| NATIONAL Assessment Cer | tre Services | wet 1 Jan'05 MI | 0119092545 | | |
|--|--|--|--|---|--------------|
| Date In: 6/2/19-17: 18 | Jeb description | | Date &Time Completed | Dor | ue py |
| Reino: Nallucigo 1478/24 | SAS e-filing | | | | |
| Veh No: Sw sorre | E-mail (within 8 | lirs, AIC 2hrs) | | † | |
| D.O.A : 15/3/19-09: VT | i-Motor Clain | | m1 1057487-001 | idal a l | 3.71 |
| | i-Motor W/O | | | 16/7/19 1 | 1:10 |
| OD TP Reporting Only | i-Photo Uploa | | 1 | | e e e |
| | Assessment/Sur | | | | |
| TP Insurer: | | | o Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | | Tel: | Fax: | - |
| TP Particulars: Veh No: 1 | | . INC (| ANY CA | r.w. | |
| Owner / Driver: (| | · incl | Tel: | | |
| Policy No: () | Period: (| 7 | Cover Type: (| | |
| Confirmed by : (| | Date: | Time: | | |
| Insured/Driver Liability: (%) |) [Note-Est. Status (W | | 0%; P: 21-79%. P: 80 | 100%] | |
| Year of Registration: () | Warranty: YES (| 2014 ORBANIANO 1 |) | -10070] | |
| Excess: (\$) Loading: \$ | | | | | |
| | Telephone and the second | | APPENDICATE TO THE | 74 <u>88</u> (17) | |
| () Walk-In Customer: Customer's in | oformation at letter Conf | energial supplement | | 115, 29,225 | ž |
| () Total Loss Case : to e-mail Inst | LID CENTER A | idential & Str | ictly NO refer of repairer | · . | |
| | | | | | |
| | ice: YES () / NO |) ; To | owing Co: (| |) |
| Remarks:- (INC hotline: 6788 6616) | | | Date&Time Completed | Don | e by |
| 1) Apply for Transport Allowance () | / Courtesy Car () | | | AND | - |
| 2) QC Check / Post Repair Inspection | () | | | 4 | |
| 3) Upload Resurvey Photo [Repair Cost> | \$3000] () | | - | | |
| Injury: | | | | | |
| | | | | | |
| Date/Time Actions | | 77. | 。 一下 下 5 3 4 | and the state of | erita halika |
| | | | | 15.42.000 (4.00.45.0), 5.4 | - |
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| · · | | | | 7 | |
| Service Control of the Control of th | | +1.5 | | Anit (S) | Amt (\$ |
| NAIGOZANI . | | | aration Checklist | fú Bill | Add Bil |
| aimant's Particulars :- | |) AR : Accident I | Reporting (\$30); assessment (\$100); INC (\$ | (90) | |
| iver/Owner: | 3 |) TF : Towing Fe | e . S | 40/\$45 | |
| ntact No: | | FT : Follow-Th | rough Survey rough Survey (Resurvey) | \$120 | |
| mact No: | | | ainst INC Only (wef 10 Jan 200 | \$30 | |
| maged Portion: | The second second | TR: Re-inspect | | \$75 | |
| | | N1 : Idao DA + NTUC Addition | | \$160 | 3510055 |
| Checked by (Engr-In-Charge): | 0 | OD. | | | |
| y (ong. in charge). | | CONTRACTOR STREET, SANSAGE AND ASSESSMENT AND ASSESSMENT ASSESSMEN | Cor / Tpt Allowence | \$5 | |
| ditors' Comments :- | * THE WAR THE CASE | *N6: Repair Co- *N7: Fost Repair | | \$10 | |
| 1: | 第四个数据的 | +N8: DV / Colle | et Excess Coordination | \$3 | |
| | 0) | TP (N11) : TP (| Non INC) against INC | 30 | te 1 |
| 2/3: | The second secon | voice dated | Fee Charged | | San Park |
| | In | voice dated | Fee Charged | SHARE SHARES | |

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.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

| | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 15/07/2019 17:18 |
| Date Of Accident | 15/07/2019 09:45 |
| Exact Location Of Accident | UPP SERANGOON RD |
| Country/State of Loss | SINGAPORE |
| C | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SCV3022R |
| Insured/Policyholder | |
| Name Of Registered Owner | LIM HOR CHIEW |
| NRIC No | S0913070E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-93273022 |
| Alternative Phone No | OFFICE-93273022 |
| Vehicle Particulars | |
| Manufacturer | NISSAN |
| Model | SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR |
| 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 | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5073767599-03 |
| Cover Note Number | |
| Driver | |
| Name of Driver | LIM HOR CHIEW |
| NRIC No | S0913070E |
| Date Of Birth | 22/12/1942 |
| Occupation | INDOOR |
| Date Of Driving Pass | 21/10/1972 |
| Driving Experience | 46 YEARS AND 8 MONTHS |
| | |

MALE

NOEMAIL

(LOCAL) +65-93273022

OFFICE-93273022

BLK 135 POTONG PASIR AVENUE 3 Address

#04-200

Postcode 350135

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 COLLISION - HEAD TO REAR

Weather Conditions RAINING Road Surface WET

Other Information

Was any foreign vehicle involved in this accident?

Foreign Vehicle Registration Number JCV4326 (PRIVATE CAR)

Number of vehicles (including own vehicle)

involved in the accident

YES

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

2

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

TEL NO: 65470000 - FAX NO:

Circumstances of Accident

REFER TO POLICE REPORT - T/20190715/2031.

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 JCV4326 Vehicle Make/Model/Colour PROTON SAGA

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)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report <u>spreadly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyhalder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrapresentation or with tolding of meterial facts may allow insurance companies to repudiate policy liability.
- 4. The issue and asceptance of this form by incurance companies is not an admission of policy liability on the part of the insurance
- h. Any false recoming may be referred to the Police for investigation.
- 5. The report will be forwarded by the insurers of the GIA Records Management Control established by the Gonoral Insurance Association of Singapore (GIA) for atchiving and that copies of this report will for a fee he made available upon application by
- 7. By the lodgment of this report to the insurers, you hareby consent to the archiving of this report at the centre and to copies of the report being made available aforeseld.
- S. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (s) 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/jaw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (i) processing, handling and/or dozling with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) Investigating the accident and/or my dalms;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the malling 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); end/or
 - (v) complying with applicable law in administering, processing, fixeding 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, dicclose and/or process my Personal information for one or more of the above Purposes; and
- my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party senses providers on agents (including their lewyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- my Personal information will also be collected and used to compile claims history for the purpose of freud detection, investigation and management in present and all future dains.
- [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
 - (2) for complying with requirements under any regulations, laws or court orders.

Folloybolcoms Signature Take & Times

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

Réparting Centre Personnel's Signature

KRIC/FIN No.:

ALDIG UPFE SEEMEDON SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT PAFER REPOU TO POLICE DECLARATION :/AVa declara the foregoing particulars are true in every respect.

Podeyholder's Eignordie

Date & Turbin

Orice's Signstore

Date & Time:

(If driver is not the policyholder)

Reporting Centre Perso

Nome:

NEIC/FIN No.1

ners Signature

| Date of Accident | : 15 07 2019 Accident Time: 094500 (24-HR-Format) |
|---|--|
| Accident Place | : Upper Serangoon Road |
| Vehicle Reg. No. (Car Pla | te No.) : SCV3012R |
| Vehicle Make/Model | Nissan sylphy |
| Insurance Company | :_NTUCPolicy No |
| Owner or Company Name | /IC No. : Lim Hor Chiew |
| Owner or Company Conta | ct No. : 43173077 Owner's Hp Company Tel |
| DRIVER'S Name / IC No. | : Lim Hor. Chiew |
| DRIVER'S Date Of Birth | : 32 12 1942 DRIVER'S License Pass Date 2 10 1972 |
| Relationship of Owner & I | Oriver : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Owner |
| DRIVER'S Address | : BIK 135 potong pasir Avenue 3 #04-200 5350135 . |
| DRIVER'S Contact No./ A | ult No. :1)2) |
| DRIVER'S Occupation | NDOOR \OUTDOOR (e.g. working inside or outside office) |
| Email Address | : Admin@ Mycar .sg |
| . Weather & Road Surface | : CLEAR & DRY \ KAINING & WET) AFTER RAIN & WET |
| Reporting Type | : Reporting Only \Claim Other Party \ Claim Own Insurance |
| Number of Passengers (Inc | luding Driver): 02 (kmale) |
| Was there any video Captu Exact purpose for which ve | red by car camera: YES \ 100 chicle was being used at the time of accident: Private use. Work purpose |
| | Other Party Driver's Particular (if anv) |
| Vehicle Reg. No: JCV43 | Vehicle Reg. No: |
| Vehicle Make\Model: Prot | on Saga Vehicle MakelModel: |
| Name Driver: | Name Driver: |
| IC No. Driver: | IC No. Driver: |
| Driver's Contact & Add: | Driver's Contact & Add: |







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

1 of 3 Report No. T/20190715/2031

REPORT OF A TRAFFIC ACCIDENT

| Date/Tin 15/07/20 | ne Report N 019 11:32 | Made: | Vide Report No.: | Station Diary No.: |
|----------------------|--------------------------|---------------------------|--|------------------------------------|
| Informa | nt's Partic | ulars | THE RESERVE OF THE PARTY OF THE | plistical estimates a comment as a |
| Name of | Informant: R CHIEW | | Address; APT BLK 135 POTONG PAS SINGAPORE 350135 | IR AVENUE 3 #04-200 |
| | / ID No.: D / S09130 | 70E | Contact No.: Home/Office: | Mobile: 93273022 |
| National SINGAP | ity: ORE CITIZ | EN EN | Email: | Modile. 30270022 |
| Sex: Male | Age: 76 | Date of Birth: 22/12/1942 | Type of Informant: Driver | |
| Race: Chinese | | | Language: | Institution / School Name: |
| Occupat Cook | ion: | | Driving Licence Information: Class: 2B,2A,2,3 | Date of Expiry: |

| Type of Accident: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 15/07/2019 09:45 | Type of Location Straight Road | |
|---------------------------------|----------------------------------|------------------------------------|---|-----------------------------------|--|
| | ANGOON ROAD ARDS POTONG PASIR | DIRECTION | | ių. | |
| Drizzling | | Road Surface: Wet | F | Road Speed Limit: | |
| Traffic Flow: T | | Traffic Control: Not Controlled | | Traffic Volume: Heavy | |
| Type of Collisi Between Movi | ion: ing Vehicles - Head To R | ear | F | Anyone conveyed by ambulance: | |

| Vehicle No. | Type | Make | Mada | 0.4 | 7 10 10 10 10 10 10 10 10 10 10 10 10 10 | AND DEC. |
|-------------|------|---------------------------|--|-------|--|----------------|
| SCV3022R | | THE RESERVE THE PROPERTY. | Model | Color | Condition | No of Passenge |
| 30V3UZZH | Car | NISSAN | SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR | Grey | Slightly Damaged | 0 |

| Vehicle No | Insurance Company | 1 | | - Shiles |
|------------|--|---------------|------------|-------------|
| SCV3022B | NTUC Income In | Insurance No | Effective | Expiry Date |
| 004002211 | NTUC Income Insurance Co-Operative Limited | 5073767599-03 | 18/09/2018 | 17/09/2019 |





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

Report No. T/20190715/2031

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location

I was travelling along the said location. I was stationary on the 2nd lane. At this moment, the involved Malaysian vehicle whom was initially from the 3rd lane changed lane from the 2nd lane and collide onto the rear portion of my vehicle. My vehicle was stationary because there was a van blocking our way infront. No one was injured in this accident. I planned to lodge this report for insurance claim as initially I sought for a compensation, however, he claim that he doesn't have the money to do so, hence, we're





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

3 of 3 Report No. T/20190715/2031

CONTINUATION OF REPORT

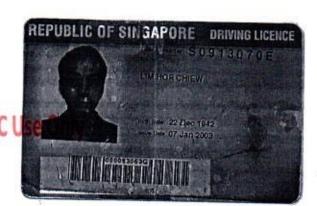
Sketch Plan

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.

| TP / NG JIN SHENG | ng The Report: | Signature Of Informant: | |
|--|----------------|--|----|
| Signature Of Interpreter: Not applicable | 4 | Date/Time: 15/07/2019 11:32 | * |
| Officer In Charge Of Case: TP / GIT / Staff Sgt YAN MINGSHENG Contact No.: 65476252 | DANIEL (B) | Classification Of Case: SINGAPORE POLICE FORCE |). |
| Authentication Stamp NP168 | Signature: | M | * |









| eBao Tech | | | | | | | | | Genera | alClaim |
|------------------------|----------------------|-----------------------|----------------------|----------------------|---------|------------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | | | | | Change | e Language | + Chang | ge Password | , Log Ou |
| My Desktop | Policy Query | | | | | | | | | (30) |
| Notice of Loss | Policy No. | | | | Date | of Accident | | 15/07/2019 (| 9:45 | |
| | Vehicle No.(For Moto | or) SCV30 | 22R | | Cert | ficate Number | . [| | | |
| | | | | | Search | İ | | | | |
| | Select Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | O 5073767599 | H | LIM HOR CHIEW | S0913070E | GPC | drivo PREMIUM | SCV30228 | SCV3022R | 18/09/2018 | 17/09/2019 |



| itcy No.: | | | | | |
|--|--|---|--|--|--|
| | 5073767999-03 | Vehicle No. | SCV3022R | GST Registration No. | |
| Tificate No. | | | | and report floor and different | |
| cyholder Name | LIM HOR CHIEW | | | Policyholder NRIC | \$091307DE |
| duct Code | PRIVATE CAR INSURANCE | Cover Type | drivo PREMIUM | Loading | 0 |
| fact No (Mobile) | 93273022 | Contact No. (Office) | 0 | Contact No.(Home) | 0 |
| ni Addresa | | Special Remark | | eCode | |
| | ® No ○ Yes | TCA | R. M. C. V. | | N. V |
| Protection | Yes | NCD Emplement(%) | ® No ○ Yes | eCode Reason | |
| Accident Details | 100 | .acu citicemerc(%) | 50 | Private Hire | No. |
| ort Date | 15/07/2019 17:29 | | | | |
| | | Accident Report Within 24 hrs. | Yes | Acodent Type | Collision - Head to Rear |
| t of Academ orting Centre | 15/07/2019 | Time of Accident hh:mm | 09/45 | Country of Accident | Singapore |
| dent Location | COMPANY AND ADDRESS OF THE PARTY OF THE PART | Orange Force | | TCM No. | |
| Excess | UPP SERANGOON RD | | | | |
| | | | | | |
| damage Excess | 600.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| erned Driver Excess | 0.00 | Outside Singapore OD Excess | 600.00 | | |
| Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | | |
| Benefits | | | | | |
| GST Registered Inform | ation | | | | |
| Registered | No | | GST Registration Date | | |
| Registration No. | | | GST Status Verified | Yes | |
| fication History | | | | | |
| Policyholder Hailing As | Mars | | | | |
| was 1 | BUK 135 #04-200 | Address 5 | | | MARKET MARKET AND A STATE OF THE STATE OF TH |
| ress 4 | MA 100 FUNT200 | Address 2 | POTONG PASIR AVENUE 3 | Address 3 | SINGAPORE 350135 |
| No. | 04.200 | Address Type | Singapore address | Past Code | 350135 |
| OI Driver Info | 04-200 | Related Policy Number | 5073767599-03 | | |
| or Name | LIM HOR CHIEW | Debug Torre | | | |
| amed driver Name | LIN HOX CHEW | Oriver Type Oriver NRIC | Main Driver | No. of the second secon | |
| ster Date of Driver License | 21/10/1972 | | 50913070E | Driver DOS | 22/12/1942 |
| act No.(Mobile) | 93273022 | Oriver Age | 76 | Driving Experience | 46 |
| ress 1 | | Contact No.(Office) | 0 | Contact No. (Home) | 0 |
| | BLK 135 | Address 2 | POTONG PASIR AVENUE 3 | Address 3 | SINGAPORE 350135 |
| 1011 4 | California V | Address Type | Singapore address | Post Code | 350135 |
| No s he own a Singapore | 04-200 | | | | |
| | ○ Yes (No | Driver Vehicle No. | | Driver Insurer Company | |
| istered car? | 0.140.05.140 | | | | |
| stered car? | | | | Political des Allia de Antonio | |
| stered car? Irabion | | | | Full Visited to Full Land to Fitte | |
| stered car? Irátion Ithalyser or Blood Test | ō mg | Any ingury? | ○ Yes ® No | 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0. | |
| istered car? arakon athalyser or Blood Test ding? | | | ○ Yes ® No | | |
| istered car? irration athalyser or Blood Test ding? | | | ○ Yes ® No | | |
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| ration thalyser or Blood Test ling? | | | ○ Yes ® No | | |
| ration halyser or Blood Test ng? | | | ○ Yes ® No | | |
| ration that/yeer or Blood Test sing? lication Hissory sim 001 New | | | ○ Yes ® No | Insured MRIC | 50913070E |
| ration that/ser or Blood Test ting? licetion History sim 001 New | © mg | Any injury? | P055009090 | Insured NRIC | S0913070E |
| stered car? shalver or Blood Test sing? floation History aim 001 New n Type * act No (Mobile) | 0 mg | Any injury? Insured Name | LIM HOR CHIEW 62872334 | Insured NR)C Contact No.(Office) | |
| ration thalyser or Blood Test ing? licetion History sim 001 New 1 Type • Ict No.(Hobite) Address | Omg Op-MX 97709663 | Any injury? Insured Name Consct No.(Home) Of Vehicle Number | LIM HOR CHIEW 62872334 SCV3022R | Insured NRIC | 50913070E |
| ration thalyser or Blood Test ting? lication History sim 001 New 1. Type * Int No. (Mobile) Address sant Type Clament Type * | Omg OD-HX 97709663 Please Select | Any injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * | LIM HOR CHIEW 62872334 | Insured NR)C Contact No.(Office) | |
| ration halyser or Blood Test ing? cation History lim 001 New Type • ct No. (Mobile) Address ant Type Clamant Type • ant Name • | Omg Op-HX 97709663 | Any injury? Insured Name Consct No.(Home) Of Vehicle Number | LIM HOR CHIEW 62872334 SCV3022R | Insured NR)C Contact No.(Office) | |
| ration chalyser or Blood Test ing? cation History lim 001 New Type * ict No. (Mobile) Address and Type Clament Type * and Address and Address | O mg OD-MX 97709663 Prease Serect ≥≥≥ | Any injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * | LIM HOR CHIEW 62872334 SCV3022R | Insured NRIC Contact No. (Office) TP Vehicle Number | |
| ration thalyser or Blood Test ting? Ibation History sim 001 Hexe Type * act No. (Hobite) Address hant Type Clament Type * hant Name * hant Address Description | Omg OD-HX 97709663 Please Select | Any injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit + Claimant NRIC + | L3M HOR CHIEW 62872334 SCV3022R Please Select | Insured NR)C Contact No.(Office) | |
| ration chalyser or Blood Test sing? floation History sim 001 New act No. (Mobile) I Address nant Type Claimant Type + nant Address Description orded Workshop Confact | O mg OD-MX 97709663 Please Select ≥≥ 5CV3022R / 3CV4326 ON 15 lul 2019 | Any injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit + Claimant NRIC + | LIM HOR CHIEW 62872334 SCV3022R Please Select Not at Fault | Insured NRIC Contact No. (Office) TP Vehicle Number | |
| iration thatyser or Blood Test sing? floation History floation History aim 001 Next Type * act No. (Hobite) If Address nant Type Claimant Type * nant Address in Description orded Workshop Confact irre Finalisation | O mg OD-MX 97709663 Please Select ≥≥ SCV3022R / XCV4326 ON 15 lul 2019 Yes ¥ | Any injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit + Claimant NRIC + Insured Liability + Preferered Repair Option | L3M HOR CHIEW 62872334 SCV3022R Please Select | Insured NRIC Contact No. (Office) TP Vehicle Number | |
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