LIVITIONAL ASSESSMENT CL		A STATE OF THE PARTY OF THE PAR	
NATIONAL Assessment Cer	Job description	Date &Time Completed	Done by
Re(No: 40 / - 18:14		Date & Tune Completed	Done of
Veh No: 5613760.	SAS e-filing		
	E-mail (within Shrs, AIC 2	hrs)	
D.O.A: 21/6/19-14:30	i-Motor Claim Form	M7/1063669-001	23/9/19 18:3
OD : TP : Reporting Only	i-Motor W/O (Within: C		ALCONOMIC CONTROL CONTROL
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Rep	ort	Victoria de la composição
	Ass't Report by Fax / H	and to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:
TP Particulars: Veh No: 5k	DANE IN	IC()/Non-INC()	888
Owner / Driver: (Tel:)
Policy No: (Period: () Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)) [Note-Est. Status (WO): N:	0-20%; P: 21-79%. P: 80-1	00%]
Year of Registration: ()	Warranty: YES ()/NO		
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()		
General Remarks			145 12 12
() Walk-In Customer: Customer's in			2000 St. 1 1 2 3
2) QC Check / Post Repair Inspection	/ Courtesy Car ()		,
3) Upload Resurvey Photo [Repair Cost >		· · · · · · · · · · · · · · · · · · ·	
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Injury: Oate/Time Actions	Invoice	Preparation Checklist:	Anit (5) Anit Isi Biji Addil
Injury: Onte/Time Actions MAINOTINE Limant's Particulars:	Invoice 1) AR: Acc 2) DA: Dan	dent Reporting (\$30); age Assessment (\$100); INC (\$80	The Bill Add I
Injury: Onte/Time Actions MAINOTINE Limant's Particulars:	1 Invoice	dent Reporting (\$30); sege Assessment (\$100); INC (\$80) ng Fee \$40/ w-Through Survey \$	The Bill Add I
Injury: Onte/Time Actions MAISON 163: alimant's Particulars:	1 Invoice 1) AR: Acc 2) DA: Dan 3) TF: Tow 4) FT: Folic 5) FT: Folic	dent Reporting (\$30); sege Assessment (\$100); INC (\$80) ng Fee \$400 w-Through Survey \$ w-Through Survey (Resurvey)	78 Bill Add 1 0) 545 120 530
Injury: Oute/Time Actions MAISON 163: alimant's Particulars:- iver/Owner:	Invoice 1) AR: Acc 2) DA: Dan 3) TF: Tow 4) FT: Folic 5) FT: Folic For claim 6) TR: Re-in	dent Reporting (\$30); large Assessment (\$100); INC (\$80) large Fee \$400 w-Through Survey \$ w-Through Survey (Resurvey) large against INC Only (wef 10 Jan 2003) aspection	78 Bill Add 1 3) \$45 120 \$30
Injury: Oute/Time Actions MAISON 163: alimant's Particulars:- iver/Owner:	Invoice 1) AR: Acc 2) DA: Dan 3) TF: Tow 4) FT: Folic 5) FT: Folic For claim 6) TR: Re-in 7) N1: Idao	dent Reporting (\$30); large Assessment (\$100); INC (\$80); large Fee \$400 w-Through Survey (Resurvey) large against INC Only (wef 10 Jan 2005) aspection DA + SMRT Survey \$	78 Bill Add 1 0) 545 120 530
Injury: Date/Time Actions MAINOTISE Limant's Particulars:- iver/Owner: ntact No: maged Portion:	Invoice 1) AR: Acc 2) DA: Dan 3) TF: Tow 4) FT: Folic 5) FT: Folic For claim 6) TR: Re-in 7) N1: Idao	dent Reporting (\$30); large Assessment (\$100); INC (\$80) large Fee \$400 w-Through Survey \$ w-Through Survey (Resurvey) large against INC Only (wef 10 Jan 2003) aspection	Tst Bill Add 1)) \$45 120 \$30 \$75
Injury: Date/Time Actions MAINOTINE Actions MAINOTINE iver/Owner: iver/Owner: intact No: maged Portion:	Invoice 1) AR: Acc 2) DA: Dan 3) TF: Tow 4) FT: Follo 5) FT: Follo Forelsim 6) TR: Re-in 7) N1: Idao 8) NTUC Ac QD' *N5: Cour	dent Reporting (\$30); large Assessment (\$100); INC (\$80) large Fee \$400 w-Through Survey \$ w-Through Survey (Resurvey) large against INC Only (wef 10 Jan 2005) laspection DA + SMRT Survey \$ dilional Services:-	Tst Bill Add 1)) \$45 120 \$30 \$75 160
Injury: Date/Time Actions MA 1907163: alimant's Particulars:- iver/Owner: Intact No: maged Portion: Checked by (Engr-In-Charge):	Invoice 1) AR: Acc 2) DA: Dan 3) TF: Tow 4) FT: Folic 5) FT: Folic For claim 6) TR: Re- 7) N1: Idao 8) NTUC Ac OD* *N5: Cour *N6: Rep *N7: Fost	dent Reporting (\$30); large Assessment (\$100); INC (\$80); large Fee S400 w-Through Survey (Resurvey) mg against INC Only (wef 10 Jan 2005) aspection DA + SMRT Survey S ditional Services: tesy Car / Tpt Allowance it Co-ordination Repair Inspection	TSE Bill Add 1 2) 245 120 230 275 160 25 25 25
Injury: Date/Time Actions MAISON 165 atimant's Particulars:- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	Invoice 1) AR: Acc 2) DA: Dan 3) TF: Tow 4) FT: Folic 5) FT: Folic For claim 6) TR: Re-n 7) N1: Idac 8) NTUC Ac QIN* *N5: Cour *N6: Rep *N7: Fost *N8: DV	dent Reporting (\$30); large Assessment (\$100); INC (\$80) large Fee \$400 w-Through Survey (Resurvey) large against INC Only (wef 10 Jan 2005) laspection DA + SMRT Survey \$ lditional Services: ltesy Car / Tpt Allowance lit Co-ordination Repair Inspection Collect Excess Coordination	TS Bill Add 1 3) \$45 120 \$30 \$75 160 \$5 510
Injury: Date/Time Actions	Invoice 1) AR: Acc 2) DA: Dan 3) TF: Tow 4) FT: Folic 5) FT: Folic For claim 6) TR: Re-n 7) N1: Idac 8) NTUC Ac QIN* *N5: Cour *N6: Rep *N7: Fost *N8: DV	dent Reporting (\$30); large Assessment (\$100); INC (\$80) large Fee \$400 w-Through Survey (Resurvey) large against INC Only (wef 10 Jan 2005) laspection DA + SMRT Survey \$ lditional Services:- ltesy Car / Tpt Allowance lit Co-ordination Repair Inspection Collect Excess Coordination TP (Nan INC) against INC Mobile	TSE Bill Add 1 2) \$45 120 \$30 \$75 160 \$5 510 \$225 \$33

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 aforesaid.

foresaid.	ACCIDENT STATEMENT
Date Of Report	23/09/2019 18:19
Date Of Accident	21/09/2019 14:30
Exact Location Of Accident	GEYLANG TWDS SIMS DR LOR 13
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG1376D
Insured/Policyholder	
Name Of Registered Owner	SOH KIM TEE
NRIC No	\$6885608F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86681376
Alternative Phone No	OFFICE-86681376
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	VERNA 1.4 MANUAL
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	REPORTING ONLY
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	5101132302-01
Cover Note Number	
Driver	
Name of Driver	SOH KIM TEE
NRIC No	S6885608F
Date Of Birth	08/07/1968
Occupation	INDOOR
Date Of Driving Pass	17/07/2001
Driving Experience	18 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86681376
Fax Number	
Contact Number	OFFICE-86681376

NOEMAIL

Address BLK 325 BUKIT BATOK STREET 33

#05-17

Postcode 650325

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Cincio

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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 NO

Was any body injured in the Accident?

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 1

Number of Passengers (Including Driver)

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

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 SKD2135E

Vehicle Make/Model/Colour HONDA CIVIC

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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

 7010		m Drive			
			A -		
		1	1 1		
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			IN		
		1			
		1	113		
			1		
		11/			
		. //	1 / 1		
		1 / 6	3/1		
				7	

DESCRIBE C	CIRCUMSTANCES OF THE ACCIDENT
C	In The date 21,-09-2019 at time about
143	o hrs. I drive my car SJG 1376 D from
par	ricing Lot more out and stopped to waitin
	traffic clear, Suddenly a vehicle
SK	D2135E Lane change from outer lane
	ectly cut onto my lane and spatch
Dire	ection into my our from portion, and the
Oax	
fire	of to back whole side.
1	To want wees injury.
And	They was a lady driver at the time of
	rident.

DECLARATION

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

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

Date & Time:

Reporting Centre Personne's Signature

Name: NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 1091019 10D/MM/YYY	(Y), TIME: (14:30)(HH:MM)
	M Drive Lovay 13
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: SGG 13760 b) INSURANCE COMPANY: c) POLICY NUMBER: 5/0//3 23	02-01
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PA	RTY / THÍRD PARTY FIRE &THEFT)
f)TYPE: (SALOON / COUPE / MPV /VAN / LORR g) VEHICLE CATEGORY: (PRIVATE / COMMERC h) PURPOSE OF USING AT ACCIDENT TIME: i) ARE YOU CLAIMING UNDER YOUR OWN INSU IF NO, PLEASE STATE (THIRD PARTY CLAIM / R	PY/MOTORCYCLE/OTHERS)
2. INSURED / POLICY HOLDER A) NAME: 20H CAM TEE b) NRIC/FIN/PASSPORT: 56885608F c) ADDRESS: BIE 325 BY COLOREST	(MALE / FEMALE)
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	1.650325
THO OF DECCEN 3 DRIVER	DLDER
(Induding diam) a) NAME:	(MALE / FEMALE)
() b)NRIC/FIN/PASSPORT:	CONTACT:
*d)DATE OF BIRTH: (08/07/1968)(DD/Ne) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 1	MM/YYYY)
 WAS DRIVER AN EMPLOYEE OF THE INSURE 	D'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH 5. a) WEATHER CONDITION: (CLEAR / RAINING / O b) ROAD SURFACE: (DRY / WET / OTHERS_	THERS CONTRACT
WAS ANYBODY INJURED (YES / NO) PREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION	NIL
Ho of passenger a) VEHICLE NUMBER: SKD 2135E (Including driver) b) DRIVER'S NAME:	MODEL: H/GVZ
() NRIC/FIN/PASSPORT:	_CONTACT:
9. THIRD PARTY VEHICLE	_confact
No of passenger d) VEHICLE NUMBER:	_MODEL:
(Induding driver) f) DRIVER'S NAME:	24 - 100
(_)	_CONTACT:

fax = NIL

eBaoTech Hello, NAC_PAYA_UBI_800601					GeneralClaim						
						• Change	Language	• Chang	ge Password	· Log Ou	
Polic	y Query									2	
Policy N	0.				Date o	f Accident	2	1/09/2019 1	4:30		
Vehicle !	No.(For Motor)	SJG137	6D		Certific	ate Number					
				1	Search						
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
0	5101132302- 01		SOH KIM TEE	S6885608F	GPC	CLASSIC	53G1376D	S)G1376D	23/06/2019	22/06/2020	
	Policy N Vehicle	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. 5101132302-	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number S101132302-	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Name Solution Signification Number Name Solution Signification Number Name	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Name NRIC SIGNATURE SCHIMTEE S6885608F	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Certificate Number Policyholder Name NRIC Select Policy No. Select Policy No. Select Policy No. Certificate Number Name NRIC Solution TEE S6885608F GPC	Policy Query Policy No. Date of Accident Vehicle No. (For Motor) SJG1376D Certificate Number Select Policy No. Certificate Number Name NRIC Product Cover Type Sol KIM TEE S6885608F GPC OF COLORS	Policy Query Policy No. Date of Accident 2 Vehicle No. (For Motor) SJG1376D Certificate Number Search Select Policy No. Certificate Number Name NRIC Product Cover Type Vehicle No. O 5101132302- SOH KIM TEE S6885608F GPC O 1000 SJG1376D	Policy Query Policy No. Vehicle No. (For Motor) Signated Policy No. Certificate Number Search Select Policy No. Certificate Number Name NRIC Product Cover Type No. Object O 5101132302- SOH KIM TEE S6885608F GPC OFFICE SIGNAT6D SXG1376D	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Certificate Number Name NRIC Product Cover Type No. Object Date Of Signification Significant Number Name NRIC Product Cover Type No. Object Date Of No.	

Policy No.	5101132302-01	Policyholder Name			Policyholder NRIC	S6885608F	
Certificate No.							
Address	BLK 325 #05-17 BUKIT BATO	K STREET 33 SI	NGAPORE 6	50325			
Product Name	PRIVATE CAR INSURANCE	Plan	Group Policy Flag		N		
Policy ssue Date	17/06/2019	Effective Date	23/06/201	9 00:00	Expiry Date	22/06/2020 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	/Inexperience Driver Excess
Agent	IMOTOR INSURE	Agent Tel.	68411279		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate							
Info	The second section of the contract of						
	holder Mailing Address						
	BLK 325 #05-17	Addre	is 2	BUKIT BATOK STRE	ET 33	Address 3	SINGAPORE 650325
♥ Policyl			ss 2 ss Type	BUKIT BATOK STRE Singapore address		Address 3 Post Code	SINGAPORE 650325 650325
Policyh Address 1 Address 4		Addre	ss Type d Policy	***************************************			
Policyt Address 1 Address 4 Unit No.	BLK 325 #05-17	Addre Relate	ss Type d Policy	Singapore address			
Address 1 Address 4 Unit No.	BLK 325 #05-17 05-17 d Object: SJG1376D	Addre Relate	ss Type d Policy	Singapore address			

Claim Handling						
ccident HT/1063669						
olicy Na	5101132302-01	Vehicle No.	\$3G1376D		GST Registration No.	
rtificate No.						
licyholder Name	SOH KIM YEE				Policyholder NR3C	S6885608#
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	0
ntact No.(Mobile)	86681376	Contact No. (Office)	0		Contact No.(Home)	0
nail Address		Special Remark			eCode	BC V
×	® No ○Yes	TCA	® No ○Yes		eCode Reason	COLUMN TO SERVICE STATE OF THE
D Protection	Yes	NCD Entitlement(%)	50		Private Hire	No.
Accident Details		ness crimement ay	50		Private rure	No
port Date	100000000000000000000000000000000000000					
		Accident Report Within 24 hrs	Yes		Academ Type	Collision - Change / Cross lane
e of Accident 21/09/2019		Time of Accident hit:mm	14:30		Country of Accident	Singapore
porting Centre		Orange Force			ICM No.	
ident Location	GEYLANG TWDS SIMS DR LOR 13					
Total Excess Applicable	•					
cess Type	Per Accident	Windscreen Excess	100.0	10		
Standard Excess	600.00	TP Standard Excess	0.0	10		
D OD Excess	0.00	YIED TP Excess	0.0	0	Driver is Covered?	Covered
ditional Excess	0					
al OD Excess Applicable	600,00	Total TP Excess Applicable 0.00		0		
Benefits						
GST Registered Informa	ation					
Registered	No		GST Registration Date			
Registration No.			GST Status Verified		Yes	
Iffication History						
Policyholder Hailing Ad	dress					
dress 1	BLK 325 #05-17	Address 2	BUKIT BATOK STREET 33		Address 3	SINGAPORE 650325
dress 4		Address Type	Singapore address		Post Code	650325
t No.	05-17	Related Policy Number	5101132302-01		2000 C	*******
OI Driver Info		Newco Forcy Harrises	2101134305-01			
ver Name	SOH KIM TEE	Acres 2 co	X 2			
named driver Name	SON KIM TEE	Driver Type	Main Driver		at in investors	Name and Advantage
		Driver NRIC	S688S608F		Driver DOB	08/07/1968
ister Date of Driver License		Driver Age	51		Driving Experience	18
ntact No. (Mobile)	86681376	Contact No.(Office)	(ce) 0		Contact No.(Home)	0
iress 1	BLK 325	Address 2	8 BUKIT BATOK STREET 33		Address 3	SINGAPORE 650325
iress 4		Address Type	Singapore address		Post Code	650325
it No.	05-17					
es he own a Singapore	O Yes ® No	Driver Vehicle No.			Driver Insurer Company	
gistered car?	0.00	Silve Tunes in			Diver made Company	
daration						
athalyser or Blood Test	0 mg	Any injury?	○ Yes ® No			
dng?		and admit	O.es @ wo			
diffication History						
and the same						
Salm 001 New						
m Type *	OD-MX	Insured Name	SOH KIM TEE	1	Insured NRIC	56885608F
tact No.(Mobile)	86581375		The state of the s	1	10.00 (CP) (CP)	30003000F
iil Address		Contact No.(Home)	6592173	1	Contact No.(Office)	(A. 10.0.100)
	rangping07@yahoo.com.sg	OI Vehicle Number	SIG1376D	1	TP Vehicle Number	SKD2135E
mant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
mant Name *	22	Claimant NR3C *		1		
ment Address						
m Description	53G1376D / SKD213SE ON 21 Sept 2019			- 1	Name of Preferred Works	hop
erred Workshop Contact	C	Insured Liability *	Partially at Fault]		
uire Finalisation	Yes 🔍	Preferered Repair Option	Preferred Workshop, Name un	known V	GIA report	Received
e Registered	23/09/2019 18:30	Claim Close Date		1	Date Received	23/09/2019 00:00
		G-1100-2-2000		-	- die conserve	200220100000
ort Taken By	Jackson					
Print AK letter						
			Care Care			
			Save Submit			
ttachment						
ident No.	MT/1063669	Claim No.	001			
Doc. Received	⊕ Yes ○ No	Upload Date	23/09/2019 1	8:30		
	Path *		Catego	ry •	Confidential U	rgency • Description
		Browse.	Clear Please Select	-	No V North	nal 💟
		Browse.	Clear Please Select		NO. V Norm	
		Browse.	Clear Please Select		No V Norm	
		Browse.	Clear Please Select		Nom V Nom	nal U
		Browse.	Clear Please Select		Nom	nal 💟
			The state of the s		10-10-20-2	

