NATIONAL Assessment Centre	e services.	wel 1 Jan'05 M H	A119090577		
Date In: 11 1/19 - 1VJV	Jeb description		Date &Time Completed	Don	e by
Ref No: Na I INC 19212277 124	SAS e-filing				
Veh No: 43334897	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 1-0/11/2 - 11:45	i-Motor Clai	im Form	M7 1052434-201	11/3/19 14	INT
OD (P) Reporting Only	i-Motor W/0	(Within: OD 2hr:	The state of the s		
OD Reporting Only	i-Photo Uplo	aded			rike en liene
TP Insurer:	Assessment/S	urvey Report			
i P insurer:	Ass't Report 1	y Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: SLA72	wx	. INC()/Non-INC()	020	
Owner / Driver: (Tel:)	
Policy No: () Peri	iod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	lote-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-	100%]	21
	Varranty: YES ()/NO()		Secretary of the first
	00()/\$2,000				
General Remarks;-					1 1/2 N
() Walk-In Customer's inform	mation strictly Co	nfidential & Str	rictly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer			* W2 + 3		
Drive-In ()/ Towed-In (); Invoice:	YES()/1	NO();T	owing Co: ()
Remarks;- (INC hotline: 6788 6616)		25.00	Date&Time Completed	Don	by
1) Apply for Transport Allowance ()/Co	ourtesy Car ()		-	
2) QC Check / Post Repair Inspection	())			
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()			
Injury:					- A
Date/Time Actions			n e le Asale.	STEEL ST. A.Y.	ers rugger
71-10-10-10-10-10-10-10-10-10-10-10-10-10	Residence describerations	Story with the months of the second of the s		REMARKS IF	
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	115-2-3-00-W-				
•	1				***************************************
Alme acida	7-14	Invoice Pres	aration Checklist	Anit (S)	Amit (1)
NAIGOSISV		1) AR : Accident		f#Bill	Add Bill
laimant's Particulars :-		2) DA : Damage	Assessment (\$100); INC (\$		
river/Owner:		3) TF : Towing Fe 4) FT : Follow-Th		\$120	
ontact No:			rough Survey (Resurvey) minst INC Only (wef 10 Jan 200	530	
amaged Portion:		6) TR : Re-inspec	tion	\$75	
		7) N1 : Idac DA + 8) NTUC Additio		\$160	
C Checked by (Engr-In-Charge):		OD:			
7,1,8,		*N5: Courtesy *N6: Repair Co	Cer / Tpt Allowence	310	
uditors! Comments :-		*N7: Fost Repa		\$25	
t. 1:	* > 45645 48.14.626.14.5	TP (N11): TP	(N'ın INC) against INC	\$3 \$20	2,
1.2/3:		9) N12: Idac Mob		30	WW
1 2 / 3		Invoice dated	Fee Charged	2.	动物的 了对称

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver,
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT	
Date Of Report	11/07/2019 12:52	
Date Of Accident	10/07/2019 11:45	
Exact Location Of Accident	CTE (SLE) BEFORE AMK AVE 1 EXIT	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB3480T	
Insured/Policyholder		
Name Of Registered Owner	VNS ENGINEERING PTE LTD	

Co Reg No 201502279K Email Address NOEMAIL

Mobile Phone No

Alternative Phone No. OFFICE-89999999 Vehicle Particulars

Manufacturer NISSAN

Model CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T

Exact Purpose for which vehicle was being used at

COMMERCIAL USE time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken THIRD PARTY

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5089439266-01

Cover Note Number

Driver

Name of Driver CHELLATHURAI IRINE SUSEELA BAI ASWIN JENU

Passport No/FIN G2117197U Date Of Birth 30/05/1987 Occupation OUTDOOR Date Of Driving Pass 20/03/2018

Driving Experience 1 YEAR AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91723464

Fax Number

Contact Number OFFICE-91723464

EMail Address NOEMAIL Address 606 LORONG 3 GEYLANG

Postcode 389004

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

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

YES NO

Number of Passengers (Including Driver)

1

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? Was there any video captured by Car Camera?

Was there any audio recorded?

YES NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLA2220X Vehicle Make/Model/Colour MAZDA 3

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver LEONG CHEE WEI

NRIC/Passport Number S7199120B Contact Number 98388321

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHELLATHURAI IRINE SUSEELA BAI ASWIN JENU

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBB3480T

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4) The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the police for investigation.
- 6) 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Co. Reg. No. PT 2015/02275K m

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time:

reporting centre personnel's Signature
Date / time:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

			AITCES OF	THE ACC	IDLITI					
1	was	trave	lling a	long	CTE +	owards	City &	pefore	Braddel	1 exit.
	- 79	As the	e traf	fic h	ias he	ary, n	nu voh	icle w	oc mou	in a
loud.	0.1	_ 0	0.110	. /	-11 0	, J	0	, , , ,	43 11100	<u>"(9</u>
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ut	reticle	B	collidea	onto	rear	n impac-	n of	mu ve	hicle.	
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			593							

DECLARATION

I/We declare to toregoing particulars are true in every respect.

Policy holder's signature Date & time:

Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the Individual insurance authorised reporting centre.

- Please report correctly on the details of the accident to speed up the claim process.

 This form must be filled up by the policy holder and/or authorised driver.

 Information provided must be as fruitful 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 traffic police department for investigation.

	ACCIDENT DETAILS
Date of accident	10/07/2019 (DD/MM/YY
Time of accident	11:43 (HH:MM
Exact location of accident	Along CTE towards SLE before Ang mo Kro Avenue 1

	DETAILS OF VEHICLE
Vehicle registration number	GBB 3480T
Vehicle make and model	Nissan Cabstar
Type of vehicle	Saloon D MPV D CRV D Van D Lorry D Bus D Motorcycle D Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only

INSURANCE INFORMATION										
Insurance company	NTUE									
Policy number										
Type of policy	Comprehensive	Third party fire & theft	TP only							

		INSURED / PO				
Name	VNS	Engineering	Pte	Ltd	Male 🗆	Female
NRIC / Fin / Passport number		0 - 3				
Contact						
Address						

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)								
Name	Chellathurai Irine Suseela Bai Aswin Jeny Malez Female								
NRIC / Fin / Passport number	G2117197 U								
Contact	9172 3464								
Address	606 Lorong 3 Geylang S(389 004)								
Email address									
Date of birth	30/05/20 1987								
Occupation	Indoor D Outdoor								
Driving date pass	20/03/2018								

随后的特别是这种的	GENERAL	INFORM	ATION O	OF THE ACCIDEN	The state of the state of	
Was driver an employee of	Yes	No 🗆	No. of the last of		A STATE OF THE PARTY OF THE PAR	
the insured's company?	₩no, re	lationship	of the	driver and insure	d:	
Accident captured by camera?	Yes 🗆	No				
Weather condition	Clear		ng 🗆	Others:		
Road surface	Dry	Wet 🗆				
No of passenger	1					(Inclusive of driv
						(melasive of arriv
E MERCHANICA TO SERVICE		PAS	SENGER	THE STATE OF	To be have	
Name			Zilozi			
Gender	Male 🗆	Female	2 0			
		1000000				
	TO HAVE BUY	PASS	SENGER	2	Charles The Control	LOCAL DESIGNATION OF THE PARTY
Name	Mary St. Company	The second linear linea	13110131			
Gender	Male 🗆	Female	2.0			
	Titale B	1 Ciliaic				
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Name		PASS	ENGER	3	- William	
Sender	Male 🗆	Female		/		
	ividic D	remate	-/			
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Name		PASS	ENGER	4		
Gender	Male	Female				
Jender	IVIdio	remaie				
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Sender	Male 🗆	Female	-			
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lame/		PASS	ENGER	b musicularities		
iender	Mala =	Familia				
igrider	Male 🗆	Female	0			
	ALC: NAME OF					
		OTHER IN	FORMA	TION	三大	
/as anybody injured?	Yes	No				
/as other vehicle damaged?	Yes	No 🗆				
			No on Care de la			
eported to police?			E STAT	ION ACTION		
olice station name	Yes 🗆	No	If yes,	please state whi	ch police stat	ion.
once station name			China and			
NO THE PARTY OF TH	A Transport	Complete State Sta	SAME IN COLUMN			
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ame						

Market and the second s		
	THIRD P	ARTY VEHICLE 1
Vehicle registration number	SL4 2220X	
Vehicle make model	Mazda 3	
Name	Leong Chee	Wei
NRIC / Fin / Passport number	871991208	
Contact	9838 8321	
	THIRD PA	ARTY VEHICLE 2
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact	V	
MARKET TRANSPORTS FOR THE	THIRD PA	ARTY VEHICLE 3
Vehicle registration number	THE PARTY	ANTI-VEHICLE S
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
	THIRD DA	DTV VEHICLE A
Vehicle registration number	INKUPA	RTY VEHICLE 4
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
	THIRD DA	DOM VEHICLE C
Vehicle registration number	THIRD PA	RTY VEHICLE 5
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
	THIRD DA	RTV VICINGIA C
Vehicle registration number	THIRD PA	RTY VEHICLE 6
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
- Contact		
NEWS TOTAL STREET		
Vehicle registration number	THIRD PAR	RTY VEHICLE 7
Vehicle make model		
Name Name		
NRIC / Fin / Passport number		

Contact

通 及标系图像 - 第二十二次		INJUR	ED PERSON 1
Name		mest out a	
Injuries sustained	911		
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	4		
		The sound to the	
Name	Constitution of the last	INJUR	ED PERSON 2
1101112			
Injuries sustained Which vehicle person in?	+		
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	/
hospital by ambulance?	163 [NO L	
To the second of the second of		INJURE	D PERSON 3
Name			
Injuries sustained	-		
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
		INJURE	D PERSON 4
Name	-	_/_	
Injuries sustained	-	/	
Which vehicle person in?	1		
Were seat belts worn?	Yes 🗆 /	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗸	No 🗆	
nospital by ambulance:	1		
	VIII NES	INJURE	D PERSON 5
Name /			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn? /	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
Mary Delta	Will Control	INJURE	D PERSON 6
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	











Certificate of Insurance

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: 5089439266-01

: GBB3480T

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

Chassis Number

: JN1SC2F24Z0800681

2. Name of Policyholder

: VNS ENGINEERING PTE LTD

3. Effective Date of Insurance

: 07 Jan 2019

4. Expiry Date of Insurance

: 06 Jan 2020

5. 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.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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

INSURE WITH COE

: YES

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

: LIAN HONG PTE LTD (00000611606)

Date of Issue

: 03 Jan 2019 10:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Office

Chief Executive

eBao Tech									Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601					• Change I	Language	• Chang	e Password	Log Out
,	Policy Query									
	Policy No.				Date	e of Accident	10	0/07/2019 1	1:45	
	Vehicle No.(For Motor)	GBB3480	B3480T			Certificate Number				
				Í	Search	l				
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5089439266- 01	- 1	VNS ENGINEERING PTE LTD	201502279K	GCV	Comprehensive	GBB3480T	GBB3480T	07/01/2019	06/01/2020
				1	Continue					

Policy No.	5089439266-01	Policyholder Name	VNS ENGIN	EERING PTE LTD	Policyholder	201502279K				
Certificate No.		Name			NRIC					
Address	33 UBI AVENUE 3 #08-58 VERTE	33 UBI AVENUE 3 #08-58 VERTEX SINGAPORE 408868								
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N .				
Policy issue Date	03/01/2019	Effective Date	07/01/2019	9 00:00	Expiry Date	06/01/2020 2	23:59			
Excess Type		All Claims Excess								
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100				
Additional Excess		OS Premium	0							
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	g/Inexperience Driver Excess			
Agent	LIAN HONG PTE LTD	Agent Tel.	67694850		GST Flag	Y				
Co- Insurance Flag	No									
Open Policy Info										
Certificate Info										
Policyl	nolder Mailing Address									
Address 1	33 UBI AVENUE 3	Addre	ss 2	#08-58 VERTEX		Address 3	SINGAPORE 408868			
Address 4		Addre	ss Type	Singapore address		Post Code	408868			
Jnit No.	08-58	Related Policy Number		5089439266-01						
	d Object: GBB3480T									
) Insure										
Ď Insure										

laim Handling coldent MT/1052934					
itcy No.	5089439266-01	Vehicle No.	G883480T	GST Registration No.	
tificate No.					
cyholder Name	VNS ENGINEERING PTE LTD			Policyholder NRIC	201502279K
duct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
rtact No. (Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
ail Address	PERMINAN	Special Remark		eCode	N: V
K	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
port Date	11/07/2019 14:23	Accident Report Wehin 24 hrs	Yes	Accident Type	Collision + Head to Rear
e of Accident	10/07/2019	Time of Accident hhomm	11:45	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
ident Location	CTE (SLE) BEFORE AMK AVE 1 EXIT				
Excess					
n demage Excess	600.00	Additional Excess		Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess			
rd Party Excess	0.00	Outside Singapore TP Excess			
Senefits					
GST Registered Inform	ation				
Registered	Yes		GST Registration Date	20/01/2016	
Registration No.	201502279K		GST Status verified	yes	
Offication History	14/07/2019 14:24:32 59:	stem changed GST Registered from Ni stem changed GST Registration No. fr	om null to 201502279k		
	11/07/2019 14:24:32 Sy	stem changed GST Registration Date 1	from null to 20/01/2016		
Policyholder Mailing Ad		- 547/6/35			
Fress 1	33 UBI AVENUE 3	Address 2	#08-58 VERTEX	Address 3	SINGAPORE 408868
fress 4		Address Type	Singapore address	Post Code	408868
r No.	08-58	Related Policy Number	5089439266-01		
OI Driver Info					
er Name	Unnamed Driver	Driver Type	Unnamed Driver		
amed driver Name	OHELLATHURAL ININE SUSCELA	Driver NRIC	G2117197U	Driver DOS	30/05/1987
inter Date of Driver License	20/03/2018	Driver Age	32	Driving Experience	1
fact No.(Mobile)	91723464	Contact No. (Office)	0	Contact No. (Home)	0
l/ess 1	606 LORONG 3 GEYLANG	Address 2	SINGAPORE 389004	Address 3	
ress 4		Address Type	Singapore address	Post Code	389004
t No.					
ts he own a Singapore pstered car?	○ Yes No	Driver Vehicle No.		Oriver Insurer Company	
laration					
athalyser or Blood Test ding?	0 mg	Any injury?	® Yes ○ No		
ification History					
Claim 001 New					
n Type *	GO-MX	Insured Name	IVNS ENGINEERING PTE LYD	Insured NRIC	201502279К
tact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	
NI Address		OI Vehicle Number	GB83480T	TP Vehicle Number	SLA2220X
ment Type Claimant Type •	Please Select	Type of Benefit *	Please Select.	Market Mark 12	
nant Name *	22	Claimant NR3C *			
nent Address					
n Description	G883480T / SLAZZZOX ON 10 Jul 2019			Name of Preferred Workshop	
erred Workshop Contact		Insured Liability *	Not at Fault	Therefore workshop	
ure Finalisation	Yes	Preferered Repair Option		T stames	Transact -
Registered	11/07/2019 14:25	Claim Close Date	Preferred Workshop, Name unknown		Received
ort Taken By	Jackson	Claim Close Date		Date Received	11/07/2019 00:00
	er sellM1				
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