| Date In: 24/8/19-16:45 | 111111 | | | |
|---|--|---|---|---------------------|
| | Job description | Date & Time Completed | Done b | ù |
| Res No: NATING 19015716/24 | SAS e-filing | | | |
| Veh No: XO 6425M | E-mail (within 8hrs, AIC 2hrs) | | | 4 |
| D.O.A: 20/8/19- P! 15 | i-Motor Claim Form | m7 10 600 96-001 | 24/8/19 17 | 1142 |
| | i-Motor W/O (Within: OD 2) | hrs, TP 4hrs) | | 22 2 |
| OD : TP- ' Reporting Only | i-Photo Uploaded | | | Trans |
| 30) | Assessment/Survey Report | | | |
| TP Insurer: | Ass't Report by Fax / Hand | to Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: | Fax: | Uprace V. |
| TP Particulars: Veh No: GB7 50 | inc | ()/Non-INC() | j4 | |
| Owner / Driver: (| All the second s | Tel: |) | |
| Policy No: () Perio | d: () | Cover Type: (|) | |
| Confirmed by : (| Date: | Time: |) | |
| Insured/Driver Liability: (%) [No | te-Est. Status (WO): N: 0- | 20%; P: 21-79%. P: 80- | 100%] | |
| | arranty: YES ()/NO (| 7 | | |
| | | | | |
| Excess: (\$) Loading: \$1,000 | | THE STREET STREET, THE COURT OF | 1988 8 8 8 8 10 10 10 10 | |
| General Remarks:- | | Lack Proposition (1912) | 18.00 C | |
| () Walk-In Customer: Customer's information | ation strictly Confidential & S | Strictly NO refer of repairer. | | |
| () Total Loss Case : to e-mail Insurer I | URGENTLY. | N | * | |
| Drive-In ()/ Towed-In (); Invoice: Y | YES()/NO(); | Towing Co: (| |) |
| | | | | |
| Remarks:- (INC hotline: 6788 6616) | Account to the second | Date&Time Completed | Done b | У |
| 1) Apply for Transport Allowance ()/ Cou | rtesy Car () | | | |
| 2) QC Check / Post Repair Inspection | () | | | 1310011 |
| 3) Upload Resurvey Photo [Repair Cost > \$300 | 01 () | | | |
| , opiour records and frequencies | 1 / | | Out - OVI - I | |
| Initiant | | | | |
| Injury: | | | | |
| | 100 | | | |
| Date/Time Actions | | e le sue | ASP COURT | |
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| | | | GENERAL TERRITORIST | |
| | 4 | | | |
| Date/Time Actions | 1 | | | Amt (\$ |
| Date/Time Actions | 1 Invoice Pr | eparation Checklist | Ant (S) | Control of the same |
| NAINOIS | Invoice Pr | eparation Checklist | Ant (S) | Color of the same |
| Date/Time Actions | 1) AR : Accider 2) DA : Darneg | eparation Checklist: nt Reporting (\$30); n Assessment (\$100); INC (\$1 | Ant (S) | Commence State |
| NAINOIS | 1) AR : Accider 2) DA : Dameg 3) TF : Towing | eparation Chrcklist nt Reporting (\$30); c Assessment (\$100); INC (\$4 | Anit (5) /in Bill 80) 0/545 | Control of the same |
| NAMOSSO stimant's Particulars: | 1) AR : Accider 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- | eparation Checklist at Reporting (\$30); c Assessment (\$100); INC (\$100); Fee \$40 Through Survey Through Survey (Resurvey) | Ani((5)) Fit Bill 50) | Control of the same |
| NAIMO(59) | 1) AR : Accided 2) DA : Dameg 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming | eparation Checklist at Reporting (\$30); a Assessment (\$100); INC (\$100); Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (well 10 Jan 2005) | Ant (5) 75 Bill 80) 0/\$45 \$120 \$30 | Color of the same |
| NAMOSSO stimant's Particulars: | 1) AR : Accided 2) DA : Dameg 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp | eparation Checklist at Reporting (\$30); a Assessment (\$100); INC (\$100); Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200); ection | Ani((5)) Fit Bill 50) | Control of the same |
| NAINO(59) stimant's Particulars:- iver/Owner: | 1) AR : Accided 2) DA : Dameg 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp | eparation Checklist at Reporting (\$30); a Assessment (\$100); INC (\$100); Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2003) ection 4 + SMRT Survey | Ant (5) 75 Bill 80) 0/\$45 \$120 \$30 5) \$75 | Color of the same |
| NAINGISTIME Actions NAINGIST Actions NAINGIST Actions NAINGIST Actions Inter/Owner: Intact No: Imaged Portion: | 1) AR : Accided 2) DA : Darneg 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idac DA 8) NTUC Addit QD* | eparation Checklist. at Reporting (\$30); assessment (\$100); Fee \$40 Through Survey (Resurvey) assinst INC Only (wef 10 Jan 2003) ection 4 + SMRT Survey lional Services. | Ant (5) 15t Bill 80) 0/545 5120 530 5) \$75 \$160 | |
| NAINO(59) stimant's Particulars:- iver/Owner: | 1) AR: Accided 2) DA: Darneg 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addit OD* *NS: Courles | eparation Checklist at Reporting (\$30); a Assessment (\$100); INC (\$100); Fee \$40 Through Survey (Resurvey) against INC Only (wef 10 Jan 200); at + SMRT Survey tional Services:- | Ant (5) 18t Bill 80) 0/545 5120 530 5) \$75 \$160 | |
| NAINGISM Actions NAINGISM aimant's Particulars:- iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge): | 1) AR: Accided 2) DA: Darneg 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addit OD* *N5: Courtes *N6: Repair | eparation Checklist at Reporting (\$30); a Assessment (\$100); INC (\$100); Fee \$40 Through Survey (Resurvey) against INC Only (weef 10 Jan 200); action (**) action (**) | Ant (5) 15t Bill 80) 0/545 5120 530 5) \$75 \$160 | THE RESERVE |
| NAINGISTIME Actions NAINGIST Actions NAINGIST Actions NAINGIST Actions Inter/Owner: Intact No: Imaged Portion: | 1) AR: Accides 2) DA: Darneg 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idac DA 8) NTUC Addit OD!* *N5: Courtes *N6: Repair *N7: Fost Re | eparation Checklist at Reporting (\$30); a Assessment (\$100); INC (\$100); Fee \$40 Through Survey (Resurvey) against INC Only (wef 10 Jan 200); at + SMRT Survey tional Services:- | \$60) 0/\$45 \$120 \$30 \$) \$75 \$160 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 | Amu(\$) |
| NAINGISM Actions NAINGISM aimant's Particulars:- iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge): | 1) AR : Accides 2) DA : Darneg 3) TF : Towing 4) FT : Follow- 5) iFT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idac DA 8) NTUC Addit OD!* *N5: Courtes *N6: Repair *N7: Fost Re *N8: DV / Co | eparation Checklist at Reporting (\$30); a Assessment (\$100); INC (\$100); Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200); action a + SMRT Survey tional Services: by Car / Tpt Allowance Co-ordination peir Inspection ollect Excess Coordination P (N:n INC) against INC | \$60) 0/\$45 \$120 \$30 \$) \$75 \$160 \$5 \$5 \$10 \$25 | Amt (\$) |

Figure 1.75

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Contact Number

EMail Address

Fax Number

Gender

- 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 witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the Police for investigation.

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

| | ACCIDENT STATEMENT |
|---|--|
| Date Of Report | 29/08/2019 16:45 |
| Date Of Accident | 29/08/2019 10:15 |
| Exact Location Of Accident | ONE-NORTH CRES |
| Country/State of Loss | SINGAPORE |
| District the second state of the second state | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | XD6425M |
| Insured/Policyholder | |
| Name Of Registered Owner | ENG BAN HUAT PTE LTD |
| Co Reg No | 201022829M |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-94872031 |
| Alternative Phone No | OFFICE-94872031 |
| Vehicle Particulars | |
| Manufacturer | MITSUBISHI |
| Model | FV51JJD4RDEA |
| 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 | REPORTING ONLY |
| Vehicle Category | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 5083533603-02 |
| Cover Note Number | |
| Driver | |
| Name of Driver | HUANG XIANGHUA |
| Passport No/FIN | G8463001U |
| Date Of Birth | 01/05/1977 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 18/08/2009 |
| | |

10 YEARS AND 0 MONTHS

(LOCAL) +65-96425462

OFFICE-96425462

MALE

NOEMAIL

Address

57 UBI AVENUE 1 #06-03 UBI CENTRE

Postcode

408936

Was driver an employee of the Insured's Company YES

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

Was any injured conveyed to hospital by

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)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, AS I REVERSED MY VEHICLE AND ACCIDENTALLY HIT ONTO VEHICLE B FRONT PORTION.

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

GBJ5042U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

WANG HUAN

NRIC/Passport Number

G3344118K

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

4

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.
- 3. 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.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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.
- 7. 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:
 - (i) 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:
 - (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:

Name:

Reporting Centre Personne

s Signature

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| Refer to | stylement. | | |
|----------|------------|--|---|
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DECLARATION

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

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

NRIC/FIN No.:





S PASS

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

Employee ENG BAN HUAT PTE. LTD.



Nome HUANG XIANGHUA

Sector: MANUFACTURING





K0941974

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

EFFECTIVE DATE

Class 2B Class 3

Motorcycles =< 200 cc
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg
Motor vehicles which are constructed to carry load
or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry
load or passengers and the unladen weight =< 7250kg

23 Feb 2009 23 Feb 2009

18 Aug 2009

VISIT PASS Immigration Regulations

12-11-2018

HUANG XIANGHUA



G8463001U

Date of Birth 01-05-1977

CHINESE

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



NP 425A

Class 4

| eBao Tech | | | | | | | | | | Genera | alClaim |
|------------------------|----------|-------------------|-----------------------|----------------------------|----------------------|----------|--------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | | | The same of the same of | | | • Change | Language | Chan | ge Password | + Log Out |
| My Desktop | Polic | y Query | | | | | | | | | |
| Notice of Loss | Policy N | 0. | | | | Date o | of Accident | 9 | 9/08/2019 | 10:15 | |
| | Vehicle | No.(For Motor) | XD6425 | 5M | | Certifi | icate Number | [| | | |
| | | | | | 1 | Search | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5083533603- 02 | | ENG BAN HUAT PTE LTD | 201022829M | GCV | Third Party | XD6425M | XD6425M | 02/10/2018 | 01/10/2019 |
| | | | | | 10 | Continue | 1 | | | | |

| Policy No. | 5083533603-02 | Policyholder Name | ENG BAN H | UAT PTE LTD | Policyholder NRIC | 201022829M | |
|--------------------------------------|----------------------------|-----------------------------------|------------------|-------------------|----------------------|---------------|-----------------------------|
| Certificate No. | | Harrie | | | 1914 | | |
| Address | 57 UBI AVENUE 1 #06-03 UBI | CENTRE SINGA | PORE 40893 | 36 | | | |
| Product Name | COMMERCIAL VEHICLE INSURA | Al Plan | | | Group Policy Flag | N: | |
| Policy ssue Date | 21/09/2018 | Effective Date | 02/10/201 | 8 00:00 | Expiry Date | 01/10/2019 23 | :59 |
| Excess Type | | All Claims Excess | | | | | |
| Third Party Excess | 0 | Own damage Excess | 0 | | Windscreen Excess | 0 | |
| Additional Excess | | OS Premium | 0 | | | | |
| Dutside Singapore DD Excess | | Outside Singapore TP Excess | | | | Young | /Inexperience Driver Excess |
| Agent | VV INSURANCE AGENCY PTE. I | .1 Agent Tel. | 67913808 | | GST Flag | Y | |
| Co- nsurance Flag | No | | | | | | |
| Open Policy Info | | | | | | | |
| Certificate Info | | | | | | | |
| | holder Mailing Address | | | | | | |
| Address 1 | 57 UBI AVENUE 1 | Addr | ess 2 | #06-03 UBI CENT | RE | Address 3 | SINGAPORE 408936 |
| Address 4 | | Addr | ess Type | Singapore address | ki . | Post Code | 408936 |
| Unit No. | 08-03 | Relat Num | ed Policy per | 5102267368-01 | | | |
| | ed Object: XD6425M | | | | | | |
|) Insure | | | | | | | |
| ♪ Insure | | | | | | | |

| Accident MT/1060096 | | | | | | |
|--|---|-------------------|--|--|--|--------------------------------------|
| Policy No. | 5083533603-02 | | Vehicle No. | XD6425M | GST Registration No. | |
| Dertificate No.: | | | | | | |
| Policyholder Name | ENG BAN HUAT PTE LTD | | | | Policyholder NRIC | 201022829M |
| Product Code | COMMERCIAL VEHICLE INFO | JRA. | Cover Type | Trund Party | Loading | 0 |
| Contact No.(Mobile) | 94872031 | | Contact No.(Office) | 00 | Contact No.(Home) | 0 |
| Email Address | | | Special Remark | | eCode | No. V |
| (FK | No ○ Yes | | TCA | ® No ○ Yes | eCode Reason | |
| VCD Protection | No | | NCD Entitlement(%) | 10 | Private rice | No |
| → Accident Details | | | | | | |
| Report Date | 29/08/2019 17:39 | | Accident Report Within 24 hrs | Yes | Accident Type | Damaged whist parked |
| Date of Accident | 29/08/2019 | | Time of Accident hh:mm | 10:15 | Country of Accident | Singapore |
| Reporting Centre | | | Orange Force | | 3CM No. | |
| Accident Location | ONE-NORTH CRES | | | | | |
| ₩ Excess | | | | | | |
| own damage Excess | 35 | 0.00 | Additional Excess | | Windscreen Excess | 0.00 |
| innamed Driver Excess | | | Outside Singapore OD Excess | | | |
| Third Party Excess | 3 | 0.00 | Outside Singapore TP Excess | | | |
| ♥ Benefits | | | | | | |
| GST Registered Informa | etion | | | | | |
| SST Registered | Yes | | | GST Registration Date | 01/08/2011 | |
| ST Registration No. | 201022829 | | | GST Status Verified | Yes | |
| Modification History | 29/08/2019 | 17:40:58 System | m changed GST Registered from N m changed GST Registration No. fr m changed GST Registration Date | o to Yes non out to 201022829M | | |
| | | 17:40:58 System | m changed GST Registration Date | from null to 01/08/2011 | | |
| Policyholder Mailing Ad | | | Address 2 | #06-03 UBI CENTRE | Address 3 | SINGAPORE 408936 |
| Address 1 | 57 UBI AVENUE 1 | | | | | 408935 |
| Address 4 | | | Address Type | Singapore address | Post Code | 40030 |
| Unit No. | 08-03 | | Related Policy Number | 5102267368-01 | | |
| U OI Driver Info | -animona-animor | | Date to the same | Unnamed Driver | | |
| Driver Name | Unnemed Driver HUANG XIANGHUA | | Oriver Type Oriver NRIC | GB463001U | Driver DOB | 01/05/1977 |
| unnamed driver Name | | | Driver Age | 42 | Driving Experience | 10 |
| Register Date of Driver License | | | Contact No. (Office) | 0 | Contact No.(Home) | 0 |
| Contact No (Mobile) | 96425462 | | | | Address 3 | SINGAPORE 408936 |
| Address 1 | 57 UBI AVENUE 1 | | Address 2 | UBI CENTRE | Post Code | 408976 |
| Address A | | | Address Type | Singagore address | Post Code | 400224 |
| Unit No. | 06-03 | | | | | |
| Does ne own a Singapore Registered car? | ○ Yes ® No | | Driver Vehicle No. | | Driver Insurer Company | |
| Declaration | | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | | Any injury? | ○ Yes ® No | | |
| 3000000 | | | | | | |
| | | | | | | |
| Hodification History | | | | | | |
| | | | | | | |
| dodification History Claim 001 New | до-мх | Į. | Insured Name | END BAN HUAT FTE LTD | Insured NRIC | 20102282994 |
| Claim 001 New | ор-мх | V | Insured Name Contact No.(Home) | ENG BAN HUAT FTE LTD | Insured NRIC Contact No. (Office) | 20102282894 |
| Claim 001 New Claim Type * Contact No. [Mobile) | ар-мх | V | | ENG BAN HUAT PTE LTD | | 20102282994 GB35042U |
| Claim 001 New Claim Type * Contact No. (Mobile) Email Address | | | Contact No.(Home) | | Contact No. (Office) | |
| Claim 001 New Claim 101 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * | | v | Contact No.(Home) Oil Vehicle Number | XD6425M | Contact No. (Office) | |
| Claim 001 New Claim 1001 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * | | | Contact No.(Home) Of Vehicle Number Type of Benefit * | XD6425M | Contact No. (Office) | |
| Claim 001 New Claim 1001 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * | Please Select | V 22 | Contact No.(Home) Of Vehicle Number Type of Benefit * | XD6425M | Contact No. (Office) TP Vehicle Number | |
| Claim 001 New Claim 1001 New Claim 1001 New Contact No. (Mobile) Chair Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description | | V 22 | Contact No. (Home) Ot Vehicle Number Type of Benefit. * Claimant NRIC. * | XD6425H Please Select | Contact No. (Office) | |
| Claim 001 New Claim 1001 New Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant Address Claimant Address Claimant Address Preferred Workshop Contact No. | Please Select 0006425M / GBJS042U DN | ≥≥ 29 Aug 2019 | Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * | XD6425H Please Select V Fully at Fault | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop | G835042U |
| Claim 001 New Claim 1001 New Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant Address Claimant Address Require Finalsation | Please Select ND6425M / GB35042U DN Yes | V 22 | Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option | XD6425H Please Select | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report | GB35042U Received |
| Claim 001 New Claim Type * Contact No. [Mobile) | Please Select 0006425M / GBJS042U DN | ≥≥ 29 Aug 2019 | Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * | XD6425H Please Select V Fully at Fault | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop | G835042U |
| Claim 001 New Claim 1001 New Claim 1ype * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant Address Claimant Address Require Pinalsation | Please Select ND6425M / GB35042U DN Yes | ≥≥ 29 Aug 2019 | Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option | XD6425H Please Select V Fully at Fault | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report | GB35042U Received |
| Claim 001 New Claim 1001 New Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant Address Claimant Address Regular Phalasation Date Registered Report Taken By | Please Select X06425M / GB35042U DN Yes 29/06/2019 17:42 | ≥≥ 29 Aug 2019 | Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option | XD6425H Please Select V Fully at Fault | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report | GB35042U Received |
| Claim 001 New Claim 1001 New Claim 17pe * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claimant Address Claimant Address Claimant Address Claimant Address Report Taken By Ind Prints AX letter | Please Select X06425M / GB35042U DN Yes 29/06/2019 17:42 | ≥≥ 29 Aug 2019 | Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option | XD6425H Please Select V Fully at Fault | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report | GB35042U Received |
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| Claim 001 New Claim 1001 New Claim 1001 New Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claimant Morkshop Contact No. Require Pinalsation Date Registered Report Taken By Depart Taken By Attachment | Please Select X06425M / G835042U DN Yes 29/08/2019 17:42 Jackson | ≥≥ 29 Aug 2019 | Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date | Fully at Fault Preferred Workshop, Name unknown Save Submit | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report | GB35042U Received |
| Claim 001 New Claim 001 New Claim 17pe * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claimant Address Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Id Prins AX letter Attachment | Please Select X06425M / G835042U DN Yes 29/08/2019 17:42 Jackson MT/(1060096 | ≥≥ 29 Aug 2019 | Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date Claim No. | Fully at Fault Preferred Workshop, Name unknown Save Submit | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report | GB35042U Received |
| Claim 001 New Claim 001 New Claim 1001 New Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claimant Morkshop Contact No. Require Pinalsation Date Registered Report Taken By Attachment Accident No. | Please Select X06425M / G835042U DN Yes 29/08/2019 17:42 Jackson | ≥≥ 29 Aug 2019 | Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date | Fully at Fault Preferred Workshop, Name unknown Save Submit 001 29/08/2019 17:42 | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received | GB35042U Received 28/08/2019 00:00 |
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| Claim 001 New Claim 1001 New Claim 1001 New Contact No. (Mobile) Chaim Address Claimant Type Claimant Type * Claimant Address Attachment Attachment Accident No. | Please Select X06425M / G835042U DN Yes 29/08/2019 17:42 Jackson M7/3060096 ① Yes ○ No | 29 Aug 2019 | Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date Claim No. | Fully at Fault Preferred Workshop, Name unknown Save Submit 001 29/08/2019 17:42 Category * | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G1A report Date Received Confidential Urgen V Normal | GB35042U |
| Claim 001 New Claim 1001 New Claim 1001 New Claim 1001 New Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Id Print AX letter Attachment | Please Select X06425M / G835042U DN Yes 29/08/2019 17:42 Jackson M7/3060096 ① Yes ○ No | 29 Aug 2019 | Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date | Fully at Fault Preferred Workshop, Name unknown Preferred Workshop, Name unknown 001 29/08/2019 17:42 Category * Category * | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urgen | GB35042U |

