NATIONAL Assessment Centre Se	ervices. were	MANMEONE	91774-01		David	
	b description	i t	ate &Time Cor	npleted	Done b	, <u> </u>
THE RESERVE OF THE PARTY OF THE	SAS e-filing	i				
	E-mail (within Shrs, A	IC 2hrs)				1
	-Motor Claim Fo	rm	M7/1059900-	- ap 1	88 19 16:3	8
	-Motor W/O (With	in: OD 2hrs, TP	4hrs)			
OD (TP) ! Reporting Only	-Photo Uploaded					
	Assessment/Survey	Report				
TP Insurer:	Ass't Report by Fax	/ Hand to O	wner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fa	c:	
TP Particulars: Veh No: Shx 2736	м .	INC()/Non-INC().	19	
Owner / Driver: (Tel:	1/2)	
Policy No: () Period:	() (over Type: ()	
Confirmed by : (Da	ite:	Time:)	
Insured/Driver Liability: (%) [Note-	-Est. Status (WO):	N: 0-20%	, P: 21-79%.	P: 30-10	0%]	
		NO()				
Excess: (\$) Loading: \$1,000 ()				
General Remarks:-	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM	MAN (A)		43783	STATE OF THE STATE	, it
() Walk-In Customer : Customer's informati	in establis Confide	THE RESERVE AND ADDRESS OF THE PERSONS				
		·	-			
() Total Loss Case : to e-mail Insurer Ul		\ T	ina Co. ()
Drive-In ()/ Towed-In (); Invoice: YE	ES () / NO (ring Co: (1	**************************************	W. 17
Remarks: (INC horline: 6788 6616)		1	Date&Time Co	nple od	Done	by
1) Apply for Transport Allowance ()/ Court				•		
2) QC Check / Post Repair Inspection	()		4.			
3) Upload Resurvey Photo [Repair Cost > \$3000]	1 ()					
5) Opioad Resultery Filoto (respiral costs costs)			The second			
Injury:			-			- Charles
Date/Time Actions			2.7		KERT CHARLE	
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· Sax		uning Prens	ration Check	list	Ant (S)	Amt (3
NAIGO 6541	200		THE PRODUCT OF THE OWNER.		The Bill	Add Bi
laimant's Particulars :-	1) A 2) D	R : Accident R	sporting (\$30); sessment (\$100);	INC (\$8		
	3) T	F : Towing Fee		The second secon	/\$45 120	
river/Owner:	15) 2	T : Follow-Thre	ough Survey (Resu	IveA)	\$30	
ontact No:	F	or claiming aga	inst INC Only (we	f 10 Jan 2005	\$75	
amaged Portion:	6) 7	R: Re-inspection	MRT Survey	* 7	160	
3	1(8	TUC Addition:	l Services:-		_	
C Checked by (Engr-In-Charge):	2	NS: Courtesy C	or / Tpt Allowanse		\$5	-0.00000
C. Checker by (bugi-tu-charge).		N6: Repair Co-	ordination		510	
Auditors' Comments :-	Walter British .	N7: Fost Repair	Inspection of Excess Coordina	stion .	\$25	-
the professional plant of the section of the sectio	1	P (N11) : TP (ion INC) against l	NC	\$20	-
at_1;	9) 1	V12: Idao Mobi	c	Fee Charged	30	2460
at. 2 / 3;		oice dated oice dated		Fee Charged	SAMO	

Figure 1 1 P

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
 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	28/08/2019 16:20
Date Of Accident	27/08/2019 13:15
Exact Location Of Accident	BUKIT MERAH VIEW
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKE4655C
Insured/Policyholder	
Name Of Registered Owner	CHUA PETER
NRIC No	S1402755F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96562454
Alternative Phone No	OFFICE-96562454
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C 180 KOMPRESSOR
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	5103039779
Cover Note Number	
Driver	
N 024	

CHUA POH KIAT Name of Driver NRIC No S9410980I Date Of Birth 23/03/1994 Occupation INDOOR Date Of Driving Pass 18/09/2012

Driving Experience 6 YEARS AND 11 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-85119593

Fax Number

OFFICE-85119593 Contact Number

EMail Address NOEMAIL Address 80 BAYSHORE ROAD

#13-25

Postcode 469992

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured CHILDREN

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
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

YES

2

Was any other material or property damaged? YES

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

NO 3

Number of Passengers (Including Driver)

Passenger 1

NAME:

: SAM CHAN

GENDER: : MALE

Passenger 2

NAME:

: ANNA TAN

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes,Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO NO

Circumstances of Accident

REFER TO STATEMENT.

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 SGX2736M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 13

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

LONG THE STREET	DETAILS OF INJURED PERSON 1	
Name	CHUA POH KIAT	
Approximate Age		
Injuries Sustain	NECK & BACK	
Injured person in which vehicle?	SKE4655C	
Were seat belts worn?	YES	
Was this injured conveyed to hospital by ambulance?	NO	
Address		
Postcode		

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4) The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5) Any false reporting may be referred to the police for investigation.
- 6) The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies
 of the report being made available aforesaid.
- 8) Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such personal information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of:
 - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (II) Investigations the accident and/or my claims;
 - (III) Carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (IV) Administering my claims (including the mailing of correspondence, statement, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelops/mail packages); and/or
 - (V) Complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "purposes")
- (b) All insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyer/law firms, may/are permitted to collect, use, disclose and/or process my personal information for one or more of the above purposes; and
- (c) My personal information may/can be disclosed by any of the insurer and/or GIA to their third party service providers or agents (including their lawyer/law firms), which may be sited outside of Singapore, for one or more of the above purposes.
- (d) My personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) The information so collected under (d) above may be shared / disclosed:
 - (I) To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

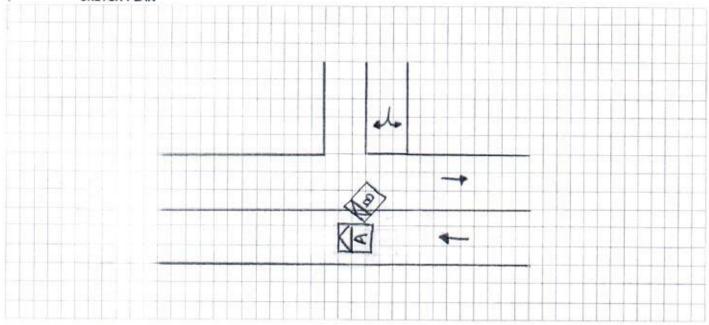
(II) For complying with requirements under my regulations, laws or court orders.

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

Date / time:

reporting centre personnel's Signature Date / time:

Page 5



DESCRI		STANCES OF TH			82 19: 77				
1	was tra	avelling s	straight	along	Bukit	Merah	View.	Vehicle	В
suddenly	made	a right	turn	from s	small	road	and	did no	+
making	sure H	hat the	main	road is	dear.	Hence	e, he	collide	d
onto re	ar righ	t portion	of my	rehicle					
	-	***************************************	U						
		V-2							

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policy holder's signature

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

reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
 Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

国国际发展的	ACCIDENT DETAILS	
Date of accident	27/8/19	(DD/MM/YY)
Time of accident	1315	(HH:MM)
Exact location of accident	Along Bukit Merah View	

图700年为《中华》(中华)(中华)	DETAILS OF VEHICLE
Vehicle registration number	SKE 4655 C
Vehicle make and model	Mercedes C180
Type of vehicle	Saloon MPV CRV Van Carry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only

西 克斯里·杜子·马克兰佐	INSURANCE IN	FORMATION	to do year
Insurance company	NTUC		
Policy number	10000000		
Type of policy	Comprehensive	Third party fire & theft	TP only

The second secon	INSURED / POLICY HOLDER	STATE OF THE PARTY	ALC: NO SERVICE
Name	Chua Peter	Male	Female
NRIC / Fin / Passport number	\$1402755F		
Contact	9656 2454		
Address	the second secon		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)				
Name	Chua Poh Krat Malee	Female			
NRIC / Fin / Passport number	\$9410 980 1				
Contact	8511 9593				
Address	80 Bayshore Road #13-25 S(469992)				
Email address					
Date of birth	23 / 03 / 1994				
Occupation	Indoor Outdoor				
Driving date pass	18/09/2012				

ASTIVER THE AMERICAN THE	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes D No 2
the insured's company?	If no, relationship of the driver and insured: _Father
Accident captured by camera?	Yes D No.
Weather condition	Clear Raining Others:
Road surface	Dry Wet a
No of passenger	03 (Inclusive of driver)
	PASSENGER 1
Name	Sam Chan
Gender	Male Female
Name	PASSENGER 2
	Anna Tan
Gender	Male D Female 2
	PASSENGER 3
Name	
Gender	Male Female
	PACCENCED A
Name	PASSENGER 4
Gender	Male Female
	marco Temarco
	PASSENGER 5
Name	
Gender	Male Female
	PASSENGER 6
Name	
Gender	Male Female
	OTHER INFORMATION
Was anybody injured?	Yes No No
Was other vehicle damaged?	Yes No D
10.000000000000000000000000000000000000	
	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No No If yes, please state which police station.
Police station name	
MERCHANICAL STREET	WITNESS 1
Name	
DESCRIPTION OF THE	WITNESS 2
Name	

Settle or the Assessment of the	THIRD PARTY VEHICLE 1
Vehicle registration number	SGX 2736 M
Vehicle make model	347 273071
Name	
NRIC / Fin / Passport number	
Contact	
PACCE OF THE PERSON OF THE PER	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
THE PART OF THE PROPERTY OF THE PART OF TH	THIRD PARTY VEHICLE 3
Vehicle registration number	THIRD PART I VEHICLES
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THEO PARTITION
Vehicle registration number	THIRD PARTY VEHICLE 4
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THE CONTRACTOR OF THE CONTRACT
Vehicle registration number	THIRD PARTY VEHICLE 5
Vehicle make model	
Name	
NRIC / Fin / Passport number	1
Contact	
Vahida sasistasti a sasist	THIRD PARTY VEHICLE 6
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Carlot and San	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	AT LANGE BY	INJURED PERSON 1
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
# 2 min to the Adultation	April 100 pages	INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	Trans-Good-Charo	
展示 以表示不同。	Spiller in the	INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?	- 1	
Were seat belts worn?	Yes 🗆	No p
Was injured conveyed to	Yes 🗆	No D
hospital by ambulance?		
The second second	The second	INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No D
Was injured conveyed to	Yes 🗆 /	No 🗆
hospital by ambulance?		
新 斯特中国和1800年的 医线线	THE PARTY NAMED IN	INJURED PERSON 5
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
State of the second second	THE RESERVE	INJURED PERSON 6
Name /		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	02005000	



SENSERAL INSURANCE ASSOCIATION OF SINCAPORE RECORDS WAS ACCRESS TO SENTRE SENTRE SENTRE DESCRIPTION OF SINCAPORE RECORDS WAS ACCRESS TO SENTRE DESCRIPTION OF SINCE ACCRESS AC

IMPORTABILITY Please submit the completed Addendum form to the gows Authorised Reporting Centre with whom you submitted the Original Report.

		NDUM	
(A) PARTICULARSO	FPERSON WAKINGTHEAMENDMI		
	MNA 119 113744	Vehicle Registration No:	SKE 4655C
("Venicle privat)	nicr: <u>Chua Poh Kiat</u> 'Vehicle Owner) (^a) Please delete a	NO CENTA	89410980I
Actiress	80 Bayshore Road		Siriga pore[<i>469 99</i>
Conrect (Tel)	8511 9593	Mobile No. :	341gapore(46 / 47)
Email Address			
Date of Accident	27/08/2019	Time of Accident: /3	:15
Place of Accidenc	Bukit Merah Vien		
Insurance Compan	y: NTUC		
	Back and new SKE 4655C	ck	
	Yes		171
	No		
- 1			
A		7.	1
Policyholder / Driver's ! Date:	Signature	Reporting Centre Personnel's Name: NRIC/FINNo.:	Signature

Date:





eBao Tech								Zonia.		Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		100	> Chang	e Languag	e • Chan	ge Password	to contract the state of the st
Notice of Loss	Poli	icy Query									
	Policy	No.				Date	of Accident		27/08/2019	13:15	
	Vehicle No (For Motor)			SKE4655C			Certificate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5103039779		CHUA PETER	S1402755F	GPC	drivo CLASSIC	SKE46550	SKE4655C	06/09/2018	05/09/2019
	O	5103039779		CHUA PETER	S1402755F	GPC		SKE46550	SKE4655C	06/09/2018	05/0

Policy No.	5103039779	Policyholder Name	CHUA PET	TER	Policyholder NRIC	S1402755F	
Certificate No.		West Control					
Address	80 BAYSHORE ROAD #13-25	COSTA DEL SOL	SINGAPOR	RE 469992			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	13/08/2018	Effective Date	06/09/20	18 00:00	Expiry Date	05/09/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0.0		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Agent	DIRECT BUSINESS DEPT	Agent Tel.	NIL		GST Flag	Υ:	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	80 BAYSHORE ROAD	Addre	ss 2	#13-25 COSTA D	EL SOL	Address 3	SINGAPORE 469992
Address 4		Addre	ss Type	Singapore addres	s	Post Code	469992
	#13-25	Relate Numb	ed Policy er	5103039779-01			
Jnit No.							
	d Object: SKE4655C						

							·Exit
Policy No.	5103039779		Vehicle No.	SKEMISSC	GST Registration No.		
Certificate No.							
Policyholder Name	CHUA PETER				Policyholder NRIIC	S1402755F	
Product Code	PRIVATE CAR INSURANCE		Cover Type	drivo CLASSIC	Loading	0	
Contact No.(Mobile)	96562454		Contact No. (Office)	0	Contact No.(Home)	0	
Email Address			Special Remark		eCode	No. V	
KPK	® No ○ Yes		TCA	® No ○ Yes	eCode Reason		
NCO Protection	No		NCD Entitlement(%)	20	Private Hire	No	
 Accident Details 							
Report Date	28/08/2019 16:36		Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road	
Date of Accident	27/08/2019		Time of Accident hh:mm	13:15	Country of Accident	Singapore	
Reporting Centre			Orange Force		ICM No.		
Accident Location	BUKIT MERAH VIEW						
□ Excess							
Own damage Excess		0.00	Additional Excess	0	Windscreen Excess	100.00	
Unnamed Driver Excess		0.00	Outside Singapore OD Excess	0.00			
Third Party Excess		0.00	Outside Singapore TP Excess	0.00			
⇒ Benefits				90000000000			
Coverage Excess Waiver				Sum Indured			
□ GST Registered Informat	tion			99999999, 99			
GST Registered	No			GST Registration Date			
GS7 Registration No.				GST Status Verified	Yes		
Modification History							
▽ Policyholder Hailing Add	Iress						
Address 1	BO BAYSHORE ROAD		Address 2	#13-25 COSTA DEL SOL	Address 3	S3NGAPORE 469992	
Address 4			Address Type	Singapore address	Post Code	469992	
Unit No.	#13-25		Related Policy Number	5103039779-01			
OI Driver Info			Manual Control of the	MINOR MANUEL CONTROL OF THE PARTY OF THE PAR			
	CHUA HOR AUHO		Driver Type	Named Driver			
Unnamed driver Name Register Date of Driver License	18/09/2012		Driver NRIC	59410980t	Driver DOB	23/03/1994	
	85119593		Driver Age	25	Driving Expenence	6	
	80 BAYSHORE ROAD		Contact No.(Office)	0	Contact No. (Home)	0	
Address 4	OF DETAILORE HORE		Address 2 Address Type	COSTA DEL SOL	Address 3	SINGAPORE 469992	
	13-25		Address Type	Singapore address	Post Code	469992	
Does he own a Singapore	○ Yes ® No		Driver Vehicle No.		12000020473428800000		
Registered car?	C. 144 (E. 140)		Onver Venicle No.		Driver Insurer Company		
Declaration				0			
Breathelyser or Blood Test	0 mg		Any injury?	O Yes ® No			
Breathelyser or Blood Test (Reading?	0 mg		Any ingury?	Yes (e) No			22
Breathelyser or Blood Test Reading? Hodification History	0 mg		Any ingury?	U Yes ® No			
Breathelyser or Blood Test (Reading?	0 mg		Any ingury?	U Yes ® No			
Breathelyser or Blood Test Reading? Modification History Claim 001 New	0 mg	□	Any injury? Insured Name	OKJA PETER	Insured NRIC	51402755F	
Breathelyser or Blood Test Reading? Modification History Claim 001 New Claim Type +		□ □		ARREST TRANSPORT	Insured NRIC Contact No. (Office)	51402755F	
Breathelyser or Blood Test Reading? Modification History Claim 001 New Claim Type + Confact No. (Mobile)	00-MK	V	Insured Name	CHUA PETER		\$1402755F	
Breathelyser or Blood Test Reading? Modification History Claim 001 New Claim Type + Confact No. (Mobile) Emel Address Claimant Type + Claimant Type +	00-MX 97493646	N N	Insured Name Contact Ns.(Home)	CHUA PILTER	Contact No.(Office)		
Breathelyser or Blood Test Reading? Modification History Claim 001 New Claim Type + Confact No. (Mobble) Email Address Claimant Type Claimant Type + Claimant Name +	00-MX 97493646		Insured Name Contact Na.(Home) OI Vehicle Number	CHUA PETER NIL SKE4655C	Contact No.(Office)		3
Breathelyser or Blood Test Reading? Modification History Claim 001 New Claim Type + Contact No. (Mobile) Email Address Claimant Type Claimant Type + Claimant Name + Claimant Address	00-MK 97493646 Please Select	>>>	Insured Name Contact No. (Home) OI Venicle Number Typs of Benefit +	CHUA PETER NIL SKE4655C	Contact No.(Office)		
Breathelyser or Blood Test Reading? Modification History Claim 001 New Claim Type + Confact No.(Mobile) Email Address Claimant Type Claimant Type + Claimant Address Davin Description	00-MX 97493646	>>>	Insured Name Contact No. (Home) OI Venicle Number Typs of Benefit +	CHUA PETER NIL SKE4655C	Contact No.(Office)		
Breathelyser or Blood Test Reading? Modification History Claim 001 New Claim 101 New Contact No. (Mobile) Emel Address Claiment Type 4 Claiment Type Claiment Type 5 Claiment Address Oaim Description Preferred Synishop Contact	00-MK 97493646 Please Select	>>>	Insured Name Contact No. (Home) OI Venicle Number Typs of Benefit +	CHUA PETER NIL SKE4655C	Contact No.(Office) TP Vehicle Number		
Breathelyser or Blood Test Reading? Modification History Claim 001 New Claim Type + Confact No. (Mobile) Email Address Claimant Type Claimant Type + Claimant Name + Claimant Address Daim Description Performed Workshop Contact No.	00-MK 97493646 Please Select	>>>	Insured Name Contact No. (Home) OI Venicle Number Type of Benefit + Claimare NBIC +	CHUA PETER NIL SKE4655C Pease Select	Contact No.(Office) TP Vehicle Number		
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Modification History Claim 701 New Claim Type + Confact No. (Mobile) Email Address Claimant Type + Claimant Type + Claimant Address Claimant Warne + Claimant Type	00-MX 97693646 Please Select SKE4655C / SGX2736M ON Yes 88/08/2019 16:38	27 Aug 2019	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimare NRIC * Insured Liability * Preferend Repair Option Claim Close Date	CHUA PETER NIL SKP4655C Please Select V Not at Fault Preferred Workshop, Name unknown V	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	SGX2736M	
Breathelyser or Blood Test Reading? Modification History Claim 001 New Claim Type + Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Type Claimant Type * Claimant Address Darin Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By. Print AX lietter Attachment	00-MX 97693646 Please Select SKE4655C / SGX2736M ON Yes 88/08/2019 16:38	27 Aug 2019	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimare NRIC * Insured Liability * Preferend Repair Option Claim Close Date	CHUA PETER NIL SKP4655C Please Select V Not at Fault Preferred Workshop, Name unknown V	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	SGX2736M	
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