Date in: intel in the	Jcb description	Date & Time Completed	Done by
Date in: 15/8/19-14:37	SAS e-filing		
Ref No: 40/1 NC19014061/24	E-mail (within Shrs, AIC 2hrs)		
Veh No: Dostyc	i-Motor Claim Form	Male = 2 H	13/8/19 20:24
D.O.A : 11 18/19-17:17		M1/1057466-021	130119. 20.09
OD TP Reporting Only	I-Motor W/O (Within: OD 2	n(s,) (40/s)	
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hane	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW	V: (70	Fax:
TP Particulars: Veh No:	SHD Thiy . INC		
Owner / Driver: (Tel:)
Policy No: ()	Period: (Cover Type: (
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-	-20%; P: 21-79%. P: 30-	100%]
Year of Registration: () Warranty: YES ()/NO ()	
Excess: (\$) Loading General Remarks:-	: \$1,000 ()/\$2,000 ()		
() Walk-In Customer : Customer	's information strictly Confidential &	Strictly NO refer of repairer	
() Total Luss Case : to e-mail I	Insurer URGENTLY.		
Drive-In ()/ Towed-In (); In	nvoice: YES() / NO();	Towing Co: (
		Date&Time Completed	Done by
Remarks; (INC horline: 6788 66		Listene Farito Configur Say	See Assessed
1) Apply for Transport Allowance ()/Courtesy Car ()		
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3) Upload Resurvey Photo [Repair Cos			
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Complete At 1975

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
 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
ate Of Report	13/08/2019 14:32
ate Of Accident	11/08/2019 17:15
xact Location Of Accident	ALONG TECK WHYE CRES
ountry/State of Loss	SINGAPORE
5. Add to 196 - 197 Sept. 196 Sept.	DETAILS OF OWN VEHICLE
ehicle Registration Number	SJB5824C
nsured/Policyholder	
lame Of Registered Owner	TEE KHENG HONG ALEX
IRIC No	S8920167E
mail Address	NOEMAIL
fobile Phone No	(LOCAL) +65-96473352
Iternative Phone No	OFFICE-96473352
ehicle Particulars	
fanufacturer	MITSUBISHI
fodel	LANCER 1.5 MIVEC GLS 4A/T
xact Purpose for which vehicle was being used a me of accident	at WORKING
re you claiming under your own insurance policy or repair to your vehicle?	' NO
No, Please state action to be taken	THIRD PARTY
ehicle Category	PRIVATE HIRE
nsurance Company	
ame of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
ype Of Coverage	COMPREHENSIVE
leet Policy	NO
olicy Number	5111364441
over Note Number	
Oriver	
ame of Driver	TEE KHENG HONG, ALEX
RIC No	S8920167E
ate Of Birth	20/06/1989
occupation	OUTDOOR
ate Of Driving Pass	04/06/2012
riving Experience	7 YEARS AND 2 MONTHS
ender	MALE
lobile Number	(LOCAL) +65-96473352
ax Number	
ontact Number	OFFICE-96473352

NOEMAIL

BLK 476A UPPER SERANGOON VIEW Address

#19-510

Postcode 531476

NO Was driver an employee of the Insured's Company

OWNER 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 - MAJOR/MINOR RD

Weather Conditions CLEAR DRY Road Surface

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

NO

ambulance?

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:

: MALE

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

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190811/7010.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

Vehicle Registration Number

SHD7121Y

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

Page 2 of 18

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

GENDER:

Passenger 2

NAME:

GENDER:

Passenger 3

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name TEE KHENG HONG, ALEX

Approximate Age

BODY Injuries Sustain

Injured person in which vehicle? SJB5824C YES

Were seat belts worn?

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 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 indigment 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)

Lunderstand, 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)
 - 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")
- 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:
 - (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
 - [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 Signature

Name

NRIC/FIN No .:

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4			
	4,000		
			The second second

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.:

ACCIDENT STATEMENT

1. DETAILS OF VEHICLE OJVEHICLE NUMBER: JEDICY NUMBER: JEDICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) OJVEHICLE SALDON / COUPE / MPV / NAN / LORRY / MOTORCYCLE / OTHERS) OJVEHICLE CATEGORY: PRIVATE / COMMÉRCIAL / MOTORCYCLE / OTHERS) OJVEHICLE CATEGORY: PRIVATE / COMMÉRCIAL / MOTORCYCLE / OTHERS) OJVEHICLE CATEGORY: PRIVATE / COMMÉRCIAL / MOTORCYCLE / OTHERS) OJVEHICLE CATEGORY: PRIVATE / COMMÉRCIAL / MOTORCYCLE / OTHERS) OJVEHICLE CATEGORY: PRIVATE / COMMÉRCIAL / MOTORCYCLE / OTHERS) OJVEHICLE CATEGORY: PRIVATE / COMMÉRCIAL / MOTORCYCLE / OTHERS) OJVEHICLE CATEGORY: PRIVATE / COMMÉRCIAL / MOTORCYCLE / OTHERS) OJVEHICLE CATEGORY: PRIVATE / COMMÉRCIAL / MOTORCYCLE / OTHERS) OJREY OU CLAIMING UNDER YOUR OWN NEURANCE (PESNO) IF NO, PLEASE STATE (THIRD PARTY (CLAIM / REPORTING ONLY) 1. INSURED / POULCY HOLDER A)NAME _ T.C. FULCHO HOMA / HIX OJNAME _ LORDESS: LITER OF POULCY HOLDER OLIVER _ ONLY OF MOTOR LORDESS LORDESS OJROADESS: LITER OF POULCY HOLDER (MALE / FEMALE) DINRIC/FIN/PASSPORT: _ CONTACT: _ OTHERS OJROADESS: OJROADESS: _ CONTACT: _ OTHER OTHERS OJROADESS: _ CONTACT: _ OTHER OTHERS OJROADESS: _ CONTACT: _ OTHER OTHERS OJROADESS: _ OTHER OTHER WITH INSURED: _ OTHER O	ACCIDENT DATE: (11 / 09	1 2019 (DD/MM/YYY), TIME: 17: 15 HH:MM)
OJVEHICLE NUMBER: OJNSURANCE COMPANY: NILL CIPOLICY NUMBER: OJPOLICY TYPE: (COMPRÉMENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) B)MAKE & MODEL: MISSIMOS NI LAYILEV I)TYPE: (SALON / COUPE / MPV // AN / LORRY / MOTORCYCLE / OTHERS) G)VEHICLE CATEGORY: (PRIVATE / COMMÉRCIAL / MOTORCYCLE) D) PURPOSE OF USING AT ACCIDENT TIME: WORK PLYPOLS I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY (CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: LOR LE LAYING HOME A)NAME: LOR LAYING HOME ONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER ONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER ONTACT: OJADRESS: LORD FERSON OLD JATE OF BIRTH: OJADRESS: OLD JATE OF BIRTH: OJADRESS: OJ	LOCATION: HONG 7	eck whye crescent, exit of carpark CKTW4
DINSURANCE COMPANY: CIPOLICY NUMBER: CIPOLICY NUMBER: CIPOLICY YEE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFI) E) MAKE & MODEL: MISSING AT ACCIDENT TIME: MISSING AT ACCIDENT TIME: MINE WINK PUMPOSE I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: [16. E-MORNE] 100M, HEX D) NRIC/FIN/P ASSPORT: C) ADDRESS: LIBOR Y MORE PERMALE) D) NRIC/FIN/P ASSPORT: C) ADDRESS: CONTINUE TO 3. dIF DRIVER ALSO POLICY HOLDER DRIVER (MALE / FEMALE) D) NRIC/FIN/P ASSPORT: C) ADDRESS: CONTACT: D) NRIC/FIN/P ASSPORT: CONTACT: CONTACT: D) NRIC/FIN/P ASSPORT: CONTACT: CONTACT: D) NRIC/FIN/P ASSPORT: CONTACT: CONTACT: MALE / FEMALE) D) NRIC/FIN/P ASSPORT: CONTACT: D) MALE / FEMALE) D) NRIC/FIN/P ASSPORT: CONTACT: CONTACT: MALE / FEMALE) D) NRIC/FIN/P ASSPORT: CONTACT: CONTACT: MALE / FEMALE) D) NRIC/FIN/P ASSPORT: CONTACT: CONTACT: MALE / FEMALE) D) NRIC/FIN/P ASSPORT: CONTACT: D) MALE / FEMALE) D) NRIC/FIN/P ASSPORT: CONTACT: D) MALE / FEMALE) D) NRIC/FIN/P ASSPORT: CONTACT: MALE / FEMALE D) NRIC/FIN/P ASSPORT: CONTACT: D) NRIC/FIN/P ASSPORT: CONTACT: D) NRIC/FIN/P ASSPORT: CONTACT: MALE / FEMALE D) NRIC/FIN/P ASSPORT: CONTACT: MALE / FEMALE D) NRIC/FIN/P ASSPORT: D) NR		JJB5824C
CIPOLICY NUMBER: CIPOLICY TYPE: (COMPRÉDENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) E) MAKE & MODEL: (TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) G) VEHICLE CATEGORY: (PRIVATE / COMMÉRCIAL / MOTORCYCLE) H) PURPOSE OF USING AT A COIDENT TIME: (I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY (CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: (I) EL HURLD ALLY D) NRIC/FIN/PASSPORT: C) ADDRESS: (I) HURLD ALLY C) ADDRESS: (I) AND ALLY C) ADDRESS: (I) AND ALLY C) AND ALLY C) AND ALLY C) AND ALLY (I) ALLE / FEMALE) D) NRIC/FIN/PASSPORT: CONTACT: (O3) C) CONTACT: (O3) C) ADDRESS: (MALE / FEMALE) D) NRIC/FIN/PASSPORT: CONTACT: (O3) C) ADDRESS: (MALE / FEMALE) D) NRIC/FIN/PASSPORT: CONTACT: (O3) C) ADDRESS: (MALE / FEMALE) D) NRIC/FIN/PASSPORT: CONTACT: (O4) ALLY (MALE / FEMALE) D) NRIC/FIN/PASSPORT: CONTACT: (O4) ALLY (MALE / FEMALE) D) NRIC/FIN/PASSPORT: CONTACT: (O4) ALLY (MALE / FEMALE) D) NRIC/FIN/PASSPORT: CONTACT: (MALE / FEMALE) D) NRIC/FIN/PASSPORT: CONTACT: (MALE / FEMALE) D) NRIC/FIN/PASSPORT: (D) HE YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: C) NRIC/FIN/PASSPORT: CONTACT: (MALE / FEMALE) D) NRIC/FIN/PASSPORT: CONTACT: MALE / PASSENGER: (MALE / FEMALE) D) NRIC/FIN/PASSPORT: CONTACT: MALE / PASSENGER: (MALE / FEMALE) D) NRIC/FIN/PASSPORT: CONTACT: MALE / PASSENGER: (MALE / FEMALE) D) NRIC/FIN/PASSPORT: CONTACT: MALE / FEMALE MALE / FEMALE	GIVEHICLE NUMBER	
CONTINUE TO S.d IF DRIVER ALSO POLICY HOLDER MAKE MODEL: MISSING SIN LAMILY		NIII.
## PASSENGER OF USING AT ACCIDENT TIME: ## PITTPE: (SALDON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS) SIVEHICLE CATEGORY: (PRIVATE / COMMÉRCIAL / MOTORCYCLE) H) PURPOSE OF USING AT ACCIDENT TIME: WINT PURPOSE OF USING AT ACCIDENT TIME: WOVE PURPOSE H) PURPOSE OF USING AT ACCIDENT TIME: WOVE PURPOSE H) PURPOSE OF USING AT ACCIDENT TIME: WOVE PURPOSE H) PURPOSE OF USING AT ACCIDENT TIME: WOVE PURPOSE H) PURPOSE OF USING AT ACCIDENT TIME: WOVE PURPOSE H) PURPOSE OF USING AT ACCIDENT TIME: WOVE PURPOSE H) PURPOSE OF USING AT ACCIDENT TIME H) PURPOSE OF USING A PROPERTY OF THE INSURED'S COMPANY? (YES / NO) H) PURPOSE OF USING A PROPERTY OF THE USUAL PURPOSE H) PURPOSE OF USING A PROPERTY OF THE USUAL PURPOSE H) PURPOSE OF USING A PROPERTY OF THE USUAL PURPOSE H) PURPOSE OF USING A PROPERTY OF THE USUAL PURPOSE H) PURPOSE OF USING A PROPERTY OF	d)POLICY TYPE: (COM	MPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTUROTICE) h PURPOSE OF USING AT ACCIDENT TIME: MOYE / PURPOSE OF INFO ON INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POUCY HOLDER A)NAME: T(E, EVIRUAL HOMA, HEX MALE / FEMALE) D)NRIC/FIN/PASSPORT: CONTACT: 96473351 C)ADDRESS: 476A MPYLY SCHMINGON VIEW #1 (-510) CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER O)NAME: ONAME: ONAME:	the state of the s	THE ! MPY IV AN ! LORRY ! MOTORCYCLE ! OTHERS)
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (TESTICY) IF NO, PLEASE STATE (THIRD PARTY (CLAIM / REPORTING ONLY) INSURED / POLICY HOLDER A) NAME: Tee FURING HONG, FLEX MALE / FEMALE) DINRIC/FIN/PASSPORT:	IN THE HOLE CATECOR	V. IDDIVATE / COMMERCIAL / MOTORCICLE)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING UNIT) 2. INSURED / POLICY HOLDER A) NAME: Tee Evening Hong, Hex (Male / FEMALE) b) NRC/FIN/PASSPORT: \$69701678 CONTACT: 96473352 c) ADDRESS: 4760 (Male / FEMALE) c) ADDRESS: 4760 (Male / FEMALE) c) ADDRESS: 4760 (MALE / FEMALE) c) NRIC/FIN/PASSPORT: CONTACT: c) ADDRESS: female Y male possenger d) NRC of Birth: (NO 06 / 1969) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTOOOR) fly Ears of DRIVING EXPRESIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: (WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE d) VEHICLE NUMBER: CONTACT: CONTACT: MAIL drivent (H) 9. THERD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: MAIL drivent (H) 9. THERD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: MAIL drivent (H) 9. THERD PARTY VEHICLE d) VEHICLE NUMBER: MODEL:	h) PURPOSE OF USING	AT ACCIDENT TIME
2. INSURED / POLICY HOLDER A)NAME: Tel Eveling though their (Mare / FEMALE) b)NRIC/FIN/PASSPORT: (CONTACT: 96473352 c)ADDRESS: 476A (Myrev seven/con view #1.4-510 - CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINVER (Industry shirer) b)NRIC/FIN/PASSPORT: (CONTACT: 1)NAME: (MALE / FEMALE) b)NRIC/FIN/PASSPORT: (CONTACT: 1)NAME: (MALE / FEMALE) b)NRIC/FIN/PASSPORT: (CONTACT: 1)NAME: (MALE / FEMALE) b)NRIC/FIN/PASSPORT: (MALE / FEMALE) b)NRIC/FIN/PASSPORT: (MALE / FEMALE) b)NAME: (MALE / FEMALE) c)NAME: (M	i) ARE YOU CLAIMING	UNDER YOUR OWN INSURANCE (125/19)
A)NAME: TEE FMEM TOME INCA THE BONTACT: 96473351 c)ADDRESS: 446 (Aprile Standard View #14510 c)ADDRESS: 600 FMEME: (CONTACT: CONTACT: CO	IF NO, PLEASE STATE	(THIRD PARTY GLAIM / REPORTING ONE)
A)NAME: CONTACT: 96473352 D)NRIC/FIN/PASSPORT: CONTACT: 96473352 C (531476) **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER O)NAME: (MALE / FEMALE) D)NRIC/FIN/PASSPORT: CONTACT: (03) C)NAME: (D) / 06 / 1961 (DD/MM/YYYY) E) OCCUPATION: (INDOOR / OUTDOOR) T) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIMONDO SURFACE: (DRY / WET / OTHERS) D) ONE OF DRIVING (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) NRIC/FIN/PASSPORT: CONTACT: O) NRIC/FIN/PASSPORT: CONTACT: MMIC ANNULL OF PASSENGER O) VEHICLE NUMBER: MODEL: MMIC ANNULL OF PASSENGER O) VEHICLE NUMBER: MODEL:	2. INSURED / POLICY HO	LDER HOURS . ALLX IMARE / FEMALE)
CJADDRESS: LATOA MPOLY SCHAMOON VIEW #17-510 CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER (INCLUDING STORMS (INCLUD		10 do do 11 75 9647 2352
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Induding shiver) DINRIC/FIN/PASSPORT:	b)NRIC/FIN/PASSPOR	Under Chandoon VIEW #17-510
DRIVER (Induding driver)	c)ADDRESS: 410A	C(531476)
DRIVER (Induding driver) (D) AME: (D) MAKE: (MAKE / FEMALE) (D) MAKE: (D) MAKE: (D) MAKE: (D) MAKE: (MAKE / FEMALE) (D) MAKE: (D) MAKE: (D) MAKE: (D) MAKE: (MAKE / FEMALE) (D) MAKE: (D) MAKE: (D) MAKE: (D) MAKE: (D) MAKE: (MAKE / FEMALE) (D) MAKE: (D) MAKE: (D) MAKE: (D) MAKE: (MAKE / FEMALE) (D) MAKE: (D) MAKE: (D) MAKE: (D) MAKE: (D) MAKE: (MAKE / FEMALE) (D) MAKE: (D) MAKE: (D) MAKE: (D) MAKE: (D) MAKE: (MAKE / FEMALE) (D) MAKE: (D) MAKE:		DRIVER ALSO POLICY HOLDER
CONTACT: D)NRIC/FIN/PASSPORT: CONTACT:	CONTINUE TO 3.0 IF	
CONTACT: DINRIC/FIN/PASSPORT: CONTACT:	14 HO OF DESCONDE DRIVER	(MALE / FEMALE)
CJADDRESS: Female Mall passenger Contact: Cont	A CHINAMIE	CONTACT:
female) male passenger and pa	DJINKIC/FINT ASSI OK	
*d)DATE OF BIRTH: (A service of the serv	
# OCCUPATION: (INDOOR / OUTDOOR) Flyears of Driving Exprerience:	** ALD ATE OF BIRTH! /	0,06,1989 J(DD/MM/YYYY)
f)YEARS OF DRIVING EXPRENENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SOJWEATHER CONDITION: (CLEAR / RAINING / OTHERS. DIROAD SURFACE: (DRY / WET / OTHERS. WAS ANYBODY INJURED (YES / NO) 7. CIREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE THIRD PARTY VEHICLE O) VEHICLE NUMBER: CONTACT: O) NRIC/FIN/PASSPORT: CONTACT: WARE OF PRESSENGER O) VEHICLE NUMBER: MODEL: O) VEHICLE NUMBER: MODEL: O) VEHICLE NUMBER: MODEL: O) VEHICLE NUMBER: O) VEHICLE NUMBER: MODEL:	eloccupation: (IND	DOR / OUTD(OOR)
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES? 1807) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER 5. O)WEATHER CONDITION: (CLEAR / RAINING / OTHERS DIROAD SURFACE: (DRY / WET / OTHERS DIROAD SURFACE: STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE (Including driver) DI DRIVER'S NAME: ON NEIC/FIN/PASSPORT: CONTACT: O) NRIC/FIN/PASSPORT: CONTACT: WAS ANYBODY INJURED (YES / NO) 15 YES PRESSENGER O) VEHICLE NUMBER: MODEL: O) VEHICLE NUMBER: MODEL:	TIVE LOC OF DOUBLE F	VDDEDIENCE.
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED. 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	THE PROPERTY AND EMP	OVER OF THE INSURED'S COMPANY! (153 / 189)
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	TE NO PELATIONSHI	P OF THE DRIVER WITH INSURED.
6. WAS ANYBODY INJURED (YES / NO) 7. OJREPORTED TO POLICE (YES / NO) 1F YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE Who of passenger of VEHICLE NUMBER: (Including driver) b) DRIVER'S NAME: (Including driver) c) NRIC/FIN/PASSPORT: (O) NRIC/FIN/PASSPORT: (OH) 9. THIRD PARTY VEHICLE (OH) WALE OF PRESSENGER of VEHICLE NUMBER: MODEL:	5. a) WEATHER CONDITION	N: (CLEAR / RAINING / OTHERS
7. a) REPORTED TO POLICE (YES / ND) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE Who of passenger a) VEHICLE NUMBER: SHD 7121Y MODEL: (Including driver) b) DRIVER'S NAME: (Including driver) b) DRIVER'S NAME: (Including driver) c) NRIC/FIN/PASSPORT: CONTACT: WALL DIVERSE NAME: (Including driver) b) VEHICLE NUMBER: MODEL:	b)ROAD SURFACE: (DE	Y / WEI / OTHERS
# YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE Who of passenger of VEHICLE NUMBER: SAD FIDITY MODEL: (Including driver) b) DRIVER'S NAME: (Including driver) c) NRIC/FIN/PASSPORT: CONTACT: WALL DAY OF PASSENGER of VEHICLE NUMBER: MODEL:	6. WAS ANYBODY INJURE	D (YES) MO)
8. THIRD PARTY VEHICLE The of passenger of VEHICLE NUMBER: SADTIDIY MODEL: (Including driver) b) DRIVER'S NAME: (Including driver) b) DRIVER'S NAME: (OH) 9. THIRD PARTY VEHICLE (OH) 9. THIRD PARTY VEHICLE (OH) VEHICLE NUMBER: MODEL:	a) REPORTED TO POLIC	E (YES / NO)
MAIL divers (Induding driver)		WHICH POLICE STATION:
(Induding driver) b) DRIVER'S NAME: O) NRIC/FIN/PASSPORT: CONTACT: MAIL DIVERS NAME: O) VEHICLE NUMBER: MODEL:	8. THIRD PARTY VEHICLE	CADZIDIV . MODEL:
MALL DINGERS NAME: MODEL:	The of passenger a) VEHICLE NUMBER:	STILL MODEL
MAIL divers (64) 9. THIRD PARTY VEHICLE MODEL: MALE 2 4 No of pressinger of DRIVER'S NAME:	(Induding driver) b) DRIVER'S NAME:_	CONTACT
IMALE 2 THO OF PRSSEnger - DRIVER'S NAME.	(htt) o) NRIC/FIN/PASSPO	RT:CONTACT:
IMALE 2 THO OF PRSSEnger - DRIVER'S NAME.	MALE DIRECTOR S. THIRD PARTY VEHICLE	MODEL
Marie 7 (Including driver) 1) NRIC/FIN/PASSPORT:		
puccusing appear) 1) NRIC/FIN/PASSPORT:	MAIC ORIVER'S NAME:_	
	puscufure (Induang ariver) 1) NRIC/FIN/PASSPOR	CONTACT.
		N 0 0 0

email =

Pax =





1 of 3

Report No. T/20190811/7010

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/08/2019 19:43		/lade:	Vide Report No.:	Station Diary No.	
Informa	nt's Partic	ulars	The SEC STORES		
Name of Informant: TEE KHENG HONG, ALEX			Address: APT BLK 476A UPPER SERANGOON VIEW #19-510 SINGAPORE 531476		
ID Type / ID No.: NRIC NO / S8920167E		67E	Contact No.: Home/Office:	Mobile: 96473352	
Nationality: SINGAPORE CITIZEN		ΈN	Email: alextkh89@gmail.com		
Sex: Male	Age:	Date of Birth: 20/06/1989	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: SALES			Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/08/2019 17:15	Type of Location Straight Road
Location: TECK WHYE Weather:	CRESCENT	Road Surface:	Į.	Road Speed Limit:
Clear				
Clear Traffic Flow: One Way		Traffic Control: Not Controlled		Fraffic Volume:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHD7121Y	Car				Slightly Damaged	3
SJB5824C	Car	MITSUBISHI	LANCER 1.5 MIVEC GLS 4A/T	Black	Seriously Damaged	2

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SJB5824C	NTUC Income Insurance Co-Operative Limited	5111364441	23/07/2019	16/07/2020		





2 of 3

Report No. T/20190811/7010

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

CONTINUATION OF REPORT

Details of Perso	n Involved		SE AL SHIP WAR	March 1	TAME B	The second second
Any Pedestrian In	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Per	destriar	Cross	ing: NA
Driver		SUP VISTO	AND PROPERTY.	10 m	h341.20	
Name	TEE KHENG HONG, ALEX				91	S8920167E
Related Vehicle	SJB5824C (Car)		Conta	ct No.	96473352	
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	11/08/2019	Date Disc	harge	11/08	3/2019	
No. of Days gran	ted Medical Leave	03	Degree of	Injury	Slight	

Brief Details.

ON 11/08/2019 AT ABOUT 17:15HR, I WAS DRIVING MY VEHICLE - SJB5824C, ALONG WITH 2 PASSENGERS IN MY VEHICLE. AS I WAS TRAVELLING STRAIGHT, SUDDENLY, VEHICLE NUMBER - SHD7121Y, CAME OUT OF THE CARPARK WITHOUT STOPPING BEFORE THE GIVE-WAY LINE AND COLLIDED ONTO MY VEHICLE'S RIGHT PORTION.

I THEN FELT DISCOMFORT & SEEK MEDICAL ATTENTION AT UNIHEALTH CLINIC (BEDOK) & WAS GIVEN 3 DAYS MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190811/7010

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/08/2019 19:43
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

EPUBLIC OF SINGAPORE

DENTITY CARD NO. S8920167E





Name

TEE KHENG HONG, ALEX

鄭

Race

竟 宏 For LKK/NAC Use Only

CHINESE

Date of birth

20-06-1989

Country of birth

SINGAPORE





Birth Date: 20 Jun 1989

Issue Date: 04 Jun 2012







NRIC No. S8920167E

For LKK/NAC Use Only

Date of issue

05-07-2004

APT BLK 476A UPPER SERANGOON VIEW #19-510 SINGAPORE 531476

NRIC No: \$8920167E

Date: 29/09/2016

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 04 Jun 2012 of the driver; and other motor vehicles =< 2500kg

For LKK/NAC Use Only



NP 428A



Policy No.	5111364441	Policyholder Name	TEE KHEN	G HONG ALEX	Policyholder NRIC	S8920167E	
Certificate No.					111111111111111111111111111111111111111		
Address	BLK 476A #19-510 UPPER SE	RANGOON VIEW	HOUGANG	CAPEVIEW SINGA	PORE 531476		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	23/07/2019	Effective Date	23/07/201	9 00:00	Expiry Date	16/07/2020 2	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	1500	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Youn	g/Inexperience Driver Excess
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policyl	holder Mailing Address						
Address 1	BLK 476A #19-510	Addre	ss 2	UPPER SERANG	OON VIEW	Address 3	HOUGANG CAPEVIEW
	SINGAPORE 531476	Addre	ss Type	Singapore addre	ss	Post Code	531476
Address 4			d Dalley	Wayawayaaa			
	19-510	Relate Numb		5111364441			
Jnit No.	19-510 ed Object: SJB5824C			5111364441			
Address 4 Unit No. Insure Endors	ed Object: SJB5824C			5111364441			

Claim Handling						- Exit.
Accident MT/1057466 Policy No.	5111364441	Vehicle No.	5385824C	GST Registration No.		
Certificate No.			112500000000000000000000000000000000000	30,000,000,000,000,000		
Policyholder Name	TEE KHENG HONG ALEX			Policyholder NR3C	S8920167E	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0	
Contact No.(Mobile)	96473352	Contact No. (Office)	0	Contact No.(Home)	0	
Email Address		Special Remark		eCode	No O	
KFK	® No ○ Yes	TCA	® No ○Yes	eCode Reason		
NCO Protection	No	NCD Entitlement(%)	0	Private Hire	Yes	
Accident Details						
Report Date	13/08/2019 20:22	Accident Report Within 24 nrs	Yes	Academ Type	Collision - Major Minor Road	
Date of Accident	11/08/2019	Time of Accident hh:mm	17:15	Country of Accident	Singapore	
Reporting Centre		Orange Force		ICH No.		
Accident Location	ALONG TECK WHYE CRES					
 Total Excess Applicable 						
Excess Type	Per Accident	Windscreen Excess	100.00			
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00			
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered	
Additional Excess	1500	THE OF ENGINE	0.00	priver is covered.	Covered	
Total OD Excess Applicable	3500.00	Total TP Excess Applicable	1,500.00			
♥ Benefits			2,000,00			
♥ GST Registered Informa	stion					
GST Registered	No		GST Registration Date			
GST Registration No.			GST Status Verified	Yes		
Modification History						8.
→ Policyholder Mailing Ad Address 1	BLK 476A #19-510	Address 2	UPPER SERANGOON VIEW	Address 3	HOUGANG CAPEVIEW	
Address 4	SINGAPORE 531476	Address Type		Post Code	531476	
Unit No.	19-510	Related Policy Number	Singapore address 5111364441	Post Code	5314/6	
© OI Driver Info	13-510	noisies rovey manuel	3111304461			
Driver Name	TEE KHENG HONG ALEX	Driver Type	Main Driver			
Unnamed driver Name		Driver NRJC	S8920167E	Driver DOB	20/06/1989	
Register Date of Driver License	04/06/2012	Driver Age	30	Driving Experience	7	
Contact No.(Mobile)	96473352	Contact No. (Office)	0	Contact No.(Home)	0	
Address 1	BLK 476A	Address 2	UPPER SERANGOON VIEW	Address 3	HOUGANG CAPEVIEW	
Address 4	SINGAPORE 531476	Address Type	Singapore address	Post Code	531476	
Unit No.	19-510					
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
and the same of th						
Declaration Breathalyser or Blood Test			sere serior			
Reading?	Omp	Any injury?	Yes ○ No			
						9
Modification History						0
Claim 001 New						2.5
Claim 005 New						
Claim Type *	OD-MX	Insured Name	TEE KHENG HONG ALEX	Insured NRIC	\$8920167E	
Contact No.(Mobile)	96473352	Contact No.(Home)	63856256	Contact No.(Office)		
Email Address	z471613@income.com	OI Vehicle Number	SJ85824C	TP Vehicle Number	SHD7121Y	
Claimant Type Claimant Type * Claimant Name *	Please Select	Type of Benefit * Claimant NRIC *	Please Select			
Claimant Address	22	Commercial v				
Claim Description	SJB5824C / SHD7121Y ON 11 Aug 2019			Name of Preferred Workshop		
Preferred Workshop Contact	STATE OF THE PARTY	Toporad Liability 4	Not at Fault	_ name of richards markety		
No. Require Finalisation	Yes 🔻	Insured Liability *		G16 report	Received 52	
Date Registered	13/08/2019 20:24	Preferend Repair Option Claim Close Date	Preferred Workshop, Name unknown	GIA report Date Received	13/06/2019 00:00	
Report Taken By	Jackson	Carri Ciose Date		Date received		
-						
Print AK letter						
			Save Submit			
Attachment						
694						
9						
Accident No.	MT/1057466	Claim No.	901			
Last Doc. Received	● Yes ○ No	Upload Date	13/08/2019 20:25	SERVICE CONTROL	20000000	
	Path *	Day 100	Category *	Confidential Urgen	by * Description *	

