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Date In: 14 9 9 9 1 6-39	Jcb description		Date &Time Completed	Don	e pi.
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Vch No: JKMYOYR	E-mail (within S	ars, AIC 2hrs)			
D.O.A: 13/9/19- 13/17	i-Motor Claim	Form	M71 10 62441-001	14/4/9	16:50
OD : TP): Reporting Only	i-Motor W/O	(Within: OD 2hrs	, TP 4brs)		
OB . The reporting Only	i-Photo Uploa	ded			********
TP Insurer:	Assessment/Sur	vey Report			
IF insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	: (Tel:	Fax:	
TP Particulars: Veh No:	SLUSZ91K	. INC()/Non-INC()	-	
Owner / Driver: (10	Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (9	%) [Note-Est. Status (W	O): N: 0-20	%; P: 21-79%. F: 80-	100%]	de la company
) Warranty: YES ()/NO()	- 1, 1 0	
	\$1,000 ()/\$2,000 ()			
General Remarks:-				100	
() Walk-In Customer: Customer's					
() Total Loss Case : to e-mail In	surer URGENTLY.			-111	
Drive-In ()/ Towed-In (); Inv	voice: YES () / NO) () ; To	wing Co: ()
Remarks: (INC hotline: 6788 661	600		Date&Time Comple ed	Done	Shir .
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1 Apply for Transfort Allowance ()/Courteev Car ()			100	
)/Courtesy Car ()	- Restations			
2) QC Check / Post Repair Inspection	()	-			
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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.
- 5. 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			
Date Of Report	14/09/2019 16:39			
Date Of Accident	13/09/2019 23:15			
Exact Location Of Accident	CHANGI VILLAGE RD OPEN SPACE CARPARK			
Country/State of Loss	SINGAPORE			
D. D	ETAILS OF OWN VEHICLE			
Vehicle Registration Number	SKM3104R			
Insured/Policyholder				
Name Of Registered Owner	LIAW CHIN PING			
VRIC No	S8800064A			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-94552110			
Alternative Phone No	OFFICE-94552110			
Vehicle Particulars				
Manufacturer	MERCEDES-BENZ			
Model	CLA200 (R18)			
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	5104814141			
Cover Note Number				
Driver				
Name of Driver	LIAW CHIN PING			
NRIC No	S8800064A			
Date Of Birth	03/01/1988			
Occupation	INDOOR			
Date Of Driving Pass	16/04/2015			
Driving Experience	4 YEARS AND 4 MONTHS			
Gender	MALE			
Mobile Number	(LOCAL) +65-94552110			
Fax Number				
Contact Number	OFFICE-94552110			

NOEMAIL

BLK 234 LORONG 8 TOA PAYOH Address

#11-282

310234 Postcode

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED 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)

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)

0

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

PASIR RIS NEIGHBOURHOOD POLICE CENTRE

ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY:

SINGAPORE

Police Station Contact

Was notice of intended Prosecution given?

TEL NO: 1800-5852999 - FAX NO: 65855261 NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190914/2010.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

SLU5391K

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 24

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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.
- 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.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

		garin
SKETCH PLAN	ta	
		A second
Refer to point		
	102 101-1000	
1		
-3-41KMI-1118-X-1112-		
MINUS IN STREET OF THE WAY SHOW		
Λ		
CLARATION		
	rticulars are true in every respect.	
licyholder's Signature ite & Time:	Driver's Signature (If driver is not the policyholde Date & Time:	Reporting Centre Personnel's Signature r) Name: NRIC/FIN No.:

1456614, (8891), (8910), (890), (92)

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.

Accident details

Date and time of accident	Date: 13 04	2011 (1	DD/MM/	YY) Time:	23.15	(HH:MM)
Exact location of accident	changi	village	Rd	open	Carpul	K

Details of vehicle

Vehicle registration number	SICM 3174R			
Vehicle make and model	merales	CLAT	20	
Type of vehicle	Saloon D	MPV 🗆	CRV □ Van □ Motorcycle □ Others:	
Vehicle category	Private p	Comme	rcial Motorcycle	
Purpose of using at said time				
Are you claiming under your own insurance company?	Yes □ Third part cla	No 🗷	if no, please select: Reporting only □	

Insurance information

Insurance company	PTVL		
Policy number			
Type of policy	Comprehensive a	Third party fire & theft	TP only

Insured / Policy holder

Name	LIAW	chin	Pin	7		Male	Female
NRIC / Fin / Passport number	2882	1064B		,			
Contact	01450	5210.			7-7-7-7		
Address	234	Lor	8	700	payoh	#11-282	5(30214

Driver

Same as insured above (skip to D.O.B)

Name	Male 🗆	Female
NRIC / Fin / Passport number		7.1
Contact		
Address		
Email address		15/
Date of birth	31111481	
Occupation	Indoor © Outdoor □	1
Driving date pass	16/4/7015	

General information of the accident

Was driver an employee of the insured's company?	Yes D No D If no, relationship of the driver and insured:
Accident captured by camera?	Yes D No D
Weather condition	Clear Raining Others:
Road surface	Dry @ Wet a
No of passenger	(Inclusive of driver)

Passenger 1

Name			
Gender	Male 🗆	Female □	

Passenger 2

Name			
Gender	Male 🗆	Female 🗆	

Passenger 3

Name			
Gender	Male 🗆	Female	

Passenger 4

Name			
Gender	Male 🗆	Female	

Passenger 5

Name			
Gender	Male 🗆	Female	

Passenger 6

Name			
Gender	Male □	Female	

Other information

Was anybody injured?	Yes 🗆	No 🗆	
Was other vehicle damaged?	Yes 🗆	No 🗆	

Details of police action

Reported to police?	Yes 🗆	No 🗆	If yes, please state which police station.
Police station name			

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	dlyssaik
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

W	it	n	e	SS	: 1

Injuries sustained

Which vehicle person in? Were seat belts worn?

Was injured conveyed to

hospital by ambulance?

Yes 🗆

Yes 🗆

No a

No 🗆

Name			
Witness 2			
Name			
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?			
Injured person 2			
Injured person 2 Name Injuries sustained			
Injured person 2 Name Injuries sustained Which vehicle person in?	Yes	No 🗆	
hospital by ambulance?			
Injured person 2 Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No 🗆	
Injured person 2 Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to nospital by ambulance? Injured person 3	Yes 🗆	No 🗆	
Injured person 2 Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to nospital by ambulance? Injured person 3	Yes 🗆	No 🗆	
Injured person 2 Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to nospital by ambulance? Injured person 3 Name Injuries sustained	Yes 🗆	No 🗆	
Injured person 2 Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to nospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆	
Injured person 2 Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to nospital by ambulance?	Yes 🗆 Yes 🗈	No 🗆 No 🗅	





1 of 3

Report No T/2019091//2010

Police Station Of Origin: Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2019 02:00		lade:	Vide Report No.:	Station Diary No.: 9			
Informa	nt's Particu	ulars					
V 42 20 V V 20 20 20 V	Informant: HIN PING	ES SI	Address: APT BLK 234 LORONG 8 310234	TOA PAYOH #11-282 SINGAPORE			
ID Type / ID No.: NRIC NO / S8800064A		64A	Contact No.: Home/Office: Mobile: 94552110				
National SINGAP	ity: ORE CITIZ	EN	Email:				
Sex: Age: Date of Birth:		Date of Birth: 03/01/1988	Type of Informant: Vehicle Owner				
Race: Chinese		- In	Language: Institution / School Nar				
Occupation: SALES MANAGER			Driving Licence Information: Class: 3 Date of Expiry:				

Seneral Infor	nation of the Accide	nt		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/09/2019 23:15	Type of Location Car Park
Along Road 1 CHANGI VILI	AGE ROAD			
OPEN CARP	ARK NEAR BUS INTE	ERCHANGE		
OPEN CARP Weather:	ARK NEAR BUS INTE	Road Surface:	F	Road Speed Limit:
Weather:	ARK NEAR BUS INTE	Road Surface: Dry	F	Road Speed Limit:
THE RESERVE OF STREET,	ARK NEAR BUS INTE	Road Surface:		Road Speed Limit: Traffic Volume: No Traffic

Details of Vehicle Involved									
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge			
SKM3104R				11.11		0			
SLU5391K						0			

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





T/20190914/2010

2 of 3

Report No. T/20190914/2010

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

CONTINUATION OF REPORT

Vehicle Owner				ID No	10	S8800064A	
Name	SKM3104R NIL			Contact No.		36600004A	
Related Vehicle						94552110	
Hospital/Clinic				Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment NIL			Date Disc		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL		

Brief Details.

On 13/9/2019 at about 11.45pm, when I returned to my vehicle at the open space carpark of Changi Village, I discovered that someone had collided onto the front portion and right side portion of my vehicle and and drove off without leaving a note. I viewed my in-car camera and it had recorded the incident.





3 of 3

Report No. T/20190914/2010

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Record G / Sgt 3 S EVA SHERRIENA E		Signature Of Informant:			
Signature Of Interpreter: Not applicable		Date/Time: 14/09/2019 02:00			
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI		Classification Of Case:			
Contact No.: 65476902	SINGAPORE				
Authentication Stamp NP168	~				

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601					THE REAL PROPERTY.	• Chang	e Languag	e • Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
	Policy N	lo.				Date	of Accident		13/09/2019 2	3:15	
	Vehicle	No.(For Motor)	SKM31	04R		Certif	icate Number	is []			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5104814141		LIAW CHIN PING	S8800064A	GPC	drivo CLASSIC	SKM3104R	SKM3104R	19/10/2018	18/10/2019
						Continue	1				

Sequer	ce Date of Endorseme	nt	Endorseme	ent Type	Endorsement	Status	Endorsement Content	
♥ Endors	ements						- 100 W - 100 March	
▶ Insure	d Object: SKM3104R							
Unit No.		Relate Numb	ed Policy er	5104814141-01				
Address 4			ss Type	Singapore address		Post Code	360008	
Address 1	BLK 8 #11-06	Addre	ss 2	JOO SENG ROAD		Address 3	SINGAPORE 360008	
Policyt	older Mailing Address							
Policy Info Certificate Info								
Open								
Co- insurance Flag	No							
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020) null	GST Flag	Y		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/Inexperience Driver Excess		
Additional Excess	s O Premium		0					
Excess	•	Excess	500		Excess	200		
Third Party	0	Own			Windscreen	100		
Excess Type		All Claims Excess						
Policy Issue Date	19/10/2018	Effective Date	19/10/2018 00:00		Expiry Date	18/10/2019 2	3:59	
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Address	BLK 8 #11-06 JOO SENG ROAD SINGAPORE 360008							
Certificate No.								
Policy No.	5104814141	Policyholder Name	LIAW CHI	N PING	Policyholder NRIC	S8800064A		

ccident MT/1062441							
was a con-	Province	Vehicle No.	SKM3104R	GST Registration No.			
olicy No.	5104814141	Venicle No.	SKHULUHK.	Sal negacina ne.			
ertificate No.				Policyholder NRIC	S8800064A		
District Contract of the Contr	LIAW CHIN PING		drive CLASSIC	Loading	0		
roduct Code	PRIVATE CAR INSURANCE	Cover Type		Contact No.(Home)	0		
ontact No. (Mobile)	94552110	Contact No.(Office)	C .				
mat Address	2010/2011	Special Remark	80.80	eCode	18.7		
FK .	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	2010/2		
ICD Protection	No	NCD Entitlement(%)	0	Private Hire	No		
S Accident Details							
eport Date	14/09/2019 16:48	Academs Report Within 24 hrs	Yes	Accident Type	Damaged whilst perked		
ace of Acodem.	13/09/2019	Time of Accident Micmm	23:15	Country of Accident	Singapore		
eporting Centre		Orange Force		ICM No.			
ccident Location	CHANGI VILLAGE RD OPEN SPACE CARPARK						
♥ Excess							
own damage Excess	600.00	Additional Excess	۰	Windscreen Excess	100.00		
nnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00				
hind Party Excess	0.00	Outside Singapore TP Excess	0.00				
9 Senefits							
GST Registered Informa	tion						
ST Registered	No		GST Registration Date				
ST Registration No.	57		GST Status Verified	Yes			
lodification History							
ANGOLD UNIVERSITY . 1							
Policyholder Malling Ad	dress						
Address I	BLK 8 #11-06	Address 2	JOO SENG ROAD	Address 3	SINGAPORE 360008		
Address 4		Address Type	Singapore address	Post Code	360008		
Unit No.		Related Policy Number	5104814141-01				
♥ OI Driver Info							
Oriver Name	LIAW CHIN PING	Driver Type	Main Driver				
Unnamed driver Name		Driver NRIC	58800054A	Driver DOB	03/01/1988		
Register Date of Driver License	15/04/2015	Driver Age	31	Driving Experience	4		
Contact No.(Mobile)	94552110	Contact No.(Office)	0	Contact No.(Home)	0		
Address 1	BUX 234	Address 2	LORONG 8 TOA PAYOH	Address 3	TOA PAYOH EIGHT		
		Address Type	Singapore address	Post Code	310234		
Address 4	SINGAPORE 310234	Withington LAbor					
Unit No.							
unit No. Does ne own a Singapore Registered car?	11-282 ○ Yes ® No	Driver Vehicle No.		Driver Insurer Company			
Does ne own a Singapore Registered car?		Driver Vehicle No.					
Does ne own a Singapore Registered car? Declaration	○ Yes ® No	STOTE OF SUBSCISS PORT					
Does ne own a Singapore Registered car?		Driver Vehicle No. Any Injury?	Q Yes ® No				
Does ne own a Singapore Registered car? Declaration Breathalyser or Blood Test	○ Yes ® No	STOTE OF SUBSCISS PORT					
Does ne own a Singapore Registered car? Declaration Breathalyser or Blood Test	○ Yes ® No	STOTE OF SUBSCISS PORT					
boes ne own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History	○ Yes ® No	STOTE OF SUBSCISS PORT					
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	○ Yes ® No	STOTE OF SUBSCISS PORT					
boes he own a Singapore Registered car? Declaration Breathalysier or Blood Test Reading?	○ Yes ® No	STOTE OF SUBSCISS PORT					
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New	○ Yes ® No 0 mg	STOTE OF SUBSCISS PORT			\$38000644		
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Addition History Claim 001 New	○ Yes ® No	Any injury?	○ Yes ® No	Driver Insurer Company	\$8800064A		
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Addition History Claim 001 New Contact No.(Mobile)	○ Yes ® No 0 mg	Any injury? Insured Name	○ Yes ® No LIAW CHIN FING	Driver Insurer Company Insured NRIC	\$\$800064A \$LUS391K		
Does the own a Singapore Registered car? Declaration Broathayser or Blood Test Reading? Indification History Claim 001 New Carm Type * Contact No.(Mobile) Email Address	○ Yes ® No 0 mg	Any injury ⁵ Insured Name Contact No.(Home) Gli Vehicle Number	○ Yes ® No	Driver Insurer Company Insured NRIC Contact No.(Office)			
coes the own a Singapore Registered car? Reclaration Innathalyser or Blood Test Reading? Collin 001 New Committee Comment Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type *	O ves ® No o mg OD-MX Please Select	Any injury* Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	LIAW CHIN FING NIL SKN3104R	Driver Insurer Company Insured NRIC Contact No.(Office)			
coes the own a Singapore Registered car? Reclaration Innathalyser or Blood Test Reading? Claim 001	○ Yes ® No 0 mg	Any injury ⁵ Insured Name Contact No.(Home) Gli Vehicle Number	LIAW CHIN FING NIL SKN3104R	Driver Insurer Company Insured NRIC Contact No.(Office)			
Does ne own a Singapore Registered car? Declaration Breathayser or Blood Test Reading? Addition History Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address	O ves ® No 0 mg OD-MX Please Select ≥≥	Any injury* Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	LIAW CHIN FING NIL SKN3104R	Driver Insurer Company Insured NRIC Contact No.(Office)	SLUS391K		
boes he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Hodification History Claim 991 New Claim 991 New Cornact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description	O ves ® No o mg OD-MX Please Select	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	☐ Yes ® No LIAW CHIN FING NIL SKM3104R Please Select V	Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number	SLUS391K		
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Does ne own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Addition History Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant Description Preferred Workshop Contact No. Require Finalisation	OD-MX OD-MX Please Select >> SKM3104R / SLUS391K ON 12 Sept 2019 Yes	Any injury? Insured Name Contact No.(Home) OS Vehicle Number Type of Benefit * Claimant NRIC *	☐ Yes ® No LIAW CHIN FING NIL SKM3104R Please Select V	Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksho	SLUS291K		
boes ne own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 Mew Claim 001 Mew Claim 400 Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant Address Claimant Email Address Claimant Finalisation Date Registered	OD-MX	Any injury? Insured Name Contact No.(Home) OS Vehicle Number Type of Benefit * Claimant NRIC *	U Yes ® No LIAW CHIN FING NIL SKM3104R Please Select V Not at Fault	Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksho	\$LUS391K		
boes he own a Singapore Registered car? Declaration Breathalysier or Blood Test Reading?	OD-MX OD-MX Please Select >> SKM3104R / SLUS391K ON 12 Sept 2019 Yes	Any injury? Insured Name Contact No.(Home) OS Vehicle Number Type of Benefit * Claimant NRIC *	U Yes ® No LIAW CHIN FING NIL SKM3104R Please Select V Not at Fault	Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksho	SLUS391K		
boes ne own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 Mew Claim 001 Mew Claim 400 Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant Address Claimant Email Address Claimant Finalisation Date Registered	OD-MX	Any injury? Insured Name Contact No.(Home) OS Vehicle Number Type of Benefit * Claimant NRIC *	U Yes ® No LIAW CHIN FING NIL SKM3104R Please Select V Not at Fault	Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksho	SLUS391K		
boes ne own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim Type * Contact No.(Mobile) Émail Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Mame * Claimant Mame * Claimant Madress Claimant Forecastion Description No. Require Finalisation Date Registered Report Takan By	OD-MX	Any injury? Insured Name Contact No.(Home) OS Vehicle Number Type of Benefit * Claimant NRIC *	Ves ® No LIAW CHIN PING NIL SKKKJJOAR Please Select V Not at Faur Preferred Workshop, Name unknown	Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksho	SLUS391K		
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coes the own a Singapore registered car? rectaration treathalyser or Blood Test reading? todification History Claim 001	Ormg OD-MX Please Select ≥≥ Scott3104R / St.US391K ON 13 Sept 2019 Yes 34/09/2019 16:50 3ackson MT/1062441 ● Yes ○ No	Any injury? Insured Name Contact No.(Home) OS Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date	Ves ® No Liaw Chin Ping Nil Short Joan Please Select Not at Faur Preferred Workshop, Name unknown 14/09/2019 16:51 Category * Cities Please Select	Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksho GSA report Date Received Confidential Urg	SLUS391K		
coes ne own a Singapore registered car? ectaration Irrasthalyser or Blood Test reaching? codification History colim Type * Contact No. (Mobile) Email Address Cosmant Type Claimant Type * Claimant Address Ormg OD-MX Please Select ≥≥ Scott3104R / St.US391K ON 13 Sept 2019 Yes 34/09/2019 16:50 3ackson MT/1062441 ● Yes ○ No	Any Injury? Insured Name Contact No.(Home) OS Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date Browse Browse	LIAW CHIN FING NIL SKM310AR Please Select Not at FauR Preferred Workshop, Name unknown 14/09/2019 16-51 Catagory * Clear Please Select Diger Please Select	Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksho GSA report Date Received Confidential Urg	StUS391K			
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