Date In: 9~ 19-16:53	Jeb description	11	Date & Time Completed	Done	0,
Res No: NAINCIGOUSV8/W	SAS e-filing			1	
Veh No: 68443644	E-mail (within Shrs	, AIC 2hrs)			
D.O.A: 3/19-13:15	i-Motor Claim l	orm	100-0074501CM	KINI9 17	W
	i-Motor W/O (W				114.4 180
OD : TP : Reporting Only	i-Photo Upload	ed			
TD	Assessment/Surve	y Report			
TP Insurer:	Ass't Report by F	ax / Hand to C	wner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(		Tol:	Fax:	
TP Particulars: Veh No: J	KB78 66 h	INC(	)/Non-INC( )	1	
Owner / Driver: (			Tel:	)	
Policy No: ( )	Period: (	) (	over Type: (	)	
Confirmed by : (		Date:	Time:	)	
	6) [Note-Est. Status (WO	): N: 0-20%	; P: 21-79%. F: 80	-100%]	
Year of Registration: (	) Warranty: YES (	/NO( )			
Excess: (\$ ) Loading:	\$1,000 ( )/\$2,000 (	)			
General Remarks:-				ASSUMPT TO	
( ) Walk-In Customer : Customer's	The state of the s		CONTRACTOR OF THE PARTY OF THE		
		enual & Strice	19 10 15161 01 16161		
( ) Total Loss Case : to e-mail In			· - Co (		
Drive-In ( )/ Towed-In ( ); Inv	voice: YES ( ) / NO	( ); 100	ring Co: (		/
Remarks:- (INC hotline: 6788 661)	6)		Date&Time Completed	Don	by
1) Apply for Transport Allowance (	) / Courtesy Car ( )				
2) QC Check / Post Repair Inspection	( )		19 2)		
0) 111 10 01 00 10					
3) Upload Resurvey Photo [Repair Cost	> \$3000] ( )		10.00		
3) Upload Resurvey Photo [Repair Cost	> \$3000] ( )		1		
3) Upload Resurvey Photo [Repair Cost Injury:	> \$3000] ( )	,		And the same of th	w
Injury:	> \$3000] ( )	1		Activity and the second	, Fr.
Injury:	> \$3000] ( )			Ange de la constitución de la co	m . The
Injury:	> \$3000] ( )				
Injury:	> \$3000] ( )			A STATE OF THE STA	
Injury:	> \$3000] ( )			TOTAL TOTAL	
Injury:	> \$3000] ( )			***************************************	
Injury:  Date/Time Actions	1	nyoice Prepa	ration Checklist	Ani((S)	Amt (5)
Injury:  Date/Time Actions	1		porting (\$30);	Ani((S)	Amt (3)
Injury: ————————————————————————————————————	$\frac{1}{2}$	AR : Accident Re	porting (\$30);	Ani((S))	Amt (5)
Injury:  Date/Time Actions  Laimant's Particulars:	1 1 2 3	AR : Accident Re DA : Damage As TF : Towing Fee FT : Follow-Thre	porting (\$30); sessment (\$100); INC	Ani((S)	Amt (5)
Injury:  Date/Time Actions  Lamant's Particulars:- river/Owner:	1 1 2 3	AR : Accident Re DA : Damage As TF : Towing Fee FT : Follow-Thre	porting (\$30); sessment (\$100); INC augh Survey augh Survey (Resurvey)	Ani( (\$) fst.Bill (\$80) \$40/\$45 \$120 \$30	Amt (5)
Injury:  Date/Time Actions  Laimant's Particulars:- river/Owner:	1 1 2 3 4 5	AR: Accident Re DA: Damage As TF: Towing Fee FT: Follow-Thre FT: Follow-Thre For claiming again	porting (\$30); sessment (\$100); INC sugh Survey sugh Survey (Resurvey) st INC Only (wef 10 Jan 3	Ani( (\$) fst.Bill (\$80) \$40/\$45 \$120 \$30	Amt (5)
Injury:  Date/Time Actions  Lamant's Particulars:- river/Owner: ontact No:	1 1 2 2 3 4 5 6	AR: Accident Re DA: Damage As TF: Towing Fee FT: Follow-Thre FT: Follow-Thre For claiming aga TR: Re-inspection N1: Idae DA + 8	porting (\$30); sessment (\$100); INC migh Survey migh Survey (Resurvey) set INC Only (wef 10 Jan 2 m MRT Survey	Anit (\$\$) fit Bill (\$\$0) \$40/\$45 \$120 \$30 (\$05)	Amt (5)
Injury:  Date/Time Actions  Lamant's Particulars: river/Owner: ontact No:	1 1 2 2 3 4 5 6	AR: Accident Re DA: Damage As TF: Towing Fee FT: Follow-Thre FT: Follow-Thre For claiming aga TR: Re-inspectio N1: Idae DA + 8 NTUC Additional	porting (\$30); sessment (\$100); INC migh Survey migh Survey (Resurvey) set INC Only (wef 10 Jan 2 m MRT Survey	Ani((\$)) fitBill (\$80) \$40/\$45 \$120 \$30 (905) \$75	Amt (3
Injury:  Date/Time Actions  Laimant's Particulars: river/Owner: ontact No: amaged Portion:	1 1 2 2 3 4 5 6	AR: Accident Re DA: Damage As TF: Towing Fee FT: Follow-Thre FT: Follow-Thre For claiming aga TR: Re-inspectio N1: Idae DA + S NTUC Additiona OD* *N5: Courtesy C	porting (\$30); sessment (\$100); INComing Survey mugh Survey (Resurvey) stilnC Only (wef 10 Jan 2) sm MRT Survey I Services:-	Anit (\$\$) fit Bill (\$\$0) \$40/\$45 \$120 \$30 (905) \$75 \$160	Amt (3
Injury:  Date/Time Actions  LAJONO ACTIONS  Injury:  Actions  Actions  Injury:  Injury:  Actions  Actions  Actions  Injury:  Inju	1 1 2 2 3 4 5 6	AR: Accident Re DA: Damage As TF: Towing Fee FT: Follow-Thre FT: Follow-Thre For claiming aga TR: Re-inspectio N1: Idae DA + S NTUC Additions OD* *N5: Courtesy C *N6: Repair Ca-	porting (\$30); sessment (\$100); INC  sugh Survey sugh Survey (Resurvey) st JNC Only (wef 10 Jan 2  sum MRT Survey I Services:-  st / Tpt Allowence ordination	Anit (\$\$) fit Bill (\$\$0) \$40/\$45 \$120 \$30 (\$90) \$75	Amt (3)
Injury:  Date/Time Actions  LAJONO A CTIONS  Injury:  Contact No:  amaged Portion:  Contact Checked by (Engr-In-Charge):	1 1 2 2 3 4 5 6	AR: Accident Re DA: Damage As TF: Towing Fee FT: Follow-Thre FT: Follow-Thre For claiming aga TR: Re-inspectio N1: Idae DA + S NTUC Additions OD*  *N5: Courtesy C  *N6: Repair Ce-  *N7: Fost Repair	porting (\$30); sessment (\$100); INC  sugh Survey sugh Survey (Resurvey) st JNC Only (wef 10 Jan 2  sum MRT Survey I Services:-  st / Tpt Allowence ordination	(\$80) \$40/\$45 \$120 \$30 \$100 \$5 \$160 \$5 \$10 \$25 \$5	Amt (5)
Injury:	1 1 2 3 3 4 5 6 7 8	AR: Accident Re DA: Damage As TF: Towing Fee FT: Follow-Thre FT: Follow-Thre For claiming aga: TR: Re-inspectio N1: Idae DA + S NTUC Additiona OD*  *N5: Courtesy C  *N6: Repair Ca-  *N7: Fost Repair  *N8: DV / Collet	porting (\$30); seasment (\$100); INC  sugh Survey sugh Survey (Resurvey) set INC Only (wef 10 Jan 3  on MRT Survey I Services  or / Tpt Allowance ordination Inspection of Excess Coordination  on INC) against INC	(\$\$0) \$40/\$45 \$120 \$30 (905) \$75 \$160	Amt(3)

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

**Driving Experience** 

Mobile Number

Contact Number

**EMail Address** 

Fax Number

Gender

- 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 witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

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

	ACCIDENT STATEMENT
Date Of Report	05/12/2019 16:53
Date Of Accident	03/12/2019 13:15
Exact Location Of Accident	BOON LAY PLACE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBA4364U
Insured/Policyholder	
Name Of Registered Owner	AIE ENGINEERING SERVICES
Co Reg No	50296100K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96683895
Alternative Phone No	OFFICE-96683895
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE MANUAL
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
f No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5093002437-01
Cover Note Number	
Driver	
Name of Driver	ONG CHOON LENG (WANG CHUNLONG)
NRIC No	S7605363D
Date Of Birth	23/02/1976
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1995

24 YEARS AND 11 MONTHS

(LOCAL) +65-85888235

OFFICE-85888235

MALE

NOEMAIL

Address

BLK 186B RIVERVALE DRIVE

#02-818

Postcode

542186

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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

DRY

#### Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

.

Natural Control of the Control of th

GENDER:

MALE

## **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

SKB7866G

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

WEE NGAH LENG CHERYL

NRIC/Passport Number

S1565834G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

3

.....

GENDER:

Passenger 2

NAME:

GENDER:

## 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.

SERVICE \*

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

lefer to statement.		
The state of the s		

## 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.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. VEHICLE B WAS IN FRONT OF MY VEHICLE AND SHE BRAKE. I BRAKE MY VEHICLE ACCORDINGLY. HOWEVER MY VEHICLE ROLLED TO THE FRONT AND ACCIDENTALLY SLIGHTLY GRAZED ONTO VEHICLE B REAR PORTION.

# ACCIDENT STATEMENT

ACCIDENT DATE: 1 / 19 1 (DD/MM/YYYY), TIME: 13 .15 . )(HH:MM)
LOCATION: Boon Lay Plage.
1. DETAILS OF VEHICLE
CIVELLOIS
DINSURANCE COMPANY: LITTLE
C)POLICY NUMBER: 509300 2437-01
d)POLICY TYPE: (COMPREHENSIVE 4
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
F)TYPE:(SALOON / COURE / ARV. D.
b) PURPOSE OF USING AT A CCIDENT THAT
NIPURPOSE OF USING AT A COLDENT TO MOTORCYCLE)
VARE TOU CLAIMING INDER YOUR OWN
2. INSURED / POLICY HOLDER
DINRIC/FIN/PASSPORT 5029GLOSIC (MALE / FEMALE)
DINRIC/FIN/PASSPORT: 502961001C. (MALE / FEMALE) CIADDRESS: CONTACT: 96683895.
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
(Including driver) allame: ong choon ling ( Wing (hand of)
(2) DINRIC/FIN/PASSPORT: S7665363D (MOLE FEMALE)
M. CJADDRESS: CONTACT: 85888255
*d)DATE OF BIRTH: ( ) 1 1976 )(DD/MM/YYYY)
OCCUPATION: (INDOOR / OUTDOOR)
17 LAKS OF DRIVING EVENTS
T. WAS DRIVER AN EMPLOYEE OF THE
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
6. WAS ANYBODY INJURED (YES / NO.) 7. O) REPORTED TO POLICE (YES / NO.)
IF YES, PLEASE STATE WHICH POLICE STATION:
The last of the same of the sa
T Wishbarr of Villager and Academy
(Including driver) b) DRIVER'S NAME: WE NIGHT MAG CHEY!  C) NRIC/FIN/PASSPORT: S 15658346 CONTACT:
9. THIRD PARTY VEHICLE
No of passenger a) VEHICLE NUMBER:
Induding dollar (a) DRIVER'S NAME:MODEL:
(Induding driver) f) DRIVER'S NAME: MODEL:
CONTACT:
email = 500
fax =

VIDEO = X

eBaoTech										Genera	alClaim
Hello, NAC_PAYA_UBI_800	0601						• Chang	e Languag	e • Chan	ge Password	· Log Out
My Desktop	Poli	Policy Query									*
Notice of Loss	Policy N	10.	3		- 8	Date	of Accident		03/12/2019 1	3:15	
	Vehicle No.(For Motor) GB/			GBA4364U		Certificate Number					-77
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5093002437- 01		AIE ENGINEERING SERVICES	50296100K	GCV	Third Party, Fire & Theft	GBA4364L	GBA4364U	29/12/2018	28/12/2019
					100	Continue	1				

Sequen	ce Date of Endorsement		ndorsemen	nt Type	Endorsement	Status	Endorsement Content
<b>▽</b> Endors	ements						
) Insure	Object: GBA4364U						
Jnit No.		Relate	d Policy er	5110150845			
Address 4	SINGAPORE 539183	Addre	ss Type	Singapore address		Post Code	539183
Address 1	BLK 2 #04-513	Addres	ss 2	DEFU LANE 10		Address 3	DEFU INDUSTRIAL ESTATE
→ Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
Co- nsurance Flag	No						
gent	LQ INSURANCE AGENCY PTE LT	Agent Tel.	63340783		GST Flag	Y	
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	g/Inexperience Driver Excess
Additional xcess		OS Premium	0				
hird Party xcess	0	Own damage Excess	0		Windscreen Excess	0	
xcess Type		All Claims Excess					
olicy ssue Date	12/12/2018	Effective Date	29/12/201	8 00:00	Expiry Date	28/12/2019 2	3:59
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Address	BLK 2 #04-513 DEFU LANE 10 D	EFU INDUSTR	IAL ESTATI	E SINGAPORE 539183			
Certificate No.		Name			WIC		
olicy No.	5093002437-01	Policyholder Name	AIE ENGIN	EERING SERVICES	Policyholder NRIC	50296100K	

Accident MT/1074520					
Policy No.	5093002437-01	Venice No.	GBA4364U	GST Registration No.	
Certificate No.					
Policyholder Name	ATE ENGINEERING SERVICES			Policyholder NRIC	50296100K
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No. (Mobile)	96683895	Contact No.(Office)	0	Contact No.(Home)	0
Imail Address	W. O.	Special Remark	W-10-0-10	eCode	I w
(FW) WCD Protection	® No ○Yes	TCA NCD Entitlement(%)	® No ○Yes	eCode Reason Private Hire	No
<b>▼ Accident Details</b>	, nu	read criminality of	10	POWER PERSON	No.
Report Date	05/12/2019 17:22	Accident Report Within 24 hrs	t Yet	Accident Type	Collision - Head to Rear
Date of Accident	03/12/2019	Time of Accident hh:mm	13:15	Country of Accident	Singapore
leporting Centre	00(12)2013	Orange Force	13.13	ICM No.	Strigations.
Accident Location	BOON LAY PLACE	and the same of th		1017 100.	
♥ Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Mnamed Driver Excess	5000	Outside Singapore OD Excess			
Trird Party Excess	0.00	Outside Singapore TP Excess			
♥ Benefits					
GST Registered Informa	ation				
ST Registered	No		GST Registration Date		
ST Registration No.			CIST Status Verified	Yes	
fodification History	05/12/2019 17:23:27 9	vstern changed GST Status Verified fr	om no to Yes		
Policyholder Halling Ad	dress				
Address 1	BLK 2 #04-513	Address 2	DEFU LANE 10	Address 3	DEFU INDUSTRIAL ESTATE
Address 4	SINGAPORE 539183	Address Type	Singapore address	Post Code	539183
unit No.	04-513	Related Policy Number	5093002437-02		
□ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
innamed driver Name	ONG CHOON LENG (WANG CHU	Driver NRIC	576053630	Driver DDB	23/02/1976
Register Date of Driver License	01/01/1995	Driver Age	43	Driving Expenence	24
Contact No.(Mobile)	85688235	Contact No. (Office)	0	Contact No.(Home)	0
Address 1	BLK 1868	Address 2	RIVERVALE DRIVE	Address 3 Post Code	SINGAPORE S42186
Address 4 Unit No.	02-818	Address Type	Singapore address	Post Code	542186
Does he own a Singapore	345-010				
	Divergine	Day on Makhada Na		Properties and Committee	
Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Registered car? Declaration	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Registered car? Declaration Breathalyser or Blood Test	○ Yes ® No 0 mg	Driver Vehicle No.  Any injury?	○ Yes ® No	Driver Insurer Company	
Registered car? Declaration			○ Yes ® No	Driver Insurer Company	
Registered car? Declaration Breathalyser or Blood Test			○ Yes ® No	Driver Insurer Company	
Registered car?  Declaration  Breakhalyser or Blood Test  Reading?  Hodification History			○ Yes ® No	Oriver Insurer Company	
Registered car? Declaration Breathalyser or Blood Test Reading?			○ Yes ® No ·	Oriver Insurer Company	
Registered car?  Declaration  Breathalyser or Blood Yest  Reading?  Addification History  Claim 001 New	Omg	Any Ingury?			
reclaration  freathalyser or Blood Yest Reading?  Addition History  Claim 601 New		Any Injury?  Insured Name	☐ Yes ® No	Insured NRIC	S0296LDCK
Registered car?  reclaration  freathalyser or Blood Yest Reading?  Addition History  Claim 601 New  Darm Type. *  Contact No. (Mobile)	Omg	Any Injury?  Insured Name Contact No.(Home)	ATE ENGINEERING SERVICES	Insured NRIC Contact No.(Office)	62931122
Registered car?  Inclaration  Breathalyser or Blood Test Reading?  Colline 601 New  Claim 1902.*  Contact No. (Mobile)  Track Address	0 mg	Any injury?  Insured Name Coreact No. (Home) Of Vehicle Number	AIE ENGINEERING SERVICES	Insured NRIC	processes and the second
Registered car?  reclaration  freathalyser or Blood Yest Reading?  Sodification History  Claim 601 New  Dann Type.*  Concact No. (Mobile)  Imai Address  Dannart Type Claimant Type *	O mg	Any Injury?  Insured Name Coneact No. (Home) OI Vehicle Number Type of Benefit *	ATE ENGINEERING SERVICES	Insured NRIC Contact No.(Office)	62931122
Registered car?  Inclaration  Breathalyser or Blood Test Reading?  College 601 New  College 601 New  Contact No. (Mobile)  Imas Address  Darmant Type Clement Type *  Daimant Name *	0 mg	Any injury?  Insured Name Coreact No. (Home) Of Vehicle Number	AIE ENGINEERING SERVICES	Insured NRIC Contact No.(Office)	62931122
registered car?  rectaration  freathalyser or Blood Test teading?  College 601 New  Context No. (Mobile)  Imas Address  Darmart Type Claimant Type *  Darmart Name *  Darmart Address	0 mg	Any Injury?  Insured Name Coneact No. (Home) OI Vehicle Number Type of Benefit *	AIE ENGINEERING SERVICES	Insured NRIC Contact No.(Office)	62931122 SKB7866G
registered car?  rectaration  reacthalyser or Blood Yest teading?  Rodification History  Claim 001 New  Claim 001 New  Contact No. (Mobile)  Firms Address  Daimant Type Claimant Type *  Daimant Name *  Daimant Address  Daimant Workshop Contact	O mg	Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Claimant ARIC +	AIE ENGINEERING SERVICES  CBAA364U  Please Select.	Insured MRIC Contact No.(Office) TP Vehicle Number	62931122 SKB7866G
registered car?  rectaration  reacthalyser or Blood Test teading?  rectaration History  Claim 601 New  Denn Type *  Contact No. (Mobile)  Imas Address  Darmart Type Claimant Type *  Darmart Name *  Darmart Address  Darm Description  referenced Workshop Contact.  80	0 mg    00-MX	Any Injury?  Insured Name Coneact No. (Home) OI Vehicle Number Type of Benefit *	AIE ENGINEERING SERVICES  GBAA364U  Please Select   Fully at Fault	Insured MRIC Contact No.(Office) TP Vehicle Number	62931122 SKB7866G
Registered car?  Incaraban  Sreathalyser or Blood Test Reading?  Addition History  Claim 601 New  Diam Type *  Contact No. (Mobile)  Imas Address  Diamant Type Claimant Type *  Diamant Name *  Diamant Name *  Diamant Name *  Diamant Name *  Require History  Require Finalisation	Omg  OO-MX  Please Select  ≥≥  Oba4364u / SK87866G On 3 Dec 2019  Yes	Any injury?  Insured Name Coreact No.(Home) Of Vehicle Number Type of Benefit + Claimant ARIC +	AIE ENGINEERING SERVICES  CBAA364U  Please Select.	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Worksho	62931122 SKB7866G
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Registered car?  Declaration  Breathalyser or Blood Test.  Reading?  Addification History  Claim 601 New  Claim 601 New  Claim 79pe *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Address  Claimant Type Claimant Type *  Claimant Type Claimant Type Claimant Type *  Claimant	O mg    OO-MX   ✓     Please Select   ✓     ≥≥   GBA4364U / SK87866G ON 3 Dec 2019   Yes   ✓     05/12/2019 17:24	Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Claimant NRIC +  Insured Liability + Preferend Repair Option	AIE ENGINEERING SERVICES  GBAA364U  Please Select   Fully at Fault	Insured NRIC Contact No.(Office) TP Vehicle Number  Name of Preferred Worksho	62931122 SKB7866G
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9	NAC_PAYA_UBI_800601( NATS CES) on 0S	ONAL ASSESSMENT CENTRE SERVE Dec 2019 17:25	Photos		Normal	Photos	2019-12-5		
3	NAC_PAYA_UBI_800601( NATE	ONAL ASSESSMENT CENTRE SERVI Dec 2019 17:25	Photos		Normal		2019-12-5		
	CE5) on 05	ONAL ASSESSMENT CENTRE SERVI Dec 2019 17:25	Photos		Normal	Photos	2019-12-5		
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-	NAC_PAYA_US1_800601( NATI CES) on 05	ONAL ASSESSMENT CENTRE SERVI Dec 2019 17:25	Photos		Normal	Photo	2019-12-5		
43	NAC_PAYA_USI_800601( NATI CES) on 05	ONAL ASSESSMENT CENTRE SERVI Dec 2019 17:26	SAS		Normal		2019-12-5		
675 37-	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 05 Dec 2019 17:26		NRIC/ Driving License	y	Normal	NRIC/ Driving	License 2019-12-5		
13.7		ONAL ASSESSMENT CENTRE SERVI Dec 2019 17:26	NRIC/ Driving License	γ	Normal		License 2019-12-5		
13.	NAC_PAYA_UBI_B00601( NAT) CES) on 05	ONAL ASSESSMENT CENTRE SERVI Dec 2019 17:26	NR3C/ Onving License	٧	Normal	NRIC/ Driving	License 2019-12-5		
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