NATIONAL Assessment Centre				
Date In: 15/11/19 15:05	Jeb description	Date & Time Completed	Done	e by
Rel No: Wa INC (9) 20305 24	SAS e-filing			
Veh No: Sma 64 696	E-mail (within Shrs, AIC 2hrs)		<u> </u>	
D.O.A: 14/11/19-20:05	i-Motor Claim Form	Malia	w 1 . c . u	
OD TP! Reporting Only	I-Motor W/O (Within: OD 2)	M7 107 1747-001	17/1/19	2.12
ob All Traporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			W 70
- Insurer	Ass't Report by Fax / Hand	to Owner/Wksp	ļ	
Preferred Wksp / INC Assign Wksp / QW: (Fax:	
TP Particulars: Veh No: JHF 7150	INC (44.	
Owner / Driver: (Tel:	1	
Policy No: () Period	1:(Cover Type: (
Confirmed by : (Date:	Time:		
Insured/Driver Liability: (%) Note	e-Est. Status (WO): N: 0-2		000/1	
	ranty: YES ()/NO (1. 21-7970. 1. 50-1	10076	
Excess: (\$) Loading: \$1,000 (
General Remarks:	77 \$2,000 ()	re-known out of the second	ROSE WILL	
The second secon			STATE STATE	
() Walk-In Customer : Customer's informat	tion strictly Confidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer Ul	RGENTLY.			
Drive-In ()/ Towed-In (); Invoice: YE		· · · · · · · · · · · · · · · · · · ·		
	55()/NO();1	owing Co: ()
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	y ·
 Apply for Transport Allowance () / Court 	esy Car ()	1	araki a da a a a a a a a a a a a a a a a a a	
2) QC Check / Post Repair Inspection	()			
	()			
3) Upload Resurvey Photo [Repair Cost > \$3000]	()			
	()			
3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	()		TF-10-7-1-0-7	
3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	()			
3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	()	'-		
3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	()			
3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	()	'	78.85.55.55.5	
3) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	()			
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Onte/Time Actions Actions		aration Checklist	Anit (\$)	
Onte/Time Actions Alg 067 9 1	Invoice Prep		Anit (\$)	
Onte/Time Actions Algory: Umant's Particulars:	Invoice Prep 1) AR: Accident F 2) DA: Damage A	Reporting (\$30); ssessment (\$100); INC (\$80)	Ant (s) for Bill	
Onte/Time Actions Algory !	Invoice Prep 1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe	teporting (\$30); ssessment (\$100); INC (\$80) \$ \$40/3	Ant (S) fat Bill	
Onte/Time Actions Almosty Particulars: Ver/Owner:	Invoice Prep 1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The	teporting (\$30); ssessment (\$100); INC (\$80) tough Survey (\$100);	Ant (s) for Bill	
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Onte/Time Actions Algory: Umant's Particulars: ver/Owner: naged Portion:	Invoice Prep 1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) iFT: Follow-Th For claiming are 6) TR: Re-inspecti 7) N1: Idac DA + 8) NTUC Addition	teporting (\$30); ssessment (\$100); INC (\$80) supply the state of the	Anit (\$) (\$\delta \text{Bill}\)	
Algory: Umant's Particulars: ver/Owner: maged Portion:	Invoice Prep 1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspecti 7) N1: Idac DA + 8) NTUC Addition QD*	teporting (\$30); ssessment (\$100); INC (\$80) support (\$100); INC (\$80) cough Survey (\$100); INC (\$80) cough Survey (Resurvey) cough Survey (Resurvey) cough Survey (Resurvey) cough Survey (\$100 Jan 2005) con \$200 SMRT Survey \$1 al Services:	Anit (\$) (\$1 Bill) (\$45 20 30 75	
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Onte/Time Actions Algory : Liminant's Particulars :- ver/Owner: Itact No: Inaged Portion: Checked by (Engr-In-Charge):	Invoice Prep 1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming are 6) TR: Re-inspecti 7) N1: Idao DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Colle	teporting (\$30); ssessment (\$100); INC (\$80); s	Ant (S) fit Bill (45) 20 330 75 60 \$\$5 10 25 53	
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Aly 08741 Mimant's Particulars: ver/Owner: naged Portion: Checked by (Engr-In-Charge):	Invoice Prep 1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming are 6) TR: Re-inspecti 7) N1: Idao DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Colle	teporting (\$30); ssessment (\$100); INC (\$80); s \$40/3 ough Survey \$1 ough Survey (Resurvey) \$2 ough Survey (Resurvey) \$3 ough Survey (Resurvey) \$3 ough Survey (Resurvey) \$3 ough Survey (Resurvey) \$3 ough Survey \$1 SMRT Survey \$1 al Services:- ar / Tpt Allowance ordination \$5 Inspection \$5 texcess Coordination Sun INC) against INC \$	Ant (S) fit Bill 145 220 330 75 60 S5 10 25 33 20 30	

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.

aforesaid.	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
在78%在安全等的对象的数据的	ACCIDENT STATEMENT
Date Of Report	15/11/2019 15:05
Date Of Accident	14/11/2019 22:05
Exact Location Of Accident	ONE FULLERTON PICK-UP POINT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA6460G
Insured/Policyholder	
Name Of Registered Owner	LIOW CHONG FA
NRIC No	S8612076C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92394468
Alternative Phone No	OFFICE-92394468
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	C-HR HYBRID 1.8S CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101588046-01
Cover Note Number	
Driver	
Name of Driver	LIOW CHONG FA

Dilvei	
Name of Driver	LIOW CHONG FA
NRIC No	S8612076C
Date Of Birth	25/04/1986
Occupation	OUTDOOR
Date Of Driving Pass	26/05/2005
Driving Experience	14 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92394468
Fax Number	
Contact Number	OFFICE-92394468

NOEMAIL

EMail Address

BLK 889A WOODLANDS DRIVE 50 Address

#16-227

Postcode 731889

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 - OPENING DOOR OF VEHICLE

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

2

NO

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

5

Number of Passengers (Including Driver)

Passenger 1

NAME:

. .

GENDER:

: FEMALE

Passenger 2

NAME:

GENDER:

: FEMALE

Passenger 3

NAME:

GENDER:

: FEMALE

Passenger 4

NAME:

GENDER:

: FEMALE

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHF715U

Vehicle Make/Model/Colour

Page 2 of 15

Details Of Properties

Vehicle Category

TAXI

Name of Driver

KAMARUZAMAN BIN ZAIMON

NRIC/Passport Number

Contact Number

91683539

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly 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.
- 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.:

Touri care One Fullerton Pick-up Romot

Lane

Vehicle B: SHF 715U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above date I time, I was driving along the Fullerton driveway,
two lanes, one way road. I stopped my vehicle along right lane
(Private car lane) as to pick up passangers. My rehicle was already
criticale car lane) as to pick up passingers. Trig renicle was already
Stationary for about 14 seconds (based on my video footage), vehicle B
drove in along the left lane (toxi lane), my passarger already opened
my rear left passanger down and were already boared into my vehicle.
At this point of time, vehicle B overtook my vehicle and collided onto
the rear left passanger door. The whole accident happened was captured
by my in car cornera. Vehicle B evertook my vehicle with his vehicle
travelling thto my lane.

DECLARATION

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

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Vehicle No.	SMA 64606 Model/Make Toyota CHR
Date of Accident	14/11/2019
Time of Accident	2206 HRS
ocation of Accident	Along One Fullertun pick-ly point
exact purpose use during accid	
Name of Owner	LTOW Chong Fa
Telephone No.	H/P: 92394468 Home: Office:
NRIC	S8612076C
Address	BLK 889A Woodlands Drive 50 # 16-227 S(731889
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTuc
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5101588046-01
Name of Driver	As Above If No,
NRIC	Any Passengers: 4
Date of birth	25/4/1986 Female ×4
Occupation	Outdoor / Indoor (unknown)
Driving License Pass Date	26/5/2005
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state Chiner
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	9
Police Report	No, If Yes, Where?
Vehicle B No.	SHF 715U Any Passengers : —
Name of Driver	Kamaruzaman Bin Contact No.: 9168 3539
Vehicle C No.	Zaimon Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Rear left passenger door
Camera Recorder	Yes / No
Email Address	changlas6 agmati.com
Eman Address	
PARTICULAR WORKSHOP	Twincar Automotive Pte Ltd
CONTACT NO.	6842 0051 / 6744 0510
	Zi Tira
FAX NO	6741 0510



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5101588046-01 Cover : drivo PREMIUM

Index mark and Registration Number of Vehicle : SMA6460G

Chassis Number : ZYX102120806

2. Name of Policyholder : LIOW CHONG FA

3. Effective Date of Insurance : 21 Jun 2019
4. Expiry Date of Insurance : 13 Jun 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)
Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : \$\$2,000

EXCESS (SECTION 2) : \$\$1,500

WINDSCREEN EXCESS : \$\$100

ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : YES
INSURE WITH COE : YES
NCD PROTECTION : YES
TRANSPORT ALLOWANCE : YES
EXCESS WAIVER : NO

PRIMARY DRIVER : LIOW CHONG FA

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : INTEGRAL PLUS SERVICES (00000572787)

Date of Issue : 06 Jun 2019 09:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer Chief Executive

eBaoTech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						· Chang	e Languag	e Chan	ge Password	+ Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy I	Vo.				Date	of Accident		14/11/2019	22:05	
	Vehicle	No.(For Motor)	SMA64	60G		Certif	icate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Palicyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5101588046- 01		LIOW CHONG FA	58612076C	GPC	drivo PREMIŲM	SMA64600	SMA6460G	21/06/2019	13/06/2020
						Continue	1				

Sequen	Date of Endorsemen	nt E	ndorsemen	t Type	Endorsement	Status	Endorsement Content
☑ Endorse	ements						
) Insured	Object: SMA6460G						
Jnit No.		Relate Numbe	d Policy er	5101588046-01			
Address 4		Addres	is Type	Singapore address		Post Code	731889
Address 1	BLK 889A #16-227	Addres	s 2	WOODLANDS DRIV	E 50	Address 3	SINGAPORE 731889
	older Mailing Address						
Certificate Info							
Open Policy Info							
nsurance Flag	No						
Co-	INTEGRAL FEOD SERVICES	Agent tel.	00407120		GS1 Flag	326	
DD Excess Agent	INTEGRAL PLUS SERVICES	TP Excess Agent Tel.	68487120		GST Flag	Y	
Outside Singapore	2000	Outside Singapore	1500			Young	/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	06/06/2019	Effective Date	21/06/201	9 00:00	Expiry Date	13/06/2020 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 889A #16-227 WOODLAND	S DRIVE 50 SI	INGAPORE 7	31889			
Certificate No.					THE C		
Policy No.	5101588046-01	Policyholder Name	LTOW CHO	NG FA	Policyholder NRIC	S8612076C	

Accident MT/1071545						
	Pagarageas					
Policy No. Certificate No.	5101588046-01	Vehicle No.	SMA6460	3	GST Registration No.	
Policyholder Name	LIOW CHONG FA					
Product Code	PRIVATE CAR INSURANCE	8 5			Policyholder NRIC	58612076C
Contact No. (Mobile)	92394468	Giver Type	drive PAZI	MUUM	Loading	0
Emeli Address	72334400	Contact No.(Office) Special Remark	٥		Contact No. (Home)	0
KFK	® No ○ Yes	TCA	00		eCode	
NCD Protection	Yes	NCD Entitlement(%)	@ No ()*	Cera	eCode Reason	
Accident Details		NCD Entitlement(%)	50		Private Hire	Yes
Report Date	15/11/2019 15:13	1811				
Date of Accident		Accident Report Within 24 hrs.			Accident Type	Side Swige
	14/11/2019	Time of Accident hitimm	22:05		Country of Accident	Singapore
Reporting Centre		Orange Force			3CM No.	
Acodent Location	ONE PULLERTON PLOK-UP POINT					
 Total Excess Applicable 						
Excess Type	Per Accident	Windscreen Excess		100.00		
C Standard Excess	2.0502027					
TED OD Excess	2,000.00	TP Standard Excess		1,500.00		
dditional Excess	0.00	YIED TP Excess		0.00	Driver is Covered?	Covered
otel OD Excess Applicable	0					
Benefits	2000.00	Total TP Excess Applicable		1,500.00		
overage						
ransport Allowance				n Insured		
ccessory				999999.99		
GST Registered Inform	nation		160	000		
ST Registered Interw				2201000000000000000		
ST Registration No.	No			Registration Date		
odification restory			081	Status Verified	Yes	
Policyholder Mailing Ar	ddress					
dovess 1	BLK 889A #16-227	Address 2	months and	DS DRIVE 50	#220000	200200000000000000
ddress 4		Address Type			Address 3	SINGAPORE 731889
nie No.			Singapore a		Post Code	731889
OI Driver Info		Related Policy Number	510158804	8-01		
iver Name	LIOW CHONG FA	Driver Type	10.00			
noamed driver Name		Driver NRIC	Main Driver 586120760		Contract Contract	22.27
gater Date of Driver License	26/05/2005	Driver Age	13	j.	Driver DOB	25/04/1986
intact No.(Mobile)	92394468				Driving Experience	14
idness 1:	BLK BB9A	Contact No. (Office)	0	CONTRACTOR OF THE CONTRACTOR O	Contact No.(Home)	0
Idress 4	MET MINISTER	Address 2		S DRIVE SO	Address 3	SINGAPORE 731889
né No.	00/020	Address Type	Singapore a	ddress	Post Code	731889
sex he own a Singapore	16-227					
egistered car?	○ Yes ® No	Driver Vehicle No.			Oriver Insurer Company	
claration eathalyser or Blood Year						
ending?	0 mg	Any injury?	○ Yes ® N	ti .		
dification History						
5.00						
Claim 001 New						
en Type +	OD-MX	Insured Name :	LIOW CHON	G FA	Inquired MRVP	C00110700
rtect No. (Mobile)	92394468	Contact No.(Home)	63092166		Insured NRIC Contact No.(Office)	S8612076C
av Address		OI Vehicle Number	SMA5450G		TP Vehicle Number	SHF7150
mant Type Claimant Type *	Please Select 🔻	Type of Benefit *	Please Selec	n V	In Amount and the	PHA VION
mant Name *	22	Claimare NRIC *	A COURSE STREET	123		
imant Address	150					
m Description	SMA6460G / SHF715U ON 14 Nov 2019				ACCUPATION OF THE PROPERTY OF	
ferred Workshop Contact	2019 2019 2017 120 See 14 NOV 2019		-		Name of Preferred Workshop	
		Insured Liability *	Partially at F	aut 🔻		
guire finalisation	Yes	Preferered Repair Option	Preferred W	orkshop, Name unknown	♥ GIA report	Received
e Registered	15/11/2019 15:15	Claim Close Date			Date Received	15/11/2019 00:00
port Taken By	3eckson					
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Doc. Received	● Yes ○ No	Upload Date		15/11/2019 15:15		
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		Browse	Clear	Please Select	V Normal	v
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