NATIONAL Assessment Centi		THE PARTY OF THE P	
Date In: 24 12 19 -13: 27	Jeb description	Date & Time Complete	d Done by
Res No: 44 14019018877124	SAS e-filing		
Veh No: sam 5782	E-mail (within Stirs, AIC	2hrs)	
D.O.A: 73/1419-14:15	i-Motor Claim Form		W 10/19 17:40
OD (TP) ! Reporting Only	i-Motor W/O (Within:		1 1311-7 17 19
OD : IP : Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Re	port	
	Ass't Report by Fax / I	land to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		To:	Fax:
TP Particulars: Veh No: VM7	17837)	NC( )/Non-INC( ).	
Owner / Driver: (		Tel:	)
Policy No: ( ) Pe	riod: (	) Cover Type: (	)
Confirmed by : (	Date:	Time:	)
	Note-Est. Status (WO): N	l: 0-20%; P: 21-79%. P: 80	-100%]
	Warranty: YES ( )/NO	( )	
	000( )/\$2,000( )		
		A District of the Control of the Con	STATE OF THE
( ) Walk-In Customer : Customer's infor	rmation strictly Confidential	& Strictly NO refer of repaire	r
( ) Total Loss Case : to e-mail Insure	The state of the s	1-4-1-5	
Drive-In ( )/ Towed-In ( ); Invoice	: YES ( ) / NO (	); Towing Co: (	, )
Remarks: (INC hotline: 6788 6616)			and a little and a
	Section 2	Date & Time C inpleted	Done by
Apply for Transport Allowance ( )/C     QC Check / Post Repair Inspection	Courtesy Car ( )		
3) Upload Resurvey Photo [Repair Cost > \$3	0001		
Injury:	000)	7.1	
Date/Time Actions			
Date/Time Actions (1983)	Linvoire	Preparation Checklist	Ant (5) Ant (5)
Date/Time Actions	invoice 1) AR: Ac	Preparation Checklist	fit Bill Add Bill
Najage & Carticulars :-	1) AR: Ac (2) DA; Da	Preparation Checklist (\$30); rident Reporting (\$30); riage Assessment (\$100); INC (\$100);	fit Bill Add Bill
NA   Na   Actions   Na   Na   Na   Na   Na   Na   Na   N	1) AR: Ac 2) DA: Da 3) TF: Te 0) FT: Tol	Preparation Checklist  cident Reporting (\$30);  mage Assessment (\$100); INC ( ting Fee S	16 Bill Add Bill 580) 40/545 5120
NA   Na   Actions   Na   Na   Na   Na   Na   Na   Na   N	1) AR: Ac 2) DA: Da 3) TF: In 4 FT: Tol 5) FT: Ful	Preparation Checklist	580) 40/545 5120 530
NA   Actions   A	1) AR: Ac 2) DA: Da 2) TF: Te 3) FT: Fol 5) FT: Fol For slain 6) TR: Re	Preparation Checklist  ident Reporting (\$30); Intege Assessment (\$100); INC (\$100 Fee Sow-Through Survey (Resurvey) Intege against No. Only (wef 10 Jan 200 inspection	580) 40/\$45 \$120 \$30 \$5) \$75
NA   Actions   A	1) AR: Ac 2) DA: Da 2) DA: Da 3) TF: Fel 4) FT: Fel 5) FT: Fel 6) TR: Re 7): 1: 10a	Preparation Checklist  cident Reporting (\$30);  mage Assessment (\$100); INC ( ting Fee S  low-Through Check  low-Through Survey (Resurvey)  ping against N. Only (wef 19 Jan 29)	16 Bill Add Bill (1880) (1975) Add Bill (1890) (18
Date/Time Actions  NALAS 69  Alimant's Particulars:- iver/Owner: ontact No: maged Portion:	1) AR: Ac 2) DA: Da 2) DA: Da 3) FF: Fel 4; FT: Fel 5) FT: Fel 6) TR: Re 7) 11: 10a 3) NTUCA	Preparation Checklist  Preparation Checklist  Indeed Assessment (\$100); INC ( Ing Fee Sow-Through Survey (Resurvey)  Ing against IN Only (wef 10 Jan 200)  Inspection  IDA + SMRT Survey  Additional Services.	580) 40/\$45 \$120 \$30 55) \$75 \$160
NALLOS 69 : : ::  Summnt's Particulars :- ::  iver/Owner:  ontact No:  amaged Portion:	1) AR: Ac 2) DA: Da 2) DA: Da 3) FF: Fel 4) FT: Fel Ferolair 6) TR: Re 7) 11: No 3) NTUCA CFS*	Preparation Checklist  Preparation Checklist  Indeed Assessment (\$100); INC ( Ing Fee Sow-Through Survey (Resurvey)  Ing against IN Only (wef 10 Jan 200)  Inspection  IDA + SMRT Survey	\$60) \$60/\$45 \$120 \$30 \$575 \$160
Date/Time Actions	1) AR : Ac 2) DA : Da 2) DA : Da 3) FF : Fel 4) FT : Fel For clair 6) TR : Re 7) 11 : bla 3) NTUCA CTS *NS: Co	Preparation Checklist  Preparation Checklist  Indeed Assessment (\$100); INC (1)  Ing Fee Sow-Through Survey (Resurvey)  Ing against IN Only (wef 10 Jan 200)  Inspection  In DA + SMRT Survey  Additional Services:  Intersy Car / Tpt Allowance  Intersy Car / Tpt Allowance  Intersy Car / Tpt Allowance  In Co-ardinal  Repair Inspection	\$80) \$40/\$45 \$120 \$30 \$55 \$75 \$160 \$55 \$510 \$25
Date/Time Actions  NA   60 % 60  Inimant's Particulars:- river/Owner:  Ontact No:  Imaged Portion:  C Checked by (Engr-In-Charge):  Inditors' Comments:-	1) AR: Ac 2) DA: Da 2) DA: Da 3) TF: In 4) FT: Fol 5) FT: Fol For clair 6) TR: Re 7) F1: Bla 8) NTUCA CTS *NS: Co	Preparation Checklist  Preparation Checklist  Inage Assessment (\$100); INC ( Ing Fee Sow-Through Survey (Resurvey)  Ing against IN Only (wef 10 Jan 200  Inspection  DA + SMRT Survey  Additional Services:-  Intersy Controlling	\$60) \$60/\$45 \$120 \$30 \$575 \$160
Date/Time Actions  NAIA 28 46 9  Rumant's Particulars:- river/Owner: ontact No: amaged Portion:  C Checked by (Engr-In-Charge):	1) AR: Ac 2) DA: Da 2) DA: Da 3) TF: In 4) FT: Fol 5) FT: Fol For clair 6) TR: Re 7) F1: Bla 8) NTUCA CTS *NS: Co	Preparation Checklist  pident Reporting (330); Image Assessment (\$100); INC (ing Fee Sow-Through Survey (Resurvey) Image against IN Only (wef 10 Jan 200) Inspection In DA + SMRT Survey Inditional Services: Intest Contaction In	\$60) 40/\$45 \$120 \$30 \$55) \$75 \$160  \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

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.

	ACCIDENT STATEMENT
Date Of Report	24/10/2019 13:27
Date Of Accident	23/10/2019 19:15
Exact Location Of Accident	PIONEER RD NORTH TWDS PIE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM5781Z
Insured/Policyholder	
Name Of Registered Owner	TAY CHING WEI, JACKIE (ZHENG JINWEI)
NRIC No	S8736612Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81333605
Alternative Phone No	OFFICE-81333605
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
Exact Purpose for which vehicle was being used a time of accident	t 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	5110588116
Cover Note Number	
Driver	
Name of Driver	TAY CHING WEI, JACKIE (ZHENG JINWEI)
NRIC No	S8736612Z
Date Of Birth	10/11/1987
Occupation	INDOOR
Date Of Driving Pass	05/11/2015
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81333605
Fax Number	

OFFICE-81333605

NOEMAIL

BLK 24 MARSILING DRIVE Address

#10-169

Postcode 730024

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

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.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

NO

NO

NO

NO

1

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

YM7383J

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

84271937

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name

TAY CHING WEI, JACKIE (ZHENG JINWEI)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode BODY

SMM5781Z

YES

NO

#### 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.
- 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
- 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
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
  - (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
- 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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or (c) agents(including their lawyers/law firms), which may be sited outside of Singapore, 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 claims.
- 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:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

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## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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ARATION		

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 Personnel's Signature Name:

NRIC/FIN No.:

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS FRONT VEHICLE WAS STATIONARY STOPPED.
SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

# ACCIDENT STATEMENT

ACCIDENT DATE: 23/12/19/10	DD/MM/YYYY), TIME:( 19 : 15 - )(HH:MN
LOCATION: PIONER RY HOLL	
1. DETAILS OF VEHICLE	
GIVEHICLE AUMARED COME	
a) VEHICLE NUMBER: Jmm 57	512 .
DINSURANCE COMPANY: " NT	UC *
CIPOLICY NUMBER: \$112588 11	6
a) POLICY TYPE: (COMPREHENSIVE	/ THIRD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL:	THIRD PARTY FIRE &THEFT)
TITPE: (SALOON / COUPE / MPV /	VAN/LORRY/MOTORCYCLE/OTHERS)
g) VEHICLE CATEGORY: (PRIVATE /	COMMERCIAL (MOTORCYCLE / OTHERS)
I) PURPOSE OF USING AT ACCIDEN	VI TIME: 25 VGJ
WE TO CLAIMING INDEP YOU	B CHILL II I I I I I I I I I I I I I I I I
IF NO, PLEASE STATE (THIRD PARTY	CLAIM / PERCETTION
TO COLO I HOLDER	JOHNA KEPORTING ONLY
A) NAME: Gu China Lie ;	Indie
DINRIC/FIN/PASSPORT: 58236613	CONTACT: 8133 3605
c) ADDRESS:	CONTACT: 8133 Stor
District Control of the Control of t	
THE OF PASSON AS DRIVER ALSO	POLICYHOLDER
	, OLICI HOLDER
(Including dising) a)NAME:	2
DINKIC/FIN/PASSPORT	(MALE / FEMALE)
CJADDRESS:	CONTACT:
*d)DATE OF DIRTU:	
*d)DATE OF BIRTH: (/_	
6)OCCUPATION: (INDOOR / OUTDO	OOR
4. WAS DRIVED AN EMPLOYER	
4. WAS DRIVER AN EMPLOYEE OF THE NO, RELATIONSHIP OF THE DRI	IE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRI  5. a) WEATHER CONDITION: (CLEAR ARE)	VER WITH INSURED: DW ner
DIROAD SURFACE IDEN COM	MING / OTHERS_
6. WAS ANYBODY INJURED (YES/NO)	ERS
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE	
8. THIRD PARTY VEHICLE	STATION:
a) VEHICLE NUMBER, MATCH	
Including driver) b) DRIVER'S NAME:	MODEL:
( 1 .) C) NRIC/FIN/PASSPORT:	
9. THIRD PARTY VEHICLE	CONTACT: 84271937 .
to of progranger d) VEHICLE NUMBER:	
Including change of DRIVER'S NAME:	MODEL:
Induding driver ) DRIVER'S NAME: NRIC/FIN/PASSPORT:	The state of the s
( )	CONTACT:
	4)
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email =

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VIDEO =

Hello, NAC_PAYA_UBI_80	0601	-	Alle Selection		-	· Chan	ge Languag	e : Chan	ge Password	· Log Ou
My Desktop	Policy Query	6				200000		71. DESCRIPTION		109 00
Notice of Loss	Policy No.				Date	of Accident		23/10/2019 1	9:15	
	Vehicle No.(For Mo	tor) SMM57	'81Z		Certif	ficate Number	s			
					Search					
	Select Policy No	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 51105881	16	TAY CHING WEI, JACKIE (ZHENG JINWEI)	S8736612Z	GPC	drivo CLASSIC	SMM57812	SMM5781Z	04/07/2019	03/07/2020

Policy No.	5110588116	Policyholder Name	TAY CHING	WEI, JACKIE (ZHENI	Policyholder NRIC	S8736612Z		
Certificate		warne			NKIC			
Address	BLK 24 #10-169 MARSILIN	G DRIVE SINGAPO	RE 730024					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy ssue Date	02/07/2019 Effective 04/07/201		00:00	Expiry Date	03/07/2020 23:59			
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	Ou ore 600 Sin		0			Young/Inexperience Driver Excess		
Agent	VINCAR PTE LTD	TP Excess Agent Tel.	64741119		GST Flag	Y		
Co- Insurance Flag Open Policy Info Certificate Info  Policyh	No older Mailing Address							
Address 1	BLK 24 #10-169	Addre	ss 2	MARSILING DRIVE		Address 3	SINGAPORE 730024	
	Address Type		Singapore address					
Address 4 Unit No.		Relate	Related Policy Number 511058					
▶ Insure	d Object: SMM5781Z							
<b>▽</b> Endors	ements							
Sequen	ce Date of Endors	ement	Endorsement	Type	Endorsement	Status	Endorsement Content	
1 04/07/2019 00							Thank you for giving us the opportunity to serve you. We	
L.	04/07/2019 00:00		information sement	Endorse	ment Take Eff	ective	confirm that from 04 Jul 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: OCBC BAN LTD CHASSIS NUMBER: RU11318358 ENGINE NUMBER: L15B5568398 VEHICLE REGISTRATION NUMBER: SMM5781Z ORIGINAL REGISTRATION DATE: 04 Jul 201 Thank you for giving us the	
	04/07/2019 00:00 04/07/2019 00:00	Endor:			ment Take Eff		following policy details are amended as follows: HIRE PURCHASE COMPANY: OCBC BAN LTD CHASSIS NUMBER: RU11318358 ENGINE NUMBER: L15B5568398 VEHICLE REGISTRATION NUMBER: SMM5781Z ORIGINAL REGISTRATION DATE: 04 Jul 201	

Claim Handling							
cident MT/1068371	Fee WEGGE		THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TO THE PERS	lava		have been a second	
cy No.	5110588116		Vehicle No.	SMM5781Z		GST Registration No.	
rtificate No.	and the same of th	variance of the					
licyholder Name	TAY CHING WEL, JACKIE					Policyholder NRIC	S8736612Z
oduct Code	PRIVATE CAR INSURAN	CE	Cover Type	drive CLASSIC		Loading	0
ntact No.(Mobile)	81333605		Contact No. (Office)	0		Contact No.(Home)	D
nail Address			Special Remark			eCode	4.9
×	No ○ Yes		TCA	® No ○Yes		eCode Reason	
D Protection	No		NCD Entitlement(%)	0		Private Hire	No
Accident Details							
port Date	24/10/2019 13:38		Accident Report Within 24 h	irs Yes		Acodem Type	Collision - Head to Rear
ite of Accident	23/10/2019		Time of Accident hindren.	19:15		Country of Accident	Singapore
porting Centre			Drange Force			ICM No.	1600
cident Location	PIONEER RO NORTH TW	DS PIE	HEPOGRAPHICANA.			200,0000	
Total Excess Applicable							
cess Type	Per Accident		Windscreen Excess		100.00		
					Catalogue		
Standard Excess		600.00	TP Standard Excess		0.00		
D OD Excess		0.00	VIED TP Excess		0.00	Driver is Covered?	Covered
ditional Excess		0			750000		1000000
al OD Excess Applicable		600.00	Total TP Excess Applicable		0.00		
Benefits		- Control	Total Levels Applicable		MARKET		
GST Registered Informa	ation						
				Contract of the Contract of th	nia Piata		
F Registered F Registration No.	No			GST Registrat GST Status Ve		Yes	
diffication History				GS / Status V		103	
600740000000000000000000000000000000000							
Policyholder Halling Ad	dress						
dress 1	BLK 24 #10-169		Address 2	MARSILING DRIVE		Address 3	SUNGAPORE 730024
dress 4	76-13 Feb. 300-100-100-100-100-100-100-100-100-100-		Address Type				
				Singapore address		Post Code	730024
t No.			Related Policy Number	5110388116			
Of Driver Info	Actor and Proceedings of the Control	International Property of the	11200 01020 PA	1950 y Street William			
ver Name	TAY CHING WEI JACKIE	(ZHENG JINWEI)	Driver Type	Main Driver			
named driver Name			Driver NRIC	S8735612Z		Driver DOB	10/11/1987
gster Date of Driver License	05/11/2015		Driver Age	31		Driving Experience	3
rtact No.(Mobile)	81333605		Contact No.(Office)	0		Contact No.(Home)	0
iress 1	BLK 24		Address 2	MARSOLING DRIVE		Address 3	SINGAPORE 730024
dress 4			Address Type	Singapore address		Post Code	730024
t No.	10-169		A CONTRACTOR OF THE STATE OF TH			1000000000	0,911501
es he own a Singapore	○ Yes (● No		Deliver Mehicle No.			Date of the control	
gistered car?	20 100 db 000		Driver Vehicle No.			Driver Insurer Company	
Saration							
athalyser or Blood Test	wind		March World at				
ading?	D mg		Any injury?	® Yies ○ No			
dification History							
Claim 001 New							
im Type *	OD-MX	-	Insured Name	TAY CHING WEI, JAC	KIE (ZHEN)	Insured NRIC	S8736612Z
				_	The Country		207300125
ntact No.(Mobile)	81333605		Contact No.(Home)	63672553		Contact No.(Office)	
all Address	packie0108.tay@gmail.co		Of Vehicle Number	SMM57812		TP Vehicle Number	YM73833
mant Type Claimant Type *	Please Select	~	Type of Benefit *	Please Select	~		
mant Name *	15	22	Claimant NRIC *				
iment Address							
m Description	SMM5781Z / YM7383) O	N 23 Oct 2019	120120000000000000000000000000000000000	VIO. 20 CO. 20 C		Name of Preferred Workshop	
ferred Workshop Contact			Insured Liability *	Not at Fault			
quire Finalisation	Yes	V	Preferered Repair Option	Preferred Workshop,	Name unknown	GIA report	Received
te Registered	24/10/2019 13:40		Claim Close Date			Date Received	24/10/2019 00:00
port Taken By	Jackson						
Print AK letter							
				Save Submit			
ttachment				The state of the s			
CLECHIER.							
6							
ident No.	MT/1068371		Claim No.	001			
					0.0010.17.11		
t Doc. Received	® Yes ○ No		Upload Date	24/1	0/2019 13:41		
	Par	th +			Category •		ncy • Description
			Brown	Se Clear Please Se	lect 💟	Normal	v
			Brown	se Clear Please Se	elect	Normal	
			Brown		120	Normal ∨ Normal	1000
			Brown		100		La Carlo
			Brown	se Clear Please Se	led y	Normal V	<u> </u>
			Brows	se Clear Please Se	iect v	NO V Normal	~

