	e Services   wet 1 Jamos M	CH IIII		
Date In: 118719-12:06	Jeb description	Date & Time Completed	Done	by
Res No: 44/146 1907 48 4/24	SAS e-filing			
Veh No: VMD S774H	E-mail (within Shrs, AIC 2hrs)			*
D.O.A: 31/7/19-6:10	i-Motor Claim Form	M7/10 18993-001	1/8/19 12	:17
OD TP Reporting Only	i-Motor W/O (Within: OD 2h			
OD F IP Skeporting Only	i-Photo Uploaded			-States State
TP Insurer:	Assessment/Survey Report			
IT insurer.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:	)
TP Particulars: Veh No: 6h ]	7097 . INC (	)/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: ( ) Per	riod: (	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [1	Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-1	00%]	
	Warranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,0				
General Remarks:-			SERVICE SERVICE	
( ) Walk-In Customer: Customer's infor	rmation strictly Confidential & S	trictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insure	er URGENTLY.			
Drive-In ( )/ Towed-In ( ); Invoice	:: YES( ) / NO( ); T	Towing Co: (		)
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done	by
	MEDITE COST OF A STATE CONTRACT THE SECTION OF A STATE COST OF	St. and handware and property and property of the state o	Carry Carry	
1) Apply for Transport Allowance ( )/C	Courtesy Car ( )			
Apply for Transport Allowance ( )/C     QC Check / Post Repair Inspection	Courtesy Car ( )		#10.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	( )			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$3	( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:	( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:	( )		i de la constanta de la consta	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:	( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:	( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:	( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:	( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time   Actions	( )			A BUTT
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions	( )	paration Checklist	Anit (S)	Amt (3)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions	Invoice Pre	paration Checklist t Reporting (\$30);	Ant (S)	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  Management Actions	( ) 0000] ( ) Invoice Pre 1) AR: Acciden 2) DA: Damage	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$8	Ant (S)	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions	Invoice Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing I	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$60); Fee \$40	Anit (5) fat Bill (0) 1/545 5120	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  Limant's Particulars: iver/Owner:	Invoice Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Fullow-I	paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$80); Fee \$40  Prough Survey  Prough Survey (Resurvey)	Anit (S) fst Bill (0) 1/545 5120 530	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  Manual Particulars: iver/Owner:	Invoice Pro  1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-impe	paration Checklist.  t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey) heainst INC Only (wef 10 Jan 2005) clion	Anit (5).  (\$\delta \text{Fst Bill}  \te	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  MA 195717  atimant's Particulars':- iver/Owner:  ntact No:	Invoice Pro  1) AR: Acciden 2) DA: Damege 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming s 6) TR: Re-inspe 7) N1: Idao DA	paration Checklist.  t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey) leainst INC Only (wef 10 Jan 2005) ction + SMRT Survey	Anit (\$).  fst Bill  (0)  (7545  \$120  \$30  )	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  Actions  simant's Particulars:- iver/Owner: intact No: maged Portion:	Invoice Pre	paration Checklist.  t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey) heainst INC Only (wef 10 Jan 2005 clion + SMRT Survey onal Services.	Anit (5) fit Bill (0) 1/545 5120 530 ) \$75 \$160	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  Manual Particulars: iver/Owner: intact No: imaged Portion:	Invoice Pre	paration Checklist.  t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Frough Survey Frough Survey (Resurvey) Reginst INC Only (wef 10 Jan 2005 ction + SMRT Survey onal Services:- Car/Tpt Allowance	Anit (5).  (\$\delta \text{Fst Bill}  \te	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  Laimant's Particulars:-  iver/Owner:  Intact No:  Imaged Portion:  Checked by (Engr-In-Charge):	Invoice Pre	paration Checklist.  t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey) heainst INC Only (wef 10 Jan 2005 clion + SMRT Survey onal Services. Car / Tpt Allowance co-ordination ont Inspection	Anit(S) fit Bill 100 1/545 S120 S30 ) \$75 \$160	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  Limant's Particulars:  iver/Owner:  ontact No:  maged Portion:  Checked by (Engr-In-Charge):	Invoice Pre	paration Checklist.  t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey) heainst INC Only (wef 10 Jan 2005 clion + SMRT Survey onal Services. Car / Tpt Allowance	Anit (\$) fst Bill 100) 1/\$45 \$120 \$30 ) \$75 \$160 \$5 \$10 \$25 \$5 \$5	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions    Actions   Actio	Invoice Pre	paration Checklist  t Reporting (\$30); Assessment (\$100); INC (\$8  Fee \$40  Through Survey  Through Survey (Resurvey)  Issainst INC Only (wef 10 Jan 2003)  ction  + SMRT Survey  onal Services:  Co-ordination  Init Inspection  Rect Excess Coordination  (Non INC) against INC	Ans (S) fit Bill (0) 1/545 S120 S30 ) \$75 \$160 \$5 \$10 \$25 \$5 \$20 30	

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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.
- 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.

And the second trade of the second se	ACCIDENT STATEMENT
Date Of Report	01/08/2019 12:06
Date Of Accident	31/07/2019 10:10
Exact Location Of Accident	AYE TWDS CITY
Country/State of Loss	SINGAPORE
D. Company of the Com	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMD5734H
Insured/Policyholder	
Name Of Registered Owner	LOW KANG HUA (LUO KANGHUA)
NRIC No	S7203790A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96662845
Alternative Phone No	OFFICE-96662845
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	5103783192
Cover Note Number	
Driver	
Name of Driver	LOW KANG HUA (LUO KANGHUA)
NRIC No	S7203790A
Date Of Birth	30/01/1972
Occupation	OUTDOOR
Date Of Driving Pass	21/09/1996
Driving Experience	22 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96662845
Fax Number	
6 7 70 1	OFFICE OCCUPAT

OFFICE-96662845

NOEMAIL

Address BLK 682C WOODLANDS DRIVE 73

#04-247

Postcode 733682

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 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

2

Was any body injured in the Accident?

NO

YES

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

) 2

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

nice of interface i resocution given:

If Yes,against whom?

NO

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SGJ7097P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

# SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material
  facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of
  the report being made available aforesaid.
- 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 Sign

Policyholder's Signature Date & Time: > De

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

NRIC/FIN No.:

		Ť	10
AYE	1		JA ,
X 600	15 0		(B)

DOA: 31/7/19 14: SMD 57344 B: SGJ 70978

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Front	air st	opped	S)	16	Blood	suit	but	veh	B
failed	40	brake	11	time	hit	orb	ny	veh	
rear	poton	W		W					
17							0		
									1,
		To the second se							
							arbers in on		
							-		

## 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)

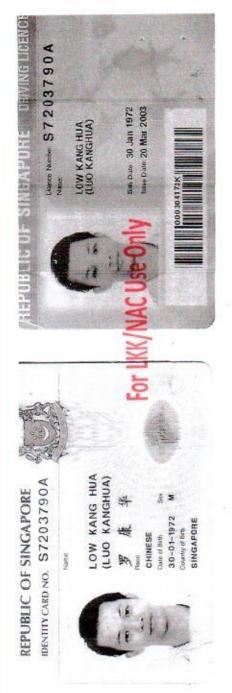
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Personal Particulars
Date of Accident: 31 7 19 Time of Accident: 10 10 am
Exact Location of Accident: AYE towards City
Owner's Name: Low Kong Hua NRIC No: \$7208750A HP No: 9662845
Driver's Name: NRIC No: HP No:
Date of Birth: 30 1 1972 Driv ng Licence Passing Date: 319 1991 Occupation: Indoor / Outdoor
Address: 6820 Woodlands Drive 73 # 04- 347 (733682)
Relationship of Driver with Insured: \_\wedge Relationship of Driver
Vehicle No: SMO 5734H Make & Model: Toyota
Insurance Co: NTUC Coverage: Policy No: 5103783192
*Purpose of Reporting? Own Damage Claim / 3rd Party Glaim / Not Claiming, Just Reporting Only
*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
West 104 / Othors
*Weather Condition ? Cear / Raining / Others: Wet / Dry / Others:
* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
A:
*Was Anybody Injured ? (Yes / No) If yes,
Name / NRIC / In Vehicle:
*Was The Accident Reported To The Police ?
O No O Yes, Which Police Station?
*Does the Driver Own Any Other Vehicle?
No O Yes, Vehicle Registration No:insurer:
*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category:
*Was there any video captured by Car Camera? (Yes/No)
Third Party Driver's Particulars
Vehicle B No: 867 7097 ( Make & Model:
Driver's Name: NRIC No: HP No:
Vehicle C No: Make & Model:
Driver's Name: NRIC No: HP No:
Witness Particulars
Name: NRIC No: HP No:





S / No. 9000207093



# Certificate of Insurance

: SMD5734H

: 11 Sep 2018

: 10 Sep 2019

: MR053ZEE106169129

: LOW KANG HUA (LUO KANGHUA)

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) Cover : drivo CLASSIC

Certificate Number: 5103783192

Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Explry Date of Insurance 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.

\$\$2,000 EXCESS (SECTION 1) : \$\$1,500 EXCESS (SECTION 2) : S\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS : PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP : NO . YES INSURE WITH COE : NO NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO EXCESS WAIVER : LOW KANG HUA (LUO KANGHUA) PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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)

: KA-HUP VEHICLES TRADING (00000572059)

Date of Issue

: 11 Sep 2018 12:33 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

<b>eBao</b> Tech									Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601					+ Chang	e Language	+ Chang	e Password	• Log Out
My Desktop	<b>Policy Query</b>									
Notice of Loss	Policy No.				Date	of Accident	-	31/07/2019 1	0:10	
	Vehicle No.(For Motor)	SMD57	34H		Cert	ificate Number	· [			
					Search	l.				
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No:	Insured Object	Commence Date	Expiry Date
	O 5103783192		HUA (LUO KANGHUA)	S7203790A	GPC	drivo CLASSIC	SMD5734F	SMD5734H	11/09/2018	10/09/2019
				- 1	Continue					

Policy Information Page 1 of 1



gent MT/1035993					
v No.			SMD5734H	GST Registration No.	
	\$103763192	Vehicle No.	SMDS714H	GST REGISTRATION NO.	
ficate No.					E22022004
yholder Name	LOW KANG HUA (LUG KANGHUA)			Policyholder NRIC	57203790A
uct Code	PRIVATE CAR INSURANCE	Cover Type	erive CLASSIC	Loading	0
tact No.(Mobile)	96662845	Contact No.(Office)	0	Contact No.(Home)	0
el Address		Special Remark		eCode	10. V
	(e) No □ Ves	TEA	® No. ○ Yes	eCode Reason	
Pretection	No:	NCD Entitlement(%)	0	Private Hire	ves
Accident Details					
		property and the second	Secret 11	Accident Type	Collision - Head to Rear
ort Dete	01/08/2019 12:15	Accident Report Within 24 hrs.			
of Accident	31/07/2019	Time of Acodent hhomm	10:10	Country of Accident	Singapore
orting Centre		Orange Force		SCM No.	
dent Location	AYE TWOS CITY				
Excess					
i damage Escess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
		Outside Singapore CD Excess	Z,000.00		
amed Driver Excess	0.00				
d Party Excess	1,500.00	Outside Singapore TP Excession	1,500.00		
Benefita					
GST Registered Informa	tion				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
dification History					
Policyholder Halling Ado				144	SINGAPORE 733682
dreka I	BLK 682C #04-247	Address 2	WOODLANDS DRIVE 73	Address 3	
fress 4		Address Type	Singapore address	Post Code	733682
n No.		Related Policy Number	5103783192		
OI Driver Info					
ver Name	LOW KANG HUA (LUO KANGHUA)	Driver Type	Main Driver		
samed driver Name		Driver NRIC	\$7203790A	Driver DOB	30/01/1972
			47	Driving Experience	22
gater Date of Driver License		Driver Age		Contact No.(Home)	0
rtact No.(Mobile)	96662845	Contact No. (Office)	0		* 100-100-100-100-100-100-100-100-100-100
tress 1	BLK 682C	Address 2	WOODLANDS DRIVE 73	Address 3	SINGAPORE 733682
dress #		Address Type	Singapore address	Post Code	733602
e No.	04-247				
es he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
gistered car?	0.144				
paration eathalyser or Blood Test	Umg	Any injury?	○ Yes ® No		
cranation eathalyser or Blood Test	0 mg	Any injury?	○ Ves ® No		
coaration reathalyser or Blood Twe coding?	0 mg	Any injury?	○ Yes <b>®</b> No		
paration eathalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
ranktion onhalyser or Blood Test iding?	0.00	Any injury?	○ Yes <b>®</b> No		
analyser or Blood Test ding?	0.00	Any injury?	○ Yes <b>®</b> No		
ranktion cathalysec or Blood Test dding? diffication History	·h				ENOSES.
centation carinalyser or Blood Test ading? diffication History Claim 003 OD-MX. Nex	0.00	Any injury?  Insured Name	O Yes ® NO	Insured NRIC	57203790A
control of the contro	·h			Insured NRIC Contact No.(Office)	57203790A
control of the contro	00-MX S	Insured Name	LOW KANG HUA (LUO KANGHUK		\$7203790A
control of the contro	0D-MX 96662845 transcab5623@yahoo com.ag	Insured Name Contact No.(Home) DI Vehicle Number	LOW KANG HUA (LUO KANGHUA 68942914	Contact No.(Office)	
ioristion athistise or Blood Test iding?  Uffication History  Daint 003 OD-MX  Nes  Im Type * react No. (Mobile) all Address Immat Type Claimant Type *	00-MX 96662845 transcab56238 yango cem.sg	Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit *	LOW KANG HUA (LUO KANGHUR 68942914 SMD5734H	Contact No.(Office)	
oration athalyse or Blood Text ding?  Ification History  Dalim 003 OD-MX  Nee  Im Type * react No.(Mobile) all Address Immet Type Clasmant Type * Immat Name *	0D-MX 96662845 transcab5623@yahoo com.ag	Insured Name Contact No.(Home) DI Vehicle Number	LOW KANG HUA (LUO KANGHUR 68942914 SMD5734H	Contact No.(Office)	
ionation striatyser or Blood Text iding?  Iffication History  Information Oct.  Nex  Information Oct.  Nex  Information Oct.  Nex  Information Oct.  Nex  Information Oct.  In	OD-MX 96662845 Itranscab56298 yehoo cern.sg Please Select	Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit *	LOW KANG HUA (LUO KANGHUR 68942914 SMD5734H	Contact No.(Office) TP Vehicle Number	SG170979
teration  attrasper or Blood Text  doing?  affication History  Claim 003 OD-MX  Nex  im Type *  next No. (Mobile)  as Address  amant Yape Claimant Type *  amant Address  a	00-MX 96662845 transcab56238 yango cem.sg	Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit *	LOW KANG HUA (LUO KANGHUR 68942914 2M05754H Please Select	Contact No.(Office)	SG170979
control of the contro	OD-MX 96662845 Itranscab56298 yehoo cern.sg Please Select	Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit *	LOW KANG HUA (LUO KANGHUR 68942914 SMD5734H	Contact No.(Office) TP Vehicle Number	SG170979
control of the state of the sta	OD-MX 96662845 Itranscab56298 yehoo cern.sg Please Select	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	LOW KANG HUA (LUO KANGHUR 68942914 2M05754H Please Select	Contact No.(Office) TP Vehicle Number	SG170979
initialization History  Inframon History  Inframon History  Inframon History  Inframon Oda OD-MX  Nes  Inframon Type *  Inframon Type Claimant Type *  Inframon Type Claimant Type *  Inframon Type Claimant Type *  Inframon Address  Inframon Addres	OD-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimart NRIC *	LOW KANS HUA (LUO KANGHUE 68942914 SMD5734H Please Select	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshot	SGJ70979
initialization History  Inframon History  Inframon History  Inframon History  Inframon Oda OD-MX  Nes  Inframon Type *  Inframon Type Claimant Type *  Inframon Type Claimant Type *  Inframon Type Claimant Type *  Inframon Address  Inframon Addres	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Senett * Claimant NRIC *  Insured Uability * Preference Repair Option Claim Close Date	LOW KANS HUA (LUO KANGHUE 68942914 SMD5734H Please Select	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshot GIA report	SGJ70979
aristion sithalyser or Blood Text ding?  Ification History  Salim 002 OD-MX  Nes  Im Type * teact No. (Mobile) sit Address Imant Type Claimant Type * Imant Address Im Description ferred Workshop Contact buire Finalisation te Registered	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Banets * Claimant NRIC *  Insured Ueblity * Preference Repair Option	LOW KANS HUA (LUO KANGHUE 68942914 SMD5734H Please Select	Contact No.(Office) TP Vehicle Number  Name of Preferred Worksho GIA report Data Received	SGJ70979
ioration athalyses or Blood Text iding?  Iffication History  Interior Ods OD-MX  Nee  Im Type * react No. (Mobile) all Address Immail Name * Immail Name * Immail Address I	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Senett * Claimant NRIC *  Insured Uability * Preference Repair Option Claim Close Date	LOW KANS HUA (LUO KANGHUE 68942914 SMD5734H Please Select	Contact No.(Office) TP Vehicle Number  Name of Preferred Worksho GIA report Data Received	SGJ70979
initialization History  Infication History  Infication History  Infication History  Information October State of the Infication History  Information October State of the Infication Information Infor	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Senett * Claimant NRIC *  Insured Uability * Preference Repair Option Claim Close Date	EGW KANG HUA (LUO KANGHUR 68942914 SMD5734H Plesos Select Y	Contact No.(Office) TP Vehicle Number  Name of Preferred Worksho GIA report Data Received	SGJ70979
ionition onthistory  Unication History  Unication History  Unication History  Unication History  Unication OC OD-MX  Nex  Inter No. (Mobile) asi Address  Inter No. (Mobile)  Inter Description  Intered Workshop Contact  Quire Finalisation  Intered Workshop  Intered W	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Senett * Claimant NRIC *  Insured Uability * Preference Repair Option Claim Close Date	LOW KANS HUA (LUO KANGHUE 68942914 SMD5734H Please Select	Contact No.(Office) TP Vehicle Number  Name of Preferred Worksho GIA report Data Received	SGJ70979
control contro	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Senett * Claimant NRIC *  Insured Uability * Preference Repair Option Claim Close Date	EGW KANG HUA (LUO KANGHUR 68942914 SMD5734H Plesos Select Y	Contact No.(Office) TP Vehicle Number  Name of Preferred Worksho GIA report Data Received	SGJ70979
paration partializer or Blood Text bding?  Effication History  Claim 003 OD-MX  Nee  Im Type *  neact No. (Mobile)  as Address  Immant Audress  Immant Audress	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Senett * Claimant NRIC *  Insured Uability * Preference Repair Option Claim Close Date	EGW KANG HUA (LUO KANGHUR 68942914 SMD5734H Plesos Select Y	Contact No.(Office) TP Vehicle Number  Name of Preferred Worksho GIA report Data Received	SGJ70979
control contro	OD-MX	Insured Name Centact No. (Home) Of Vehicle Number Type of Benefit * Claimark NRIC *  Insured Lieblity * Preference Repair Option Claim Close Date Workshop Repairer	LOW KANS HUA (LUO KANGHUR  85942914  SMD5734H  Please Select  Not at Fault  Preferred Workshop, Name unknown  Save Submit	Contact No.(Office) TP Vehicle Number  Name of Preferred Worksho GIA report Data Received	SGJ70979
paration partializer or Blood Text bding?  Effication History  Claim 003 OD-MX  Nes  Im Type *  neact No. (Mobile) pas Address semment Type Claimant Type *  semant Address em Description eterred Workshep Contact dure Finalization re Registered gort Taken By  Princ AK letter  Attachment	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimark NRIC *  Insured Lieblity * Preference Repair Option Claim No.	LOW KANS HUA (LUO KANGHUR 68942914 2M05754H Please Select  Not at Fault Preferred Workshop, Name unknown  Save Submit	Contact No.(Office) TP Vehicle Number  Name of Preferred Worksho GIA report Data Received	SGJ70979
initialization History  Initialization History  Initialization History  Initialization History  Initialization History  Initialization  Initia	OD-MX	Insured Name Centact No. (Home) Of Vehicle Number Type of Benefit * Claimark NRIC *  Insured Lieblity * Preference Repair Option Claim Close Date Workshop Repairer	LOW KANS HUA (LUO KANGHUR  85942914  SMD5734H  Please Select  Not at Fault  Preferred Workshop, Name unknown  Save Submit	Contact No.(Office) TP Vehicle Number  Name of Preferred Worksho GIA report Data Received Total Loss but Repaired	SGJ70979   SGJ70979
aristion strialises or Blood Text ding?  Micronon History  Maim 003 OD-MX  Nex  m Type * tact No.(Mobile) all Address imant Type Claimant Type * imant Name * imant Address im Description ferred Workshop Contact pure Finalisation te Registered port Taken By  Pric AK letter  Mitachmant  p  ident No.	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimark NRIC *  Insured Lieblity * Preference Repair Option Claim No.	LOW KANS HUA (LUO KANGHUR 68942914 2M05754H Please Select  Not at Fault Preferred Workshop, Name unknown  Save Submit	Contact No.(Office) TP Vehicle Number  Name of Preferred Worksho GIA report Data Received Total Loss but Repaired	SGJ70979
initialization History  Initialization History  Initialization History  Initialization History  Initialization History  Initialization  Initia	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimark NRIC *  Insured Lieblity * Preference Repair Option Claim No.	LOW KANS HUA (LUO KANGHUR  68942914  2M05754H  Please Select  Not at Fault  Preferred Workshop, Name unknown  001  01/08/2019 12:18  Category *	Contact No.(Office) TP Vehicle Number  Name of Preferred Worksho GIA report Data Received Total Loss but Repaired	
initialization History  Initialization History  Initialization History  Initialization History  Initialization History  Initialization  Initia	OD-MX	Insured Name Contact No. (Home) DI Vehicle Number Type of Banets * Claimant NRIC *  Insured Ueblity * Preference Repair Option Coam Close Date Workshop Repairer  Claim No. Uproad Date	LOW KANG HUA (LUO KANGHUR  58942914  5M05754H  Flesco Select  Not at Fault  Preferred Workshop, Name unknown  OI  OL/08/2019 12:18  Category *  E  Cear Please Sciect	Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho GIA report Data Received Total Loss But Repaired  Confidential Un	
caraction cathalyser or Blood Teet ading? diffication History	OD-MX	Insured Name Contact No. (Home) DI Vehicle Number Type of Banets * Claimant NRIC *  Insured Ueblity * Preference Repair Option Carm Close Date Workshop Repairer  Claim No. Uproad Date  Brows	LOW KANG HUA (LUO KANGHUR  58942914  5M05754H  Flesso Select  Not at Fault  Preferred Workshop, Name unknown  O1  O1/08/2019 12:18  Category *  Cear Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho GIA report Data Received Total Loss But Repaired  Confidential Un	

