vide Report No.:	Station Diary No.
Informa	nt's Partic	ulars		7.0
	f Informant: OON BENG		Address: APT BLK 332 ANG MO KIO A SINGAPORE 560332	AVENUE 1 #11-1873
	/ ID No.: O / S71887	90A	Contact No.: Home/Office:	Mobile: 0000000
National MALAYS			Email:	Mobile: 90682833
Sex: Male	Age:	Date of Birth: 16/06/1971	Type of Informant:	
Race: Chinese			Language: English	Institution / School Name:
Occupat Hawker/s drinks)		(prepared food or	Driving Licence Information: Class: 2B,3	Date of Expiry:

Type of Accident:	Injury Conveyed By Ambu	lance	Drink Drive: No	Date/Time of Accident:		Type of Location Straight Road
Direction toward	EXPRESSWAY	Road	Surface:	04/06/2019 22:3		1 Carada i i
Clear		Dry			Noac	d Speed Limit:
Traffic Flow: Dual Carriage			Control: ontrolled		Traff	ic Volume:
Type of Collis	on: ng Vehicles - Side Swipe	Come	Discosti		Anyo	ne conveyed by

Vehicle No.	Туре	Make	Model	Color	Condition	N. CD
FBH3863R	Motorcycle	YAMAHA	STATE OF THE PARTY		Condition	No of Passenger
731,2376,5379,880,07	Wotorcycle	TAMAHA	JUPITER 135 MANUAL	Black	Slightly Damaged	1
SLK9618J	Car		MINITORIL	+		
					Slightly Damaged	0

Details of V	ehicle Insurance	THE RESERVE TO SERVE THE PARTY OF THE PARTY		
Vehicle No.	Insurance Company	Insurance No	Effective	I
		The same no	Lifective	Expiry Date





Report No. T/20190607/2136

2 of 4

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Trusta D.
FBH3863R	NTUC Income Insurance Co-Operative			Expiry Date
	Limited	5101144491-01	04/06/2019	03/06/2020

Details of Perso	on Involved .					
Any Pedestrian I						
No. of Pedestria			Use of Ped	destria	Cross	ring: NA
Rider			CSC OIT 60	estria	Closs	sing: NA
Name	LAW BOON BENG	-		ID No	).	S7188790A
Related Vehicle	FBH3863R (Motorcycle)			Conta	act No.	90682833
Hospital/Clinic	TAN TOCK SENG HOSPITA	ΔL		Class Drivin Licen	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	04/06/2019		Date Disch		_	5/2019
No. of Days gran	ted Medical Leave 03		Degree of			
Driver			Dogree or	injury	Oligiti	
Name	Mohd Abdul Aziz Bin Mohd [	Daud		ID No		S0625635Z
Related Vehicle	SLK9618J (Car)			Conta	ct No.	98590949
Hospital/Clinic	NIL .			Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	- 1	Date Disch		NIL	
No. of Days grant	ted Medical Leave NIL		Degree of	Injury	NIL	

On the 04/06/2019 at about 2230hrs, I was riding my motorcycle FBH3863R with 1 pillion along the third lane of PIE. The traffic volume was moderate and smooth moving. As I continued straight, I noticed a vehicle SLK9618J came beside me on the second lane. The vehicle was going at a very fast speed, and I did not see if the vehicle had any signal. I tried to increase my speed to move ahead of the vehicle however the vehicle increased its speed as well. Suddenly, the vehicle attempted to come into my lane and collided into my motorcycle. The impact immediately caused my motorcycle to fall onto the road. Me and my pillion sustained some injuries and we were still conscious. I noticed that SLK9618J continued straight before stopping quite a distance ahead. Another driver who witnessed the accident helped us and called for the ambulance.

Shortly after, the ambulance arrived and the paramedics attended to us. The driver of SLK9618J also came to us and we exchanged particulars and contact details. Me and my pillion were then conveyed by the ambulance to Tan Tock Seng hospital.



T/20190607/2138

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

3 of 4 Report No. T/20190607/2136

CONTINUATION OF REPORT

I was hospitalized for one day and was discharged on the 05/06/2019 with a medical certificate of 3 days. According to the medical report, I suffered several superficial abrasions on my arms, legs and body. A X-ray scan was performed and the doctor informed me that was no broken bones and fractures found.





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

4 of 4 Report No. T/20190607/2136

CONTINUATION OF REPORT

Sketch Plan
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Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

il ZER
16:55
of Case:
r



# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: \$66\$\$0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		ADD	ENDUM							
(A)	PARTICULARS OF PE	RSONMAKINGTHEAMEND	MENTS:							
	Original Report No	MNA119078789	Vehicle Registration No: FBH3863R							
	Name(as shown in NRIC)	LAW BOON BENG	NRIC/FIN/Passport No : S7188790A							
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate									
	Address	BLK 332 ANG MO KIO AV	/ENUE 1 #11-1873 Singapore(560332							
	Contact (Tel)		Mobile No. : 90682833							
	Email Address									
	Date of Accident	04/06/2016	Time of Accident: 22:30							
	Place of Accident :	ALONG PIE (CHANGI)								
	Insurance Company:	NTUC Income Insurance (	Co-operative Ltd							
	Amend vehicle cate	50,								
	olicyholder / Driver's	Signature	Reporting Centre Personnel's Signature							

GOSEMC addiendumform VS

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7188790A

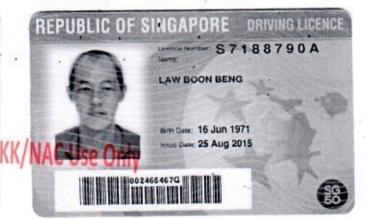




LAW BOON BENG

16-06-1971

MALAYSIA



9375997



MALAYSIAN

18-06-2015

APT BLK 332 ANG MO KIO AVENUE 1 #11-1873 SINGAPORE 560332

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

Motorcycles =< 200 co Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

For LKK/NAC Use Only



NP 428A

pr) FBH38	963R			• Chang	e Languag	04/06/2019	ge Password	alClaim ) Log Ou
	363R			of Accident		04/06/2019	22:30	
or) FBH38	363R			of Accident		04/06/2019	22:30	
or) FBH38	363R			Secretary of the second		0 11001E0 15 /	66,00	
	FBH3863R		Certificate Number		i i	5 11 5 1 5 ZZ 13 G		
			Search					
Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle	Insured	Commence	Expiry Date
	LAW BOON BENG	57188790A	GMC	Third Party	Brief Chillian		04/06/2019	03/06/2020
		Number Name - LAW BOON	Number Name NRIC - LAW BOON BENG 57188790A	Certificate Policyholder Policyholder Number Name NRIC Product  LAW BOON 87188790A GMC	Certificate Policyholder Policyholder Product Cover Type Number Name NRIC Product Cover Type LAW BOON 5718937004 CMS	Certificate Policyholder Policyholder Product Cover Type Vehicle No.  LAW BOON S7188790A GMC Third Party FBH3863P	Certificate Policyholder Policyholder Product Cover Type Vehicle Insured Number Name NRIC Product Cover Type No. Object  LAW BOON BENG 57188790A GMC Third Party FBH3863R FBM3863R	Certificate Policyholder Name NRTC Product Cover Type Vehicle Insured Commence No. Object Date LAW BOON BENG 57188790A GMC Third Party FBH3863R FBH3863R 04/06/2019

Sequen	ce Date of Endorsement Ty			ype Endorsement Status			Endorsement Content
	ements						
D Insure	d Object: FBH3863R						
Init No.		Relater Numbe	d Policy	5101144491-01			
ddress 4		Addres	s Type	Singapore address		Post Code	560332
ddress 1	BLK 332 #11-1873	Addres	ss 2	ANG MO KIO AVEN	UE 1	Address 3	SINGAPORE 560332
→ Policyl	nolder Mailing Address						
nfo							
olicy nfo Certificate							
Open							
nsurance lag	No						
Agent Co-	TEOH CHEE SOON	Agent Tel.	93849331		GST Flag	Y	
Excess	TEAU OUR OF	20000000000000000000000000000000000000					- LAGOS
Singapore OD		Singapore TP Excess				Youn	g/Inexperience Driver Excess
Outside		Outside					
Additional Excess		OS Premium	0				
Excess	U	damage Excess	0		Windscreen Excess		
Third Party	0	Own			Miles de		
Excess Type	Per Accident	All Claims Excess					
Policy Issue Date	03/06/2019	Effective Date	04/06/2019	00:00	Expiry Date	03/06/2020	23:59
Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Address Product	BLK 332 #11-1873 ANG MO H	(IO AVENUE 1 SI	INGAPORE 56	0332			
Certificate No.					NRIC	3/100/30A	
Policy No.	5101144491-01	Policyholder Name	LAW BOON	BENG	Policyholder	S7188790A	

Claim Handling							
Policy No.	5101144491-01		Vehicle No.	FBH38630			
Certificate No.			0.0000000000000000000000000000000000000	FB13003H	GST Registration No.		
Poncyholder Name	LAW BOON BENG				Policyholder NRJC	0.222533546	
Product Code	MOTORCYCLE INSURANCE		Cover Type	Third Party	Loading	57158790A	
Contact No. (Mobile)	90682833		Contact No.(Office)	0	Contact No.(Home)	0	
Emeil Address			Special Remark		eCode	in ✓	
KFK	® No ○ Yes:		TCA	® No ○ Yes	eCode Reason	Jan X	
NCD Protection	No		NCD Entitlement(%)	20	Private Hire	200	
Accident Details					-male rise	No	
Report Date	17/06/2019 16:23		Accident Report Within 24 hrs	Yes	Accident Type		
Date of Acodent	04/06/2019		Time of Acadent hh:mm	22:30		Collision - Change / Cross lane	
Reporting Centre			Orange Force		Country of Accident	Singapore	
Accident Location	ALONG PIE (CHANGE)		57451 <u>#</u> 10258		TCM No.		
→ Total Excess Applicable	ie .						
Ековая Туре	Per Accident		Windscreen Excess				
OD Standard Excess		0.00	200.00000000000000000000000000000000000				
VIED OD Excess		0.00	TP Standard Excess	0.00			
Additional Excess	9	w. 640	YIEO TP Excess	0.00	Driver is Covered?	Not Covered	
Total CO Excess Applicable	20	0.00					
♥ Benefits	3	0.00	Total TP Excess Applicable	0,00			
GST Registered Inform	nation						
SST Registered	No.			-			
GST Registration No.				GST Registration Date			
Modification History				GST Status Venfield	Yes		
Policyholder Mailing Ad	ddress						
Address 1	BLK 332 #11-1873		Address 2	0.2000.000			
Vodress 4			Address Type	ANG MO KIO AVENUE 1	Address 3	SINGAPORE 560332	
Inst No.			Related Policy Number	Singapore address	Post Code	560332	
♥ Of Driver Info			Residu Posty Number	5101144491-01			
Driver Name	LAW BOON BENG		Driver Type	Main Driver			
irinamed driver Name			Driver NRIC	57188790A			
egister Date of Driver License	26/09/1997		Driver Age	47	Driver 008	16/06/1971	
botact No (Mobile)	90682833		Contact No.(Office)	9	Oriving Experience	21	
Iddress 1	BLK 332		Adoress 2	ANG NO KIO AVENUE 1	Coreact No.(Home)	0	
Address 4					Address 3	\$3NGAPORE 560332	
me No.	11-1873			Singapore address	Post Code	560332	
coes he own a Singapore segistered car?	○ Yes  No		Oriver Vehicle No.		192002-0002-000		
					Oriver Insurer Company		
eclaration							
reathelyser or Slood Test eading?	0 mg		Any Inquiry?	® Yes ○ No			
odification History							
0.00							
Claim 001 New							
laim Type *	OD-MX	7	Intered Name				
ortact No.(Mopile)				LAW BOON BENG	Insured NRIC	\$7188790A	
nali Address			Contact No.(Home)		Contact No.(Office)		
aimant Type Claimant Type •	Please Salart	7	SI WE ST	PBH3863R	TP Vehicle Number	SLK96183	
imant Name +	1	10000		Please Select			
ermant Address		22	Claimant NRIC +				
im Description	FBH3863R / SLK9618) ON 4 3	m 2010					
riferred Workshop Contact	, manager on 4 )		\$2000 hannes 5		Name of Preferred Workshop		
quire Finalisation	Yes			Not at Fault			
	-	4		Preferred Workshop, Name unknown	GIA report	Received V	
	17/06/2019 16:25		Claim Close Date		Date Received	17/06/2019 00:00	
Print AK letter	Jackson	-10					
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