| NATIONAL Assessment Cur | ure Services. | [wef 1 Jan'05] M | 44119079625 | | |
|--|---|---|--|-------------------------|-----------|
| Date In: 19 6 19 - 09: W | Jc-b descript | | Date & Time Completed | Done | e by |
| Ref No: Hal MC19010827 /24 | SAS e-fili | ng | | | |
| Veh No: Sem Everge | E-mail (wi | thin Shrs, AIC 2hrs) | | | |
| DOA: 18/6/19-19-50 | i-Motor C | laim Form | M1 1049621-001 | 19/6/19 | 09. |
| OD (TP) Reporting Only | i-Motor W | V/O (Within: OD 2hrs | , TP 4hrs) | 110119 | 0 1: |
| 7 | i-Photo U | ploaded | | | |
| TP insurer: | Assessment | Survey Report | | | |
| | Ass't Repor | t by Fax / Hand to | Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | | | ax: | |
| TP Particulars: Veh No: | 13147x | . INC (|)/Non-INC() | | A Tel Tel |
| Owner / Driver: (| | | Tel: |) | - Marine |
| | Period: (|) | Cover Type: (|) | |
| Confirmed by : (| | Date: | Time: |) | *** |
| Insured/Driver Liability: (%) | [Note-Est. Status | (WO): N: 0-20 | %; P: 21-79%. P: 30-1 | 00%] | |
| Year of Registration: () | Warranty: YES | ()/NO(| | | |
| Excess: (\$) Loading: \$ | 1,000 ()/\$2,00 | 5000,000,000 | | | |
| General Remarks: | AM TENENS COUNTY | S. Palibros 4472 NOWAR | With the Control of t | COUNTY OF THE OWNER. | |
| | ARRY STREET, STREET, | | Carrent and a construction of the construction | 1.00 | 0.00 |
| () Walk-In Customer: Customer's in | formation strictly C | Confidential & Stri | ctly NO refer of repairer. | | |
| () Total Loss Case : to e-mail Insu | rer URGENTLY | to to | | 10 | |
| | | | | | |
| 2010 III (); Invoi | ice: YES () / | NO (); To | wing Co: (| |) |
| Remarks:- (INC horline: 6788 6616) | | | | S. P. C. Stonico | |
| *************************************** | At his or other date and copies he had not pro- | | Date&Time Completed | Done | hy |
| | Courtesy Car (|) | | | |
| 2) QC Check / Post Repair Inspection | (|) | * | | V-15 |
| Upload Resurvey Photo [Repair Cost >] | \$30001 (| 1 | | | - |
| | (| , | | | |
| Injury: | | | | Union use is | |
| Date/Time Actions | | | | | |
| Actions . | | 100000000000000000000000000000000000000 | Charles and the Committee | Reserves and | |
| A second of the | S. C. | | | | |
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| The second secon | | | | | |
| | | 100 m | e de la companya de | Anit (S) | N78.5 |
| 14.1904266. | | Invoice Prepa | ration Checklist | fit Bill | Amt (|
| umant's Particulars :- | | 1) AR : Accident Re | porting (\$30); | The Date of | Canal. |
| | | 2) DA : Damage Ass | |) | |
| ver/Owner: | | 3) TF : Towing Fee | - \$40/5 | 45 | |
| ntact No: | | 4) FT : Follow-Thro | THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN | 20 | |
| 110, | 1 | | ast INC Only (wef 10 Jan 2005) | 30 | |
| maged Portion: | | 6) TR : Re-inspection | | 75 | |
| <u> </u> | | 7) N1 : Idao DA + SI | | 60 | - |
| | | 8) NTUC Additional | | | |
| Checked by (Engr-In-Charge): | M-1-14 (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | OD: | | | |
| | | *N5: Courtesy Car | The state of the s | \$5 | |
| ditors' Comments :- | CHINESON BURGAN | *N6: Repair Co-ne *N7: Fost Repair I | | 25 | |
| | A MURCES SID 189 J. T. B. TIG. WILL. | | | AND THE PERSON NAMED IN | |
| | ection of the second | *N8: DV / Collect | Excess Coordination | \$5 | |
| 1: | | *N8: DV / Collect TP (N11): TP (N- | Excess Coordination in INC) against INC S | 20 | |
| 2/3; | C(91-00) \$2 - \$100 \$2 | *N8: DV / Collect TP (N11): TP (N- 9) N12: Idao Mobile | Excess Coordination in INC) against INC S | 30 | |
| Control Andrews Control Contro | | *N8: DV / Collect TP (N11): TP (N- | Excess Coordination in INC) against INC S | 30 | rie y |

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.
- 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.

| aforesaid. | The state of the s |
|--|--|
| | ACCIDENT STATEMENT |
| Date Of Report | 19/06/2019 09:14 |
| Date Of Accident | 18/06/2019 19:50 |
| Exact Location Of Accident | BLK 827 TAMPINES ST 81 OPEN SPACE CARPARK |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SCM6299L |
| Insured/Policyholder | |
| Name Of Registered Owner | WEE ZOON KIEW |
| NRIC No | S1586404D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-81575421 |
| Alternative Phone No | OFFICE-81575421 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | CIVIC VTI 4M |
| 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 | THIRD PARTY |
| Fleet Policy | NO |

Policy Number 5097555475-01

Cover Note Number

Driver

Name of Driver CHEONG KIAN HAO NRIC No S9210072C

 Date Of Birth
 05/03/1992

 Occupation
 OUTDOOR

 Date Of Driving Pass
 23/03/2011

Driving Experience 8 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81575421

Fax Number

Contact Number OFFICE-81575421

EMail Address NOEMAIL

BLK 827 TAMPINES STREET 81 Address

#03-144

520827

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 0

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name TAMPINES NEIGHBOURHOOD POLICE CENTRE

ROAD: 6 TAMPINES AVE 4, POSTCODE: 529682, COUNTRY: Police Station Address

SINGAPORE

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Police Station Contact

Circumstances of Accident

REFER TO POLICE REPORT - T/20190618/2181.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

Remarks/ Reasons:

YES

VIDEO FOOTAGE WITH DRIVER

TEL NO: 1800-5871999 - FAX NO: 65871699

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

SJT7197X

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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>.
- 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.:

| 2 7 + - | |
|--|--------------------------|
| | A. JEMBIGAL |
| Sampinal Company of the Company of t | 4. 1cm6994 5- 577197X |
| \$ d Dode | |
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| THE PROPERTY OF THE PROPERTY O | |
|--|----------|
| Refer to police report-1/201906 | 18/2181. |
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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.:





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

1 of 3 Report No. T/20190618/2181

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

| | me Report I 019 23:11 | Made: | Vide Report No.: | Station Diary No.: |
|--------------------|----------------------------|---------------------------|---|----------------------------|
| informa | nt's Partic | ulars | | 1.00 |
| Name o | f Informant: IG KIAN HA | | Address: APT BLK 827 TAMPINES ST 520827 | REET 81 #03-144 SINGAPORE |
| ID Type NRIC N | / ID No.: O / S92100 | 72C | Contact No.: Home/Office: | Mobile: 81575421 |
| National SINGAP | lity: PORE CITIZ | EN | Email: | Wobile. 615/5421 |
| Sex: Male | Age: 27 | Date of Birth: 05/03/1992 | Type of Informant: Vehicle Owner | |
| Race: Chinese | | | Language: | Institution / School Name: |
| Occupat DRIVER | | | Driving Licence Information: Class: | Date of Expiry: |

| General Infor | mation of the Accide | nt | A CHANGE | The state of the s | CONTRACTOR DESCRIPTION OF THE PARTY OF THE P |
|--|--------------------------------|-------------|-----------------------|--|--|
| Type of Accident: | Non-Injury Hit and Run | | Drink Drive: No | Date/Time of Accident: 18/06/2019 19:50 | Type of Location Car Park |
| Location: | | | 1110 | 1 10/00/2019 19:50 | |
| TAMPINES S 827 TAMPINE Weather: NIL | | Road NIL | Surface: | R | Road Speed Limit: |
| Traffic Flow: | | | _ | | |
| | read . | Traffic | : Control: | | raffic Volume: lo Traffic |
| Type of Collis Moving Vehic | ion: le Against - Parked Ve | hicle | | a | myone conveyed by mbulance: |

| Vehicle No. | Туре | Make | Model | Color | Com alla: | |
|-------------|------|--|-------|--|-----------|-----------------|
| SCM6299L | Car | The second secon | model | The state of the s | Condition | No of Passenger |
| 0011102002 | Cai | HONDA | | Red | | 0 |
| SJT7197X | Car | | | | | |
| | Jul | | | | | 0 |

| Details of Person Involved | CONTRACTOR OF THE PROPERTY OF |
|---------------------------------|---|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |
| | Toss of Fedestrian Crossing: NA |



T/20190818/2181

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

2 of 3

Report No. T/20190618/2181

| Vehicle Owner | | | | |
|------------------|-----------------------|--|---|-----------------------------------|
| Name | CHEONG KIAN HAO | | ID No. | S9210072C |
| Related Vehicle | NIL | T THE REAL PROPERTY AND ADDRESS OF THE PARTY A | Contact No. | 81575421 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL . | Date Disc | | |
| No. of Days gran | ted Medical Leave NIL | | Injury NIL | |

Brief Details.

On the date, time and location mentioned above, I came to home and discovered damages to my vehicle's front right portion, front bumper slightly cracked and dislodge and with a some paint peel off.

A check from the in-car camera, it captured the below mentioned vehicle had reversed and collided to my vehicle before driving off. The driver did not come down to check or leave any note about the accidental.

I wish to state, vehicle has been parked at lot 76, and this is the 7th time my vehicle had been hit and run, when parked at this location.





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

3 of 3 Report No. T/20190618/2181

CONTINUATION OF REPORT

Sketch Plan

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.

| Signature Of Officer Recording The Report: G / Sgt 2 GOH JUN KIAT JASON | Signature Of Informant: |
|--|--------------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 18/06/2019 23:11 |
| Officer In Charge Of Case: TP / HRT / SINGAPORE SI KALESWARI PALANI ORCE Contact No.: 65476902 | Classification Of Case: |
| Authentication Stamp NP168 SIGNATURE | |



IDENTITY CARD NO. S9210072C HEPUBLIC OF SINGAPORE



| eBao Tech | | | | | I. E | | | Genera | alClaim |
|------------------------|-----------------------------------|---|----------------------|----------|-------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | Policy Query | | | | + Chang | e Languag | - Chan | ge Password | • Log Out |
| Notice of Loss | Policy No. Vehicle No.(For Motor) | SCM6299L | | | of Accident | - 3 | 18/06/2019 | 19:50 | |
| | Select Policy No. | Certificate Policyholder Number Name | Policyholder NRIC | Search | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | O 5097555475- 01 | WEE ZOON KIEW | S1586404D | GPC | Third Party | SCM62991 | SCM6299L | 01/03/2019 | 29/02/2020 |
| | 01 | KIEW | 515864040 | Continue | Third Party | SCM62991 | SCM6299L | 01/03/201 | 9 |

| Policy No. | 5097555475-01 | Policyholder Name | WEE ZOON | KIEW | Policyholder | S1586404D | |
|--------------------------------------|--------------------------|-----------------------------------|-----------------|-------------------|----------------------|--------------|------------------------------|
| Certificate No. | | ivanie | | 2000 | NRIC | | |
| Address | BLK 827 #03-144 TAMPINES | STREET 81 SING | APORE 5208 | 327 | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | | Group Policy Flag | N | |
| Policy issue Date | 17/01/2019 | Effective Date | 01/03/2019 | 00:00 | Expiry Date | 29/02/2020 2 | 3:59 |
| Excess Type | | All Claims Excess | | | | | |
| Third Party Excess | 0 | Own damage Excess | 0 | | Windscreen Excess | 0 | |
| Additional Excess | 0 | OS Premium | 0 | | | | |
| Outside Singapore DD Excess | 0 | Outside Singapore TP Excess | 0 | | | Young | g/Inexperience Driver Excess |
| Agent | JG MOTOR AGENCY | Agent Tel. | 63440727 | | GST Flag | Υ | |
| Co- Insurance Flag | No | | | | | | |
| Open Policy Info | | | | | | | |
| Certificate Info | | | | | | | |
| Policyh | nolder Mailing Address | | | | | | |
| Address 1 | BLK 827 #03-144 | Addre | ss 2 | TAMPINES STREET | 81 | Address 3 | SINGAPORE 520827 |
| Address 4 | | Addre | ss Type | Singapore address | | Post Code | 520827 |
| Jnit No. | | Relate Numb | ed Policy er | 5097555475-01 | | | |
|) Insure | d Object: SCM6299L | | | | | | |
| | ements | | | | | | |
| Sequen | nce Date of Endorsem | 444 | Endorsement | | Endorsement | V V M IN AIR | Endorsement Content |

| olicy No. | | OLONO DE LA COLONIA DE LA COLO | | | |
|--|-------------------------------------|--|--|---|-------------------------------------|
| | 5097555475-01 | Vehicle No. | SOM6299L | GST Registration No. | |
| tificate No. | | | | | |
| cyholder Name | WEE ZOON KIEW | | | Policyttolder NRIC | \$1586404D |
| duct Code | PRIVATE CAR INSURANCE | Cover Type | Third Party | Loading | 0 |
| tact No. (Mobile) | 81575421 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| eli Address | | Special Remark | | eCode | The V |
| | ® No ○Yes | TCA | ® No ○ Yes | eCode Reason | 78.0000 |
| Protection | No | NCD Entitlement(%) | 20 | Private Hire | No |
| Accident Details | | | 400 | 55000000000 | 100 |
| ort Date | 19/06/2019 09:39 | Academt Report Within 24 hrs | Yes | Accident Type | Hit and run |
| of Accident | 18/06/2019 | Time of Accident hhomm | 19:50 | Country of Accident | |
| orting Centre | | Orange Force | 4 | | Singapore |
| dent Location | BLK 827 TAMPINES ST 81 OPEN SPACE O | | | ICM No. | |
| Excess | SOLOR MANAGEMENT OF CHEST SPILE | DOCUME. | | | |
| damage Excess | 0.00 | Additional Excess | | | |
| amed Driver Excess | | | 0 | Windscreen Excess | 0,00 |
| | 500.00 | Outside Singapore OD Excess | 0.00 | | |
| Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | | |
| Senefits GST Registered Informs | 245000 | | | | |
| | | | | | |
| Registered Registration No. | No | | GST Registration Date | | |
| fication History | | | GST Status Verified | Yes | |
| REST DESCRIPTION OF | | | | | |
| Policyholder Mailing Ad | dress | | | | |
| ess 1 | BLK 827 #03-144 | Address 2 | TAMPINES STREET 81 | Address 3 | Children court |
| 1933 4 | 14.005 200 2020 30 30 30 A | Address Type | Singapore address | Post Code | SINGAPORE \$20827 520827 |
| No. | | Related Policy Number | 5097555475-01 | POSE CODE | 520627 |
| OI Driver Info | | Horardo Policy Harrisa | 3097333473-01 | | |
| er Name | Unnamed Driver | Driver Type | Alexandra de la companya della companya della companya de la companya de la companya della compa | | |
| arried driver Name | CHEONG KIAN HAD | Driver NRIC | Unnamed Driver 99210072C | 1420000000000 | |
| ster Date of Driver License | | | | Driver DOB | 05/03/1992 |
| act No.(Mobile) | 81575421 | Driver Age | D | Driving Experience | 8 |
| ress 1 | | Contact No.(Office) | 0 | Contact No.(Home) | 9 |
| ress 4 | BLK 627 | Address 2 | TAMPONES STREET &1 | Address 3 | TAMPINES GROVE |
| | SINGAPORE 520827 | Address Type | Singapore address | Post Code | 520827 |
| t No. es he own a Singapore | 03-144 | | | | |
| | ○ Yes ® No | Driver Vehicle No. | | | |
| gistered car? | | | | Driver Insurer Company | |
| | | | | Driver Insurer Company | |
| aration | - W. | videnaringen enic e | w kan-montahon | Driver Insurer Company | |
| aration athalyser or Blood Test | 0 mg | Any injury? | O Yes ® No | Driver Insurer Company | |
| laration athalyser or Blood Test | 0 mg | Any injury? | ○ Yes ® No | Driver Insurer Company | |
| Jaration Jarhalyser or Blood Test ading? | Omg | Any injury? | ○ Yes ® No | Driver Insurer Company | |
| ieration ethalyser or Blood Task iding? | 0 mg | Any injury? | ○ Yes ® No | Driver Insurer Company | |
| oration sthalyser or Blood Test ding? fication History | 0 mg | Any injury? | ○ Yes ® No | Driver Insurer Company | |
| eration thalyser or Blood Test ling? Acation History | 0 mg | Any injury? | ○ Yes ® No | Driver Insurer Company | |
| oracion othalyser or Blood Test ding? fication History laim 001 New | 0 mg | Adv injury? Insured Name | ○ Yes ® No WEE ZOON KIEW | | 515864040 |
| eration othalyser or Blood Test ding? fication History laim 001 New m Type * | | | | Insured NRIC | [515864040 |
| eration orthalyser or Blood Test ding? fication History laim GO1 New m Type * mact No.(Mobile) | ор-мх 💌 | Insured Name | WEE ZOON KIEW 67841571 | Insured NRIC Contact No. (Office) | |
| oracion this lyser or Blood Test sing? fication History alim 001 New Type * act No. (Mobile) ii Address | ор-мх 💌 | Insured Name Contact No.(Home) Of Vehicle Number | WEE ZOON KIEW 67841571 SCM6299L | Insured NRIC | |
| oration oration oration Blood Test ding? fication History aim 001 New Type * lect No.(Mobile) if Address ment Type Claimant Type * | GG-MX S0112707 | Insured Name Contact No.(Home) | WEE ZOON KIEW 67841571 | Insured NRIC Contact No. (Office) | |
| oracion Inhalyser or Blood Test Sing? Incation History Sim 001 New In Type " Sect No. (Mobile) If Address Inent Type Claiment Type " Inant Name " | GD-MX | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * | WEE ZOON KIEW 67841571 SCM6299L | Insured NRIC Contact No. (Office) | |
| oration oration oratios oration oratio | OD-MX | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * | WEE ZOON KIEW 67841571 SCM6299L | Insured NEIC Contact No. (Office) TP Vehicle Number | |
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