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Veh No: SLV BVJY	E-mail (within Shrs, AIC 2hrs)			
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TP Particulars: Veh No: J			ax;	
Owner / Driver: (MD 134-)/Non-INC()		_
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Confirmed by : (Date:	Time:		2004
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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.
- 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.

	The state of the s
	ACCIDENT STATEMENT
Date Of Report	29/07/2019 20:05
Date Of Accident	28/07/2019 14:00
Exact Location Of Accident	OPHIR RD TWDS VICTORIA ST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV1825Y
Insured/Policyholder	
Name Of Registered Owner	TOH LI HOON (ZHUO LIYUN)
NRIC No	S7507709B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97429885
Alternative Phone No	OFFICE-97429885
Vehicle Particulars	
Manufacturer	тоуота
Model	SIENTA HYBRID 1.5G CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096896619-01
Cover Note Number	

-	- 1		1	
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Name of Driver TOH LI NAH (ZHUO LINA)
NRIC No S7137564A

Date Of Birth 21/10/1971
Occupation OUTDOOR
Date Of Driving Pass 18/11/1991

Driving Experience 27 YEARS AND 8 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96949294

Fax Number

Contact Number OFFICE-96949294

EMail Address NOEMAIL

BLK 602 BEDOK RESERVOIR ROAD Address

#11-538

470602

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

SIBLING

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)

2

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?

YES

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

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

. .

GENDER:

: FEMALE

Passenger 2

NAME:

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name

BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 42 FAJAR ROAD, POSTCODE: 679005, COUNTRY: SINGAPORE

TEL NO: 1800-8929999 - FAX NO: 67673650 Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190728/2127.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHD3042T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Page 2 of 18

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

E	ETAILS OF INJURED PERSON 1
	TOU LINAH (ZULIO LINA)

Name

TOH LI NAH (ZHUO LINA)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLV1825Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <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.
- 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.:

SKETCH PLAN	OPHIL (LOA)	. TOWARDS	Victoria	Street	at Qu	ieens Str	eel Junction
			\rightarrow				
A - S	LV1825 Y.	7	->				
B-SH	D3042T.	W :					
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DECLARATION							
We declare the fores	going particulars are true	e in every cespe	œ,				
olicyholder's Signature Date & Time:	(If driv	's Signature ver is not the pol & Time:	icyholder)		Reporting C Name: NRIC/FIN N		nel's Signature

SLV 1825 Y Model / Make Toyota Stendar Hybrid 1.5
28 07 2019.
1400 . HRS
OPHIL ROAD TOWARDS Victoria Street at Once Street junct
lent working.
TOH LI HOON.
H/P: 9742 9845 · Home: Office:
875077098.
7 ST. GEOFGE'S LANE \$06-235 Singapore 320 007. OD THIRD PARTY REPORTING ONLY
OD THIRD PARTY REPORTING ONLY
NTYC.
Comprehensive Third Party Third Party / Fire / Theft
509689 6619 -01.
As Above If No, ToH LI NAH -
S7/3 7564A. Any Passengers: 2 (FEMALE).
21/10/1971
Outdoor / Indoor
18/11/7991
Male / Female
H/P: 9694 9294 · Home: Office:
602 BEDGE RESERVOIR ROAD #11-538 Singyon 470602.
No. If yes, Reg No.
Employee, If no, state Siblings.
Clear Raining Other
Dry Wet Other
No, If Yes, Who? TOH LI NAH, 9694 9294.
No, Lives, Where? BUKIT PANJANG N.P.C.
SHD 3042T Any Passengers: Nil.
Contact No. :
Any Passengers :
Any Passengers :
Any Passengers :
Any Passengers :
Any Passengers :
Witness Contact :
Right Front portion.
Yes / No
Wintoh 668@ quail-con
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Twinter Patentine Pte Ltd.
Twin Car Perturtina Pta Ltd. 6842 0051 / 6744 0510





1 of 3

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

Report No. T/20190728/2127 *

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/07/2019 21:15		Vide Report No.:	Station Diary No.: 147	
Informan	t's Partic	ulars		
Name of I	Informant: AH		Address: APT BLK 602 BEDOK SINGAPORE 470602	RESERVOIR ROAD #11-538
ID Type / ID No.: NRIC NO / S7137564A		Contact No.: Home/Office: Mobile: 96949294		
Nationalit SINGAPO	y: DRE CITIZ	ŒN	Email:	
Sex: Age: Date of Birth: Female 47 21/10/1971		Type of Informant: Driver		
Race: Chinese		Language:	Institution / School Name:	
Occupation: PRIVATE HIRE DRIVER		Driving Licence Inform	nation: Date of Expiry:	

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 28/07/2019 14:00	Type of Location Bend
Location: Along Road OPHIR ROAI Turning to Qu Weather:)	Road Surface:		Road Speed Limit:
		Dry		
0.770.77.7700				
Clear Traffic Flow: One Way		Traffic Control: Traffic Light - Worl	king	Traffic Volume: Moderate

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHD3042T	Car					0
SLV1825Y	Car				Slightly	2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Tel No: 1800-8929999



2 of 3

Report No. T/20190728/2127

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738

CONTINUATION OF REPORT

Driver		and Continue Print		Shakkie	inida.	
Name	TOH LI NAH			ID No	6	S7137564A
Related Vehicle	SLV1825Y (Car)			Conta	ct No.	96949294
Hospital/Clinic	NIL			Class Drivin Licene Expire	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date D			charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	of Injury	NIL	

Brief Details.

On 28/07/2019 at about 1400hrs, I was driving my vehicle, SLV1825Y, travelling along Ophir Road. At the point of time, I was travelling on the second lane from the right and the lane allows me to turn right or proceed straight. Hence, as I wanted to turn right onto Queen Street, i signaled to turn right too. Also, there was a taxi, SHD3042T, travelling on my right on the extreme right lane. I would like to state that for the lane that the taxi was travelling on, it only allow vehicle to turn right. But instead, when i was turning right towards Queens Street, the taxi continue straight and knocked onto the right side of my car.

Subsequently, both myself and the driver alighted from our vehicle and i confronted the other driver to ask for his particulars. Out of a sudden, the taxi driver went back to his car and drove off without providing me with his particulars. I would like to state that my vehicle's front right was dented in, front right wheel misalighnment and the front right bumper was also damaged due to the collision itself. I would like to informed that my vehicle has an in-car camera for both the front view and the back view and managed to capture the whole incident. At the point of time, i had two passenger along with me and i affirmed that none of the passenger was injured during the midst of accident. However, I am currently suffering back pain but have yet to consult a doctor and I will be consulting a doctor tomorrow.





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999 3 of 3 Report No. T/20190728/2127

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: J / Sgt 2 ANG THIAM HWEE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/07/2019 21:15
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368 SN 117	Classification Of Case:
Authentication Stamp NP168	



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7507709B



TOH LI HOON (ZHUO LIYUN)

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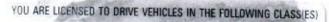
CHINESE

SINGAPORE

25-03-1975 F

87507709R

owner



Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

For LKK/NAC Use On

22-07-2005

APT BLK 7 ST. GEORGE'S LANE #06 - 235 SINGAPORE 320007 NRIC No: \$75077098 Date: 28/0

Date: 28/06/2011

No: 6783355

3745257

NP 428A



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7137564A



TOH LI NAH (ZHUO LINA)

卓莉娜

CHINESE

Date of Birth 21-10-1971

SINGAPORE

Driver

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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Class 3 18 Nov 1991

For LKK/NAC Use Only

MCN S7137564A

28-07-1994

APT BLK 602 BEDOK RESERVOIR ROAD #11-538 SINGAPORE 470602

NRIC No: \$7137564A Date: 12-08-2001 No: 4056279

NP 428A



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: 5096896619-01 Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle : SLV1825Y

Chassis Number : NHP1707105111

Name of Policyholder : TOH LI HOON (ZHUO LIYUN)

 3. Effective Date of Insurance
 : 22 Dec 2018

 4. Expiry Date of Insurance
 : 21 Dec 2019

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 or Hirer's business.

This Policy does not cover

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

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

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)
 : \$\$2,000

 EXCESS (SECTION 2)
 : \$\$1,500

 WINDSCREEN EXCESS
 : \$\$100

 ADDITIONAL EXCESS
 : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES
NCD PROTECTION : YES
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : TOH LI HOON

NAMED DRIVER (1) : ALEXIS CHIA CHIEW PENG

NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : OCBC BANK LTD

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 : I INSURANC

: I INSURANCE AGENCY (00000572538)

Date of Issue : 06 Dec 2018 16:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

mult

Authorised Officer

Chief Executive

Countersigned By:



olicy No.	5096896619-01	Policyholder Name	TOH LI HOT	ON (ZHUO LIYUN)	Policyholder NRIC	S7507709B	
ertificate lo.		THORIE .			mac		
ddress	BLK 521 #10-37 HOUGANG A	VENUE 6 SINGA	PORE 53052	1			
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy isue ate	06/12/2018	Effective Date	22/12/2018	3 00:00	Expiry Date	21/12/2019	23:59
xcess ype		All Claims Excess					
hird arty xcess	1500	Own damage Excess	2000		Windscreen Excess	100	
idditional xcess Jutside	0	OS Premium	0				
ingapore D xcess	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	I INSURANCE AGENCY	Agent Tel.	67026779		GST Flag	Υ	
nsurance Flag Open Policy Info Certificate Info	No						
⊖ Policy	holder Mailing Address						
ddress 1	BLK 521 #10-37	Addr	ess 2	HOUGANG AVENU	E 6	Address 3	SINGAPORE 530521
ddress 4		Addr	ess Type	Singapore address		Post Code	530521
Init No.	06-235	Relat Num	ed Policy	5111266753			
D Insure	ed Object: SLV1825Y						
	sements						
Seque	nce Date of Endorsen	ient	Endorsemen	t Type	Endorsement	Status	Endorsement Content
							Thank you for giving us the opportunity to serve you. We

Proc No. 5096896619-03 Vehicle No. SLV1825Y CST Registration No. emificate No. Scholar No. Policyholder Name TOH LI HOON (ZHUO LIYUN) Policyholder NRIC 575077098 oduci Code PRIVATE CAR INSURANCE Cover Type drivo CLASSIC Loading 0	laim Handling					
Marchanis And Marchanis (1941-1940) (1940)	ccident MT/1055526					
SPICE SPI	blicy No.	5096896619-01	Vehicle No.	SLV1825V	GST Registration No.	
MINISTED AND MINISTED AND MINISTED COUNTY MINISTED AND MINISTED A	Certificate No.					
March Marc	olicyholder hame					
Second	roduct Code					
Second	ontact No.(Mobile)	97429885	Contact No.(Office)	0	Contact No.(Home)	9
The part of the	mail Address		Special Remark		eCode	10. V
## PACES 1997	×	® No ○Yes	TCA	® No ○ Yes	eCode Reason	
March Mar	III Protection	Yes	NCO Entitlement(%)	50	Private Hire	Yes
The F of Accident Sharper 10 mg of Accident Sharper 1	Accident Details					
The F Anderes 20,000001 Total Total of Accessed Internal 14 000 Column or Accessed Internal Column or Accessed In	ever clare	35/07/2016 31-14	Accident Second William 24 hrs.	Total Control of the	Accident Tune	College - Change / Cross lane
Control Cont						
Content Leading	te of Accident	28/07/2019	Time of Accident hh:mm	14:00	Country of Accident	Singapore
	porting Centre		Orange Force		ICM No.	
Marie Mari	cident Location	OPHIR RD TWDS VICTORIA ST				
Marche 100.00 Outside Singapore 100 Encouse 1,000.00	Excess					
	in demage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
### CAST SEQUENCE FOR TARGET CONTROL TO THE CAST SEQUENCE FOR TARGET CONTROL TO THE CAST SEQUENCE FOR THE CAS	named Driver Excess	500,00	Outside Singagore OD Excess	2,000.00		
### CAST SEQUENCE FOR TARGET CONTROL TO THE CAST SEQUENCE FOR TARGET CONTROL TO THE CAST SEQUENCE FOR THE CAS	ind Painty Excess	1.500.00	Outside Singapore TP Excess	1,500.00		
Part			5-8-11-15-15-15-15-15-15-15-15-15-15-15-15-			
Registration 19						
Registration No.				GCT Barbarana Bree		
Politic Pol		(200			Mare	
## Pallion-baller Mellion Address Set 52 9 19-37				GO L STATUS VENTIED	Yes	
### Address 2 HALS 22 #10-37 Address 2 HOUGANG 64/90/8 € Address 3 SINGAPCRES 30521 Process Address 3 Singapore edities Process Proc. Code Singapore edities	services remoty					
Part	Policyholder Mailing Ad	dress.				
Address Type			Address 2	HOUGANG AVENUE 6	Address 3	SINGAPORE 530521
Resisted Policy Number		NOOSTON CARACTER				
### CENTAND DITAINS D		W 244			CHARLES COME	230364
Internation		06-235	Related Policy Number	5111266753		
Description Post Description Post Description Post Description Post Description Post Description Descri			170000000	19-37-37-38-85-37-11		
Direct Age						
Marrie March Marrie Ma	named driver Name	TOH LI NAH (ZHUO LINA)	Driver NR3C	87137564A	Driver DOB	21/10/1971
### 1 BLY 602 Address 2 BEDOK RESENVOIR ROAD Address 3 BLNOS RAZINSOW #### 13 503	pster Date of Driver License	18/11/1991	Driver Age	47	Driving Experience	27
SINGAPORE 470602 Address Type Singapore address Poot Code 470602	stact No.(Mobile)	96949294	Contact No. (Office)	0	Contact No.(Home)	0
11-539	dress 1	BLK 602	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS RAINBOW
11-536 1	press 4	SINGAPORE 470602	Address Type	Singapore address	Post Code	470602
Carried No. 19 Disperse 19 No. 19 No. 19 No. 19 Disperse Disperse Carried No. 19 No.	it No.	11-538				
STATES OF THE STATE OF THE STA			Mar and State Mar		Transport or account	
## Yes One ## Any injury *		O FEE GO NO	Driver venicle No.		Driver Insurer Company	
Inflication Hattory Claim 00.1 New Claim 00.1 New CoMX	claration					
Table 003 **Mexi** **Insured Name** **Insured	eathslyser or Blood Test	0 mg	Any injury?	® Yes ○No		
Insured Name am Type * OD-MX	T7-51					
Insured Name TOR LI HOON (2HUD LITUR) Torouted NRIC \$25977098 Insured Name TOR LI HOON (2HUD LITUR) Torouted NRIC \$25977098 Contact No. (Neture) \$240 274244 Contact No. (Office) Insured No. (Office) Insured No. (Office) Insured No. (Office) The Vehicle Number Sulfaces Insured No. (Note Insured No. (Office) Insur	dification History					
Insured Name Confect No. (Medie) 9742985 Confect No. (Nome) G3274244 Confect No. (Office)	AND PROPERTY.					
Page	Claim 001 New					
Save Submit Save Submi	Digital Co.		222777220740	-	INCOVERNMENT COLUMN	(-Turney)
All Address IgnocornectO(@genoc.com CI Vehicle Number SLV1825Y TP Vehicle Number SH03642T Imant Type + Please Select V						3/507/090
amant Type Claimant Type + Please Select		and the second s				Control of the Contro
Claim Name *					TP Vehicle Number	SHD3042T
Immain Address Imm Description SLY1825Y / SHD3042T ON 28 Jul 2019 Insured Liability * Not at Fault June Finalisation Yes Preferred Repair Option Preferred Workshop, Name unknown V GIA report Received V June Print AK letter Save Submit Save Submit Attachment Process Save Submit	imant Type Claimant Type *	Please Select		Please Select		
Sivil 825Y / SHD3042T CN 28 Jul 2019 Insured Liability * Not at Fault Insured Li	imant Name *	22	Claimant NRIC +			
Insured Liability * Not at Fault June Finalisation Yes Preferenced Repair Option Preferred Workshop, Name unknown GIA report Received Ves Preferenced Repair Option Preferred Workshop, Name unknown Ves Date Received Ves	mant Address					
Insured Liability * Not at Fault June Finalisation Yes Preferenced Repair Option Preferred Workshop, Name unknown GIA report Received V e Registered 29/07/2019 21:16 Claim Close Date Date Received 29/07/2019 00:00 Print AK letter Save Submit Stack Submit Save Submit Stack Submit Save Submit Save Submit Save	m Description	SLV1825Y / SHD3042T ON 28 Jul 2019			Name of Preferred Workshop	
Preferred Repair Option Preferred Workshop, Name unknown V GIA report Received V Receive	lerred Workshop Contect.	N 7.1	Insured Liability *	Not at Fault	74	
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