NATIONAL Assessment Cer	ntre Services.	twe! 1 Jan'95] M		, n	L.
Date In: 2/9/19-12:00	Jeb description		Date & Time Completed	Done	DJ.
Reino: Halweys Kros 124	SAS e-filing				
Veh No: 11C63157	E-mail (within	Shrs, AIC 2hrs)		Manager Manager	
D.O.A : 31/8/19-15:50	i-Motor Clair	m Form	M7/1060670 -00	79/19 1	14:4
2	i-Motor W/O	(Within: OD 2hrs	, TP 4hrs)		
OD / P / Reporting Only	i-Photo Uplo	aded			-
	Assessment/Su	rvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	
TP Particulars: Veh No: (A	M8773C	. INC()/Non-INC()	1	and the second second
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (NUMBER OF THE PROPERTY OF THE	Date:	Time:)	
Insured/Driver Liability: (%	6) [Note-Est. Status (V	WO): N: 0-2	0%; P: 21-79%. P: 80	-100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$	\$1,000 ()/\$2,000	()		The state of the s	
General Remarks:-					_
() Walk-In Customer : Customer's	information strictly Co.	The Hard Control of the Control		TO THE PERSON WITH COLUMN	
() Total Loss Case : to e-mail Ins		1			
· . ·			1 2 / /	- 	
Drive-In ()/ Towed-In (); Inv	oice: YES () / N	10();1	owing Co: (
Remarks;- (INC horline: 6788 6610	000		Date&Time Completed	Done	by
) / Courtesy Car ()			
2) QC Check / Post Repair Inspection	())			
3) Upload Resurvey Photo [Repair Cost	> \$30001 ()	- 22		
Injury:					
Injury:			•	507070545U0-5077 3.400	
Date/Time Actions			A CONTRACTOR OF THE SECOND	PERSONAL PROPERTY.	
		100000000000000000000000000000000000000			
	•			All	
•					
		Invoice Pre	paration Checklist	Ant (5)	Ami (
NA1906673		1) AR : Acciden	Control of the Contro	TABIL!	Add
aimant's Particulars':-		2) DA : Damage		(082)	
iver/Owner:		3) TF : Towing I	ce .	\$40/\$45 \$120	
		4) FT : Follow-T	hrough Survey (Resurvey)	\$30	
ntact No:		For claiming a	gainst INC Only (wef 10 Jan 20	(05) \$75	
maged Portion:		6) TR : Re-inspe 7) N1 : Idao DA		\$160	
	<u> </u>	8) NTUC Additi			
C Checked by (Engr-In-Charge):	10	OD*	Car / Tpt Allowence	\$5	
The state of the s		*N5: Courtesy *N6: Repair C		510	
uditors' Comments :-		*N7: Fost Rep	mir Inspection	\$25 \$5	
20 25 25 25 25 25 25 25 25 25 25 25 25 25			lect Excess Coordination (Non INC) against INC	\$20	
	1	9) N12: Idna Ma	bile	30	N. 14 9-212
The state of the s		Invoice dated	Fee Charge	d CEUN	EN ESTE
t. 1: t. 2/3:	<u> </u>	9) N12: Idna Ma		30	200

French Car

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number Fax Number

Contact Number

EMail Address

- Please report <u>correctly</u> 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 aforesaid.

foresaid,	
STATE OF THE PARTY	ACCIDENT STATEMENT
Date Of Report	02/09/2019 20:00
Date Of Accident	31/08/2019 13:50
Exact Location Of Accident	GEYLANG RD
Country/State of Loss	SINGAPORE
Description of the Description o	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKC8315T
Insured/Policyholder	
Name Of Registered Owner	TAN PEAY SUAN
NRIC No	S7533304H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84277718
Alternative Phone No	OFFICE-84277718
Vehicle Particulars	
Manufacturer	TOYOTA
Model	LEXUS IS250 AUTO STD
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	5111207558
Cover Note Number	
Driver	
Name of Driver	LEE WOON CHYE
NRIC No	S7520921E
Date Of Birth	16/07/1975
Occupation	OUTDOOR
Date Of Driving Pass	30/01/2002
Driving Experience	17 YEARS AND 7 MONTHS
and the same of th	

MALE

NOEMAIL

(LOCAL) +65-84277718

OFFICE-84277718

BLK 986D BUANGKOK CRESCENT Address

#10-116

535986 Postcode

Was driver an employee of the Insured's Company NO

SPOUSE 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

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions 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

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

Police Station Address

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

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?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190902/7017.

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

SMM8773C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 21

DETAILS OF INJURED PERSON 1

Name LEE WOON CHYE

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SKC8315T Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

YES

NO

SKETCH PLAN

MPORTANT NOTICE

- 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 Drive:.
- Information provided must be as truthful and accurate as possible. Any wiful misrapresentation or withingising 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 dark of the insurance
- 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.
- 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 aforeseld.
- Consent under the Personal Data Protection Act (PDPA)

tunderstand, 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)
 - (f) processing, handling and/or dealing with my claims including the sattlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my cisims;
 - (ili) 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 low in administering, processing, handling and/or dealing with my cisims (collectively the "Purposes")
- (b) ell insured(s) who have insured vehicle(s) involved in this occident 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
- my Personal Information may/can be disclosed by any of the insurers and/or EVA to their third party service providers or egents (including their lewyers/law firms), which may be sked outside of Singaporo, for one or more of the above Purposes.
- 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 daims.
- (a) the information so collected under (a) 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.

Oriver's Signature

(If driver is not the policyholder)

Date & Times

Reporting Centre Personn its Signature Name

NRIC/FIN No.:

Policyholder's Signature Date & Time:

Date of Accident	: 4 31/8/19 Accident Time: 1350 (24-HR-Format)
Accident Place	beging Rand
Vehicle Reg. No. (Car Plate No.)	SKC 83157
Vehicle Make/Model	:_ Lexus
Insurance Company	Policy No
Owner or Company Name /IC No.	: Lee Woon CHIE
Owner or Company Contact No.	: 8427 7418 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Lee Woon CHYE
DRIVER'S Date Of Birth	: 16/7/45 DRIVER'S License Pass Date 30/1/02
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	BIX 9860 BUANG KOK GORET # 10-116
DRIVER'S Contact No./ Alt No.	:1) 84277718 2)
DRIVER'S Occupation	: INDOOR \ OUDDOOR (e.g. working inside or outside office)
Email Address	: PLATINUM WERKED GMail COM
Weather & Road Surface	: CLEAR ORY \RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including I	Driver): Ol (Injued)
Was there any video Captured by c Exact purpose for which vehicle w	ar camera: YES \ 🗑 as being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: SMM 87	Vehicle Reg. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	
Driver's Contact & Add:	Driver's Contact & Add:





1 of 3

Report No. T/20190902/7017

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

REPORT OF A TRAFFIC ACCIDENT

Vide Report No.: Station Diary No.:

Date/Time Report Made: 02/09/2019 14:42		lade:	Vide Report No.: Station Diary No.:				
Informa	nt's Particu	ılars					
Name of Informant: LEE WOON CHYE			Address: APT BLK 986D BUANGKOK CRESCENT #10-116 SINGAPORE 535986				
ID Type / ID No.: NRIC NO / S7520921E			Contact No.: Home/Office: Mobile: 93221010				
National SINGAP	ity: ORE CITIZ	EN	Email: PLATINUMWERKZ@GMAIL.COM				
Sex: Male	Age:	Date of Birth: 16/07/1975	Type of Informant: Driver				
Race: Chinese			Language: Institution / School National Property of the Institution				
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: Date of Expiry:				

Seneral Inform	mation of the Acci		1-1-5	Tune of Location	
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/08/2019 13:50	Type of Location Straight Road	
Location: GEYLANG Re Weather: Clear	OAD	Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume: Light	
Type of Collis	sion: ving Vehicles - Side	Swipe - Same Direction		Anyone conveyed by ambulance: No	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
CONTRACTOR MANAGEMENT AND ASSESSMENT OF THE PARTY OF THE		mente				0
SKC8315T	Car					
			V			0
SMM8773C	Car					0

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





2 of 3

Report No. T/20190902/7017

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

CONTINUATION OF REPORT

Driver						
Name	LEE WOON CHYE		ID No.		S7520921E	
Related Vehicle	SKC8315T (Car)			Conta	ct No.	93221010
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date D			harge	NIL	
No. of Days gran	ted Medical Leave	04	Degree o	f Injury	Sligh	t

Brief Details.

On the stated date and time, I, vehicle bearing car plate (SKC8315T) was driving striaight along Geylang road and was waiting for a parking lot. All of a sudden, i felt an impact form the left, vehicle B bearing car plate (SMM8773C), knock into my vehicle from the left hand front. . we both alighted and i felt discomfort, my vehicle was also damaged.

I went to see the doctor and was given 4 days MC





3 of 3

Report No. T/20190902/7017

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

CONTINUATION OF REPORT

Ske	tch	DI	an
SKE	lCH.	П	an

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: 02/09/2019 14:42
Officer In Charge Of Case: TP / TPHQ / YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:

Authentication Stamp

NP168



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre

with whom you submitted the Original Report.

		ADD	ENDUM					
(A)	PARTICULARS OF PE	RSONMAKINGTHEAMEND	MENTS:					
	Original Report No	MNA119116313	Vehicle Registration No	s: SKC8315T				
	Name(as shownin NRIC)	LEE WOON CHYE	NRIC/FIN/Passport No	: S7520921E				
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate							
	Address	BLK 986D BUANGKOK C	RESCENT #10-116	Singapore(535986				
	Contact (Tel)		8					
	Email Address							
	Date of Accident :	31/08/2019	Time of Accident : _13:	50				
	Place of Accident :	GEYLANG RD	No.					
	Insurance Company:	NTUC Income Insurance (Co-operative Ltd					
	make the following a	mendments:	ident and would like to include	additional information of				
				1				
	Policyholder / Driver's Date:	s Signature	Reporting Centre Per Name: NRIC/FINNo.:	rsonnel's Signature				

Date:



Policy Information

Policy No.	5111207558	Policyholder Name	TAN PEAY S	SUAN	Policyholder NRIC	S7533304H	
Certificate No.							
Address	BLK 29 #11-17 BALAM ROAD SI	NGAPORE 370	029				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	17/07/2019	Effective Date	16/07/2019	00:00	Expiry Date	30/08/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	g/Inexperience Driver Excess
Agent	HAMILTON AUTOHUB PTE. LTD.	Agent Tel.	64751946		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	BLK 29 #11-17	Addre	ss 2	BALAM ROAD	18	Address 3	BALAM GARDENS
Address 4	SINGAPORE 370029	Addre	ss Type	Singapore address		Post Code	370029
Unit No.	11-17	Relati Numb	ed Policy er	5111207558			
) Insure	ed Object: SKC8315T						
□ Endors	sements						
	nce Date of Endorsemer	26	Endorsemen	Tunn	Endorsement	Status	Endorsement Content

Claim Handling					
Accident MT/1060670					
Policy No.	5111207558	Vehicle No.	SKC831ST	GST Registration No.	
Certificate No.					
Pakcyholder Name	TAN PEAY SUAN			Policyholder NR3C	57533304H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	84277716	Contact No.(Office)	0	Contact No.(Home)	0
Email Address	120 20	Special Remark		eCode	H V
EK.	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
ICD Protection	No.	NCD Entitlement(%)	۰	Private Hire	No
Accident Details					
eport Date	02/09/2019 20:40	Acodent Report Witten 24 hrs	Yes	Acodent Type	Collision - Change / Cross lane
whe of Accident	31/08/2019	Time of Accident hhumm	13:50	Country of Academ	Singapore
eporting Centre		Orange Force		ICM No.	
coldent Location	GEYLANG RD				
▼ Total Excess Applicable					
xcess Type	Per Acodem	Windscreen Excess	100.00		
D Standard Excess	600.00	TP Standard Excess	0.00		
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
dditional Excess	0				
otal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
Senefits					
GST Registered Informa	stion				
ST Registered	No		GST Registration Date		
ST Registration No. odification History			GST Status Verified	Yes	
odinization History					
Policyholder Halling Ad	dress				
Odress 1	BLK 29 #11-17	Address 2	BALAM ROAD	Address 3	BALAM GARDENS
fidress 4	SINGAPORE 370029	Address Type	Singapore address		
nt No.	11-17	Related Policy Number		Post Code	370029
OI Driver Info		Seates Fully number	5111207558		
river Name	LEE WOON CHYE	Driver Type	Main Driver		
nnamed driver Name	THE MOON CITY	Driver NRIC	\$7520921E	Driver DOS	16/87/1975
egister Date of Oriver License	30/01/2002	Driver Age	44		
ontact No.(Mobile)	84277718			Driving Experience	17
odress 1		Contact No. (Office)	0	Contact No.(Home)	0
ddress-4	BLK 9860 SINGAPORE 535986	Address 2	BUANGKOK CRESCENT	Address 3	BUANGKOK COURT
nit No.		Address Type	Singapore address	Post Code	535986
ioes he own a Singapore	10-116				
egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
reathalyser or Blood Test	0 mg	(Betagers true	Desire esses		
eading?	U mg	Any injury?	® Yes ○ No		
odification History					
Claim 001 New					
Claim 001 New					
					Parameter Control
sim Type +	00-MX	Insured Name	TAN PEAY SUAN	Insured NRIC	S7533304H
	92311815	Insured Name Contact No.(Home)	TAN PEAY SUAN 67298817	Insured NRIC Contact No.(Office)	57533304H
intact No.(Mobile)					SMM8773C
ontact No.(Mobile) mail Address		Contact No.(Home)	67298817	Contact No.(Office)	
ontact No.(Mobile) mail Address armant Type Claimant Type*	92311815	Contact No.(Home) DI Vehicle Number	67298817 SKC8315T	Contact No.(Office)	
intact No.(Mobile) mail Address armant Type Claimant Type * armant Name *	92311815 Please Select	Contact No.(Home) DI Vehicle Number Type of Benefit *	67298817 SKC8315T	Contact No.(Office)	
intact No. [Mobile) mail Address armant Type Claimant Type * armant Name * armant Address arm Description	92311815 Please Select	Contact No.(Home) DI Vehicle Number Type of Benefit *	67298817 SKC8315T	Contact No.(Office)	
Intact No.[Mobile) mail Address amant Type Claimant Type * amant Name * simant Address am Description eferned workship Contact	92311815 Please Select >>	Contact No.(Home) DI Vehicle Number Type of Benefit *	67298817 SKC8315T	Contact No. (Office) TP Venicle Number	
ntact No. (Mobile) trail Address amant Type Claimant Type * amant Name * simant Address am Description efferred Workshop Contact	92311815 Please Select >>	Contact No.(Home) DI Vehicle Number Type of Banett * Claiment NRIC *	6729817 SKC8315T Flease Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	
intact No. (Mobile) mail Address armant Type Claimant Type * armant Name * armant Address arm Description ferror Workshop Contact quare Finelisation	92311815 Please Select >> SKCB315T / SHMB773C ON 31 Aug 2019	Contact No.(Home) DI Vehicle Number Type of Banefit * Claiment NKIC * Insured Liability *	67298817 SKC8315T Please Select Not at Fault	Contact No. (Office) TP Venicle Number	SMM8773C
ontact No. (Mobile) mail Address armant Type Claimant Type * armant Name * armant Address arm Description eferned Workshop Contact countries Finelisation toe Registered	92311815 Please Select >> SKCB315T / SHHB773C ON 31 Aug 2019 Yes	Contact No.(Home) DI Vehicle Number Type of Banefit * Claiment NKIC * Insured Liability * Preferend Repair Option	67298817 SKC8315T Please Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G1A report	SMM8773C
ontact No. (Mobile) mail Address armant Type Claimant Type * armant Name * armant Address arm Description eferred Workshep Contact equate Finalisation toe Registered aport Taken By	92311815 Please Select >> SKC8335T / SHH8773C ON 31 Aug 2019 Yes 02/09/2019 20:41	Contact No.(Home) DI Vehicle Number Type of Banefit * Claiment NKIC * Insured Liability * Preferend Repair Option	67298817 SKC8315T Please Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G1A report	SMM8773C
ontact No. (Mobile) mail Address armant Type Claimant Type * armant Name * armant Address arm Description eferred Workshep Contact equate Finalisation toe Registered aport Taken By	92311815 Please Select >> SKC8335T / SHH8773C ON 31 Aug 2019 Yes 02/09/2019 20:41	Contact No.(Home) DI Vehicle Number Type of Banefit * Claiment NKIC * Insured Liability * Preferend Repair Option	67298817 SKC8315T Please Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G1A report	SMM8773C
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