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I-Motor W/O (withis: OD Zing, TP shap)   I-Photo Uploaded   I-Photo Uploaded   Assessment/Survey Report   Tel:   Fax:   TP Particulars:   Yeh No: UR you'r   NNC () / Non-INC ()   Owner/ Driver: ( Tel: )   Cover Type: ( )   Cover Type: ( )   Cover Type: ( )   Cover Type: ( )   Oute:   Time: )   Insured/Driver Liability: ( %)   Note-Est Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]   Year of Registration: ( ) Warranty: YES () / NO ( )   Survey Registration: ( ) Loading: \$1,000 ( ) / \$2,000 ( )   Survey Registration: ( )   Toward Remarks: ( ) Walk-In Customer: Customers information strictly Confidential & Strictly NO refer of repairer. ( ) Total Loss Case: to e-mail Insurer URGENTLY.   Drive-In ( ) / Toward-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: (   Remarks: (INC hotline: 6788 6616)   Date, Time: Completed   Dor Transport Allowance ( ) / Courtesy Car ( )   2) QC Check / Post Repair Inspection ( )   3) Upload Resurvey Photo [Repair Cost > \$3000] ( )   Injury:   Date Time   Actions   Actions   Actions   Date, Time Resignation   Date, T	
I-Photo Uploaded   Assessment/Survey Report   Ass't Report by Fax/ Hand to Ownert/Wksp   Preferred Wksp / INC Assign Wksp / QW. ( Tel: Fax: TP Particulars: Veh No: \( \)Veh No: \( \)\text{Veh No: \( \)\text{No: \( \)\text{Veh No: \(	1 13-
Proferred Wksp / INC Assign Wksp / QW: ( Tel: Fax:  TP Particulars: Veh No: LR 4~VPR INC ( ) / Non-INC ( )  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: 80-100%]  Year of Registration: ( ) Warranty: YES ( ) / NO ( )  Excess: (\$ ) Loading: \$1,000 ( ) /\$2,000 ( )  General Remarks: ( ) Walk-In Customer: Customer's information stricty Confidential & Strictly NO refer of repairer.  ( ) Total Luss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-in ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )  Romarks: (INC horline: 6788 6616) Date&Time Completed  1) Apply for Transport Allowance ( ) / Courtesy Car ( )  2) QC Check / Post Repair Inspection ( )  3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury:  Date/Time   Actions	
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Description	
Policy No. (	
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Insured/Driver Liability: ( %) [Note-Est Status (WO): N: 0-20%, P: 21-79%, P: 80-100%] Year of Registration: ( ) Warranty: YES ( ) / NO ( ) Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )  General Remarks: ( ) Walk-In Customar: Customer's information strictly Confidential & Strictly NO refer of repairer.  ( ) Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( 1/2  Remarks: (INC hotline: 6788 6616)	
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Umant's Particulars:-  1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80)  Ver/Owner:  3) TF: Towing Fee \$40/\$45  4) FT: Follow-Through Survey \$120  11act No:  5) FT: Follow-Through Survey (Resurvey) \$30  For claiming against INC Only (wef 10 Jan 2005)  6) TR: Re-inspection \$75  7) N1: Idao DA + SMRT Survey \$160  8) NTUC Additional Services:-  Checked by (Engr-In-Charge):  *N5: Courlesy Car / Tpt Allowance \$5  *N6: Repair Co-ordination \$110	ESSES.
1) AR : Accident Reporting (530);   2) DA : Damage Assessment (\$100); INC (\$80)     Ver/Owner:   3) TF : Towing Fee   \$40/\$45     4) FT : Follow-Through Survey   \$120     11 act No:   5) FT : Follow-Through Survey (Resurvey)   \$30     For claiming against INC Only (wef 10 Jan 2005)     10 agged Portion:   6) TR : Re-inspection   \$75     7) N1 : Idao DA + SMRT Survey   \$160     8) NTUC Additional Services:     Oh*   N5: Courtesy Car / Tpt Allowance   \$5     N6: Repair Co-ordination   \$10	Amt Add I
Ver/Owner:   3) TF: Towing Fee   \$40/\$45     4) FT: Follow-Through Survey   \$120     11act No:   5) FT: Follow-Through Survey (Resurvey)   \$30     For claiming against INC Only (wef 10 Jan 2005)     naged Portion:   6) TR: Re-inspection   \$75     7) N1: Idao DA + SMRT Survey   \$160     8) NTUC Additional Services:     Oh*     *N5: Courtesy Car / Tpt Allowance   \$5     *N6: Repair Co-ordination   \$10	
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For claiming against JNC Only (wef 10 Jan 2005)     Paged Portion:   6) TR: Re-inspection   \$75     7) N1: Idao DA + SMRT Survey   \$160     8) NTUC Additional Services:     OD*   *N5: Courtesy Car / Tpt Allowance   \$5     *N6: Repair Co-ordination   \$10	
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S) NTUC Additional Services:-   Checked by (Engr-In-Charge):   OD*	
Checked by (Engr-In-Charge):  *N5: Courtesy Car / Tpt Allowance \$5  *N6: Repair Co-ordination \$10	
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*N8: DV / Collect Excess Coordination 35	
9) N12: Idae Mobile 30	¥
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#### SINGAPORE ACCIDENT STATEMENT

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

The souling date service points	ACCIDENT STATEMENT	and a street life
Date Of Report	14/11/2019 13:01	
Date Of Accident	13/11/2019 22:10	
Exact Location Of Accident	BRADDELL RD TWDS CTE (SLE)	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	110-11-45
Vehicle Registration Number	SJE9532C	

venicle Registration Number	SJE9532C
The same of the sa	
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Insured	Pol	icy	hol	lder
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Name Of Registered Owner SOH CHENG QUIK

NRIC No S1492116H
Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-97521753

 Alternative Phone No
 OFFICE-97521753

#### Vehicle Particulars

Manufacturer TOYOTA

Model COROLLA ALTIS 1.6 AUTO

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 5036819258-10

Cover Note Number

### Driver

Name of Driver SOH CHENG QUIK

 NRIC No
 \$1492116H

 Date Of Birth
 30/10/1961

 Occupation
 OUTDOOR

 Date Of Driving Pass
 07/12/1982

Driving Experience 36 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97521753

Fax Number

Contact Number OFFICE-97521753

EMail Address NOEMAIL

BLK 585 ANG MO KIO AVENUE 3 Address

#09-3051

Postcode 560585

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

Type Of Accident COLLISION - MAJOR/MINOR RD

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

Was any body injured in the Accident?

NO

YES

NO

1

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE, SUDDENLY VEHICLE B DASH OUT FROM MINOR RD AND HIT ONTO MY VEHICLE FRONT LEFT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SLR4204R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHEW CHOON HAI

NRIC/Passport Number

S0172216F

Contact Number

97379621

Address

Postcode

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 <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.

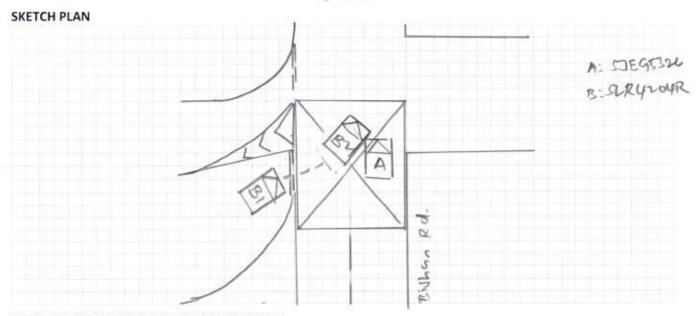
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	Hutement.	

## 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 Personnel's Signature Name:

NRIC/FIN No.:

eBaoTech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					Commence of the last	• Change	Language	· Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									*
Notice of Loss	Policy N	No.				Date o	of Accident		3/11/2019	2:10	
	Vehicle	No.(For Motor)	S)E953	2C		Certifi	cate Number	[			
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5036819258- 10		SOH CHENG QUIK	51492116H	GPC	drivo CLASSIC	SJE9532C	SJE9532C	14/05/2019	13/05/2020
					C	Continue					

Policy No.	5036819258-10	Policyholder Name	SOH CHEN	G QUIK	Policyhol NRIC	der S1492116H	
Certificate No.		1000000					
Address	BLK 585 #09-3051 ANG MO K	IO AVENUE 3 SI	NGAPORE 5	60585			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Fla	ig N	
Policy ssue Date	29/04/2019	Effective Date	14/05/201	9 00:00	Expiry D	ate 13/05/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscre Excess	en 100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Your	g/Inexperience Driver Excess
Agent	NG SIEW MENG	Agent Tel.	62876317		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 585 #09-3051	Addres	ss 2	ANG MO K	IO AVENUE 3	Address 3	SINGAPORE 560585
Address 4		Addres	ss Type	Singapore	address	Post Code	560585
Unit No.		Relate Number	d Policy er	50368192	58-10		
	d Object: SJE9532C						
Insure							
	ements						

Accident MT/1071352					
Palicy No.	5036819258-10	Vehicle No.	5JE9532C	GST Registration No.	
Certificate No.					
Policyholder Name	SOH CHENG QUIK			Policyholder NR3C	514921164
Product Code	PRIVATE CAR INSURANCE	CoverType	drive CLASSIC	Loading	0
Contact No.(Mobile)	97521753	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode.	TROY
KEK	® No ○Yes	TCA	® No ○ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	14/11/2019 13:14	Academ Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	13/11/2019	Time of Accident hhimm	22:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Acodem Location	BRADOBUL RD TWOS CTE (SLE)				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600,00	Total TP Excess Applicable	0.00		
♥ Senefits					
⊕ GST Registered Informa	ition				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes.	
Modification History					
Policyholder Mailing Ado	draw				
Address 1	8LK 585 #09-3051	Address 2	ANG HO KID AVENUE 3	Address 3	SINGAPORE 560585
Address 4		Address Type	Singapors address	Post Code	\$60565
Unit No.		Related Policy Number	9036819258-10		
OI Driver Info					
Driver Name	SOH CHENG QUIK	Driver Type	Main Driver		
Unnamed driver Name		Driver NRJC	\$1492116H	Driver DOB	30/10/1961
Register Date of Driver License	07/12/1982	Onver Age	58	Driving Experience	36
Contact No.(Mobile)	97521753	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 585	Address 2	ANG MO KID AVENUE 3	Address 3	SINGAPORE 560585
Address 4		Address Type	Singapore address	Post Code	560585
	09-3051		TO SECURITION	-on code	
Unit No. Does he own a Singapore			300 <del>8 4</del> 00 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
Unit No. Does he own a Singapore	09-3051 ○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Unit No. Does he own a Singapore Registered car?			300 B W. S.		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Text	○ Yes ® No	Driver Vehicle No.			
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Text			○ Yes ® No		
Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Shood Test Reading?	○ Yes ® No	Driver Vehicle No.			
Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Shood Test Reading?	○ Yes ® No	Driver Vehicle No.			
Unit No.  Obes he own a Singapore Registered Car?  Declaration Breathalyser or Stood Test Reading?	○ Yes ® No	Driver Vehicle No.			
Unit No.  Dost he own a Singapore Registered car?  Declaration  Breathalyser or Shood Test Reading?	○ Yes ® No	Driver Vehicle No.			
Unit No.  Closs he own a Singapore Registered Car?  Occlaration  Breathalyser or Stood Test Reading?	○ Yes ® No	Driver Vehicle No.			
Unit No.  Does he own a Singapore Registered car?  Doctaration  Charathalyser or Shood Test Reading?  Hodification History  Claim 005 New	○ Yes ® No	Driver Vehicle No.			S1492116H
Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Shood Test Reading?  Claim 003 New  Claim Type *	○ Yes ® No	Driver Vehicle No.  Any Injury?	○ Yes ® No	Driver Insurer Company	
Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Shood Test Reading?  Claim 603 New  Claim Type *  Contact No. (Mobile)	○ Yes ® No  □ mg	Driver Vehicle No.  Any Injury?  Insured Name	O Yes ® No	Driver Insurer Company  Insured NRIC	
Unit No.  Obes he own a Singapore Registered Car?  Declaration  Breathalyser or Blood Test Reading?  Woodfication History  Claim GOS   New    Contact No. (Mobile)  Email Address	○ Yes ® No  □ mg	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Hame)	○ Yes ® No SGH CHENG QUIK 67533190	Driver Insurer Company Insured NRIC Contact No. (Office)	S1492116H
Unit No.  Does he own a Singapore Registered car?  Doctoration  Breathalyser or Blood Test Reading?  Modification History  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *	○ ves ® No 0 mg  0 mg  00-MX  97521753	Driver Vehicle No.  Any injury?  Insured Name Contact No.(Hame) Of Vehicle Number	☐ Yes ® No  SGH CHENG QUIK  57533190  SJE9532C	Driver Insurer Company Insured NRIC Contact No. (Office)	S1492116H
Unit No.  Does he own a Singapore Registered car?  Doctoration  Breathalyser or Blood Text Reading?  Modification History  Claim 003 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Type Claimant Type *	Ong  Ony  Ony  Please Select	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	☐ Yes ® No  SGH CHENG QUIK  57533190  SJE9532C	Driver Insurer Company Insured NRIC Contact No. (Office)	S1492116H
Unit No.  Does he own a Singapore Registered Car?  Declaration  Breathalyser or Brood Test Reading?  Claim Boos New  Claim Type *  Contact No. (Mobile)  Itmail Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Address	Ong  Ony  Ony  Please Select	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	☐ Yes ® No  SGH CHENG QUIK  57533190  SJE9532C	Driver Insurer Company Insured NRIC Contact No. (Office)	\$1492116H  SLR4204R
Unit No.  Obes he own a Singapore Registered Car?  Occlaration  Presthalyser or Stood Test Reading?  Addition History  Claim Type *  Contact No. (Mobile)  Dmail Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Address  Claimant A	Or ves ® No  O mg  OD-MX  97521753  Please Select  ≥≥	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	☐ Yes ® No  SGH CHENG QUIK  57533190  SJE9532C	Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number	\$1492116H  SLR4204R
Unit No.  Does he own a Singapore Registered car?  Doctoration  Breathalyser or Blood Text Reading?  Modification History  Claim 003 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Type Claimant Type *  Claimant Address  Claimant Address  Claimant Maries  Claimant Maries  Claim Description  Perference Workshop Contact No.	Or ves ® No  O mg  OD-MX  97521753  Please Select  ≥≥	Insured Name Contact No (Hame) Of Vehicle Number Type of Benefit * Claimant NRIC *	SOM CHENG QUIK  57533190  S169532C  Please Select  Not at Fault	Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshoo	S1492116H SLR4204R
Unit No.  Does he own a Singapore Registered car?  Doctoration  Breathalyser or Blood Text Reading?  Modification History  Claim 003 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Name *  Claimant Modification  Require Finalisation	Ong  Ong  Ony  97521753  Pleave Select  >≥≥  SJE9533C / SLRe2048 ON 13 Nov 2019  Ves	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferenced Repair Option	O Yes ® Me  SOH CHEMS QUIK  57533190  S369532C  Please Select  ▼	Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshoo	\$1492116H  SLR4204R
Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Wodification History  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Type Claimant Type *  Claimant Name *  Claimant Name *  Claimant Name *  Regular Finalisation  Date Registered	O mg  OD-MX  97521753  Please Select  >>≥  SJE9532C / SLRe2048 ON 13 Nov 2019  Ves  14/13/2019 13:16	Insured Name Contact No (Hame) Of Vehicle Number Type of Benefit * Claimant NRIC *	SOM CHENG QUIK  57533190  S169532C  Please Select  Not at Fault	Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshoo	S1492116H SLR4254R
Unit No.  Does he own a Singapore Registered car?  Doctoration  Breathalyser or Blood Text Reading?  Modification History  Claim 003 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Type Claimant Type *  Claimant Marme *  Claimant Modress  Claimant Modr	Ong  Ong  Ony  97521753  Pleave Select  >≥≥  SJE9533C / SLRe2048 ON 13 Nov 2019  Ves	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferenced Repair Option	SOM CHENG QUIK  57533190  S169532C  Please Select  Not at Fault	Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshoo	\$1492116H  SLR4254R
Unit No.  Does he own a Singapore Registered car?  Doctoration  Breathalyser or Blood Text Reading?  Modification History  Claim 003 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Type Claimant Type *  Claimant Marme *  Claimant Modress  Claimant Modr	O mg  OD-MX  97521753  Please Select  >>≥  SJE9532C / SLRe2048 ON 13 Nov 2019  Ves  14/13/2019 13:16	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferenced Repair Option	SOM CHENG QUIK  57533190  S169532C  Please Select  Not at Fault	Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshoo	\$1492116H  SLR4254R
Unit No.  Does he own a Singapore Registered car?  Doctoration  Breathalyser or Blood Text Reading?  Modification History  Claim 003 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Type Claimant Type *  Claimant Marme *  Claimant Modress  Claimant Modr	O mg  OD-MX  97521753  Please Select  >>≥  SJE9532C / SLRe2048 ON 13 Nov 2019  Ves  14/13/2019 13:16	Insured Name Contact No. (Hame) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Claim Claim	SOM CHENG QUIK  57533190  S169532C  Please Select  Not at Fault	Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshoo	\$1492116H  SLR4254R
Unit No.  Does he own a Singapore Registered car?  Doctoration  Breathalyser or Blood Text Reading?  Modification History  Claim 003 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Type Claimant Type *  Claimant Marme *  Claimant Modress  Claimant Modr	O mg  OD-MX  97521753  Please Select  >>≥  SJE9532C / SLRe2048 ON 13 Nov 2019  Ves  14/13/2019 13:16	Insured Name Contact No. (Hame) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Claim Claim	SQH CHENG QUIK  57533190  S1E9532C  Flease Select  Not at Fault  Preferred Workshop, Name unknown	Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshoo	\$1492116H  SLR4254R
Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Wodthcation History  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Type Claimant Type *  Claimant Name *  Claimant Name *  Claimant Name *  Require Finalisation  Date Registered  Report Taken By  Print AX letter	O mg  OD-MX  97521753  Please Select  >>≥  SJE9532C / SLRe2048 ON 13 Nov 2019  Ves  14/13/2019 13:16	Insured Name Contact No. (Hame) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Claim Claim	SQH CHENG QUIK  57533190  S1E9532C  Flease Select  Not at Fault  Preferred Workshop, Name unknown	Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshoo	\$1492116H  SLR4254R
Unit No.  Does he own a Singapore Registered Car?  Doctoration  Breathalyser or Sipod Test Reading?  Wodification History  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Address  Claimant Address  Claimant Address  Claimant Address  Claimant Proclaimant Type *  Claimant Address  Claimant Type *  Claimant Type *  Claimant Type *	O mg  OD-MX  97521753  Please Select  >>≥  SJE9532C / SLRe2048 ON 13 Nov 2019  Ves  14/13/2019 13:16	Insured Name Contact No. (Hame) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Claim Claim	SQH CHENG QUIK  57533190  S1E9532C  Flease Select  Not at Fault  Preferred Workshop, Name unknown	Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshoo	\$1492116H  SLR4254R
Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Text Reading?  Modification History  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Type Claimant Type *  Claimant Marme *  Claimant Modification  Claimant Marme *  Claimant Address  Claimant High Claimant Type *  Attachment	O mg  OD-MX  97521753  Please Select  >>≥  SJE9532C / SLRe2048 ON 13 Nov 2019  Ves  14/13/2019 13:16	Insured Name Contact No. (Hame) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Claim Claim	SQH CHENG QUIK  57533190  S1E9532C  Flease Select  Not at Fault  Preferred Workshop, Name unknown	Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshoo	\$1492116H  SLR4254R
Unit No.  Does he own a Singapore Registered car?  Doctoration  Breathalyser or Blood Text Reading?  Modification History  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Name *  Claimant Name *  Claimant Name *  Registered Workshop Contact No.  Regular Finalisation  Date Registered Report Taken By  Print AK letter  Aktachment  Gr  Accident No.	One No  Omg  One No  Omg  S7521753  Please Select  >≥≥  SJE9533C / SLRe2D4R ON 13 Nov 2019  Ves  L4/11/2019 13:16  Jackson	Insured Name Contact No.(Hame) Of Vehicle Number Type of Benefit + Claimant NRIC +  Insured Liability * Preferend Repair Option Claim Claim Chale	SOH CHENG QUIK  57533190  SJE9532C  Please Select  Not at Fault  Preferred Workshop, Name unknown	Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshoo	\$1492116H  SLR4204R
Unit No.  Does he own a Singapore Registered car?  Doctoration  Breathalyser or Blood Text Reading?  Modification History  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Name *  Claimant Name *  Claimant Name *  Registered Workshop Contact No.  Regular Finalisation  Date Registered Report Taken By  Print AK letter  Aktachment  Gr  Accident No.	Ones	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Close Date	SOM CHEMS QUIK  57533190  SUE9532C  Please Select  Not at Fault  Preferred Workshop, Name unknown  Save Suturet	Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshoo  G3A report Date Received	\$1492116H  SLR4204R
Unit No.  Does he own a Singapore Registered car?  Doctoration  Breathalyser or Blood Text Reading?  Modification History  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Name *  Claimant Name *  Claimant Name *  Registered Workshop Contact No.  Regular Finalisation  Date Registered Report Taken By  Print AK letter  Aktachment  Gr  Accident No.	One of the control o	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Close Date	SOH CHENG QUIK  57533190  SJE9532C  Please Select  Not at Fault  Preferred Workshop, Name unknown  Save Submit  001  14/11/2019 13:17	Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GSA report Date Received  Confidencial Urger	S1492116H   SLR4254R   Received   Y   14/11/2019 00:00
Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Type Claimant Type *  Claimant Pype Claimant Type *  Claimant Name *  Claimant Name *  Claimant Name *  Require Finalisation  Date Registered  Report Taken By  Print AK letter  Aktachment  Gr  Accident No.	One of the control o	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Claim Claim Date  Claim No. Uplead Date  Browse.	SOH CHENG QUIK  57533190  SJE9532C  Please Select  Not at Fault  Preferred Workshop, Name unknown  14/11/2019 13:17  Category *  Clear Please Select	Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshoo  S3A report Date Received  Confidencial Urger	S1492116H  SLR4254R  Received  14/11/2019 00:00  Description *
Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Type Claimant Type *  Claimant Plaimant Type Claimant Type *  Claimant Plaimant Type Claimant Type *  Claimant Plaimant Type *  Claimant Type Claimant Type *  Claimant Type *  Claimant Type Claimant Type *  Claimant Type Claimant Type *  Claimant Typ	One of the control o	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Claim Claim Date  Browse.  Browse.	SOH CHENG QUIK  57533190  SJE9532C  Please Select  Not at Fault  Preferred Workshop, Name unknown  14/11/2019 13:17  Category *  Clear Please Select  Clear Please Select	Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshoo  S3A report Date Received  Confidencial Urger  V Normal	S1492116H
Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Type Claimant Type *  Claimant Pype Claimant Type *  Claimant Name *  Claimant Name *  Claimant Name *  Require Finalisation  Date Registered  Report Taken By  Print AK letter  Aktachment  Gr  Accident No.	One No  Omg  One No  Omg  One No  S7521753  Please Select  V  SJE9532C / SLRe2D4R ON 13 Nov 2019  L4/11/2019 13:16  Jackson  MT/1071352  ▼ Yes ○ No	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Oose Date  Claim No. Uplead Date  Browse. Browse.	SCH CHENG QUIK  57533190  SJE9532C  Please Select  V  Not at Fault  Preferred Workshop, Name unknown  14/11/2019 13:17  Category *  Clear Please Select  Clear Please Select	Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshoo  S3A report Date Received  Confidencial Urger  V Normal V Normal V Normal	S1492116H
Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Shood Test Reading?  Modification History  Claim 603 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Type Claimant Type *  Claimant Pare Claimant Type *  Claimant Pare Claimant Type *  Claimant Pare Side Side Side Side Side Side Side Sid	One No  Omg  One No  Omg  One No  S7521753  Please Select  V  SJE9532C / SLRe2D4R ON 13 Nov 2019  L4/11/2019 13:16  Jackson  MT/1071352  ▼ Yes ○ No	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Claim Claim Date  Browse.  Browse.	SOH CHENG QUIK  57533190  SJE9532C  Please Select  Not at Fault  Preferred Workshop, Name unknown  14/11/2019 13:17  Category *  Clear Please Select  Clear Please Select	Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshoo  S3A report Date Received  Confidencial Urger  V Normal	S1492116H

