| NATIONAL Assessment Cen | tre Services - 🛚 | ve! 1 Jan'05] M | 4A1191 69846 | | |
|--|--|--|---|--|----------------|
| Date In: 2410 19-16:28 | Jeb description | | Date & Time Completed | Done | by . |
| Res No: HA INCIGONOLLY | SAS e-filing | | | | |
| Veh No: 57438574 | E-mail (within 8h | rs, AIC 2hrs) | | | 25.0 |
| D.O.A: WM19- NISS | i-Motor Claim | Form | M11077707 - 001 | 26/12/19 | 16:47 |
| | i-Motor W/O (| Within: OD 2hrs | | | |
| OD / P. Reporting Only | i-Photo Upload | ded | | | anna e |
| Th. | Assessment/Sur | vey Report | | | |
| TP Insurer: | Ass't Report by | Fax / Hand t | 0 Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | | Tel: | Fax: |) |
| TP Particulars: Veh No: Qx | 12 46 | . INC(|)/Non-INC(). | T. | W_===-0.00 |
| Owner / Driver: (| | | Tel: |) | |
| Policy No: () | Period: (|) | Cover Type: (|) | |
| Confirmed by : (| | Date: | Time: |) | |
| Insured/Driver Liability: (%) | Note-Est. Status (W | O): N: 0-20 | 0%; P: 21-79%. F: 80- | -100%] | |
| Year of Registration: () | Warranty: YES (|)/NO(|) | | |
| Excess: (\$) Loading: \$ | 1,000 ()/\$2,000 (|) | | | |
| General Remarks:- | | Carry Ser | | | at politic |
| () Walk-In Customer : Customer's in | of a metion etalethy Conf | All the state of t | \$10.00 mm and \$1 | The state of the s | |
| | | idential & Str | icity NO Tales of Tepanes | | |
| () Total Loss Case : to e-mail Ins | | | · · · · · · · · · · · · · · · · · · · | | |
| Drive-In ()/ Towed-In (); Invo | ice: YES () / NO |) () ; To | owing Co: (| | |
| Remarks: (INC hotline: 6788 6616 |) ^N | | Date&Time Completed | Done | by |
| The state of the s | / Courtesy Car () | CX SUCCESSION CONTRACTOR | | | or vermes over |
| 2) QC Check / Post Repair Inspection | () | | | | |
| 3) Upload Resurvey Photo [Repair Cost > | | | | | |
| | , , | | | | |
| Injurý: | | | | | |
| Date/Time Actions | | 9 (4 1.5) | | | |
| | | | | | |
| | | | | 100-011- | |
| | 7. | | | | |
| | | | | | |
| • | | AND THE RESIDENCE OF THE PARTY | | | 1000 |
| . Y-1 | | Invoice Pre | paration Checklist | Ant (S) | Amt (1) |
| Harooody | 8 |) AR : Accident | SET CONTROL NO. S. | fit Bill | Add Bill |
| laimant's Particulars :- | DOSDODOGO NA SERECCIONES PER SERECCIONES DE LA CONTRA DE | DA: Damage | | (082 | |
| river/Owner: | |) TF : Towing F | - | \$120 | |
| | | FT : Follow-T | hrough Survey (Resurvey) | \$30 | |
| ontact No: | | For claiming a | gainst INC Only (wef 10 Jan 20 | | |
| arnaged Portion: | | 5) TR : Re-inspec 7) N1 : Idao DA | + SMRT Survey | \$75 | - |
| | | 8) NTUC Addition | | | |
| C Checked by (Engr-In-Charge): | | OD: | | \$5 | |
| C. Checked by (Birgi-In-Charge). | | *N5: Courtesy *N6: Repair C | Cer / Tpt Allowence o-ordination | \$10 | |
| | | *N7: Fost Rep | nit Inspection | \$25 | |
| uditors' Comments :- | ASC 03(4) AC (1994) | | lect Excess Coordination (Non INC) against INC | \$20 | |
| <u>t. 1;</u> | | TP (N11): 1P 9) N12: Idas Mo | bile | 30 | |
| 1 2/3; | | Invoice dated | Fee Charge | MARRION ALLES | |
| | 1. | Involce dated | Fee Charge | d Particular | |

to at

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number Fax Number

Contact Number

EMail Address

Gender

- 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

| | ACCIDENT STATEMENT |
|--|--|
| o coloniare, do por conscieda. | 26/12/2019 16:28 |
| ate of Report | 25/12/2019 10:25 |
| ate of Accident | BLK 231 SERANGOON AVE 3 OPEN SPACE CARPARK |
| Xact Education of Addition | |
| Journal y State of Loss | SINGAPORE |
| | ETAILS OF OWN VEHICLE |
| /ehicle Registration Number | SJN3857H |
| nsured/Policyholder | |
| Value of Registeres o miss | TAN HONG BIN (CHEN HONGBIN) |
| NRIC No | SXXXX722E |
| Illali Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96735514 |
| Alternative Phone No | OFFICE-96735514 |
| Vehicle Particulars | |
| Manufacturer | SUZUKI |
| Model | SWIFT SPORT 1.6 M |
| 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 HIRE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5107560033 |
| Cover Note Number | |
| Driver | |
| Name of Driver | TAN HONG BIN (CHEN HONGBIN) |
| NRIC No | SXXXX722E |
| Date Of Birth | 25/03/1993 |
| Occupation | INDOOR |
| Date Of Driving Pass | 03/02/2012 |

7 YEARS AND 10 MONTHS

(LOCAL) +65-96735514

OFFICE-96735514

MALE

NOEMAIL

BLK 232 SERANGOON AVENUE 3 Address

#07-58

550232 Postcode

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

2

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

SERANGOON NEIGHBOURHOOD POLICE CENTRE Police Station Name

NO

YES

NO

0

ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-4880999 - FAX NO: 64883561 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191226/2078.

Attachment(s)

Are accident photos available for attachment? YES

YES Was there any video captured by Car Camera?

VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

QX1206P Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

GOVERNMENT Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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:

- 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.:

| CETCH PLAN | | |
|--|---|--|
| (3) | k 231 Strangoon Ave 3 open space carpark | 4: 57H3857A B: QX1VO6P. |
| <u> </u> | Leonossed. | |
| refer to potice | of the ACCIDENT | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| DECLARATION I/We declare the foregoing part | iculars are true in every respect. | Thy |
| 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.: |

GIARDAE, SkotchPlanForm_V2





1 of 3

Report No. T/20191226/2078

Police Station Of Origin: Serangoon:N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Vide Report No.: Date/Time Report Made: 64

F/20191225/0270 26/12/2019 14:07 Informant's Particulars Address: Name of Informant: APT BLK 232 SERANGOON AVENUE 3 #07-58 SINGAPORE TAN HONG BIN 550232 Contact No.: ID Type / ID No .: Mobile: 96735514 Home/Office: NRIC NO / S9310722E Email: Nationality: SINGAPORE CITIZEN Type of Informant: Date of Birth: Age: Sex: Vehicle Owner 25/03/1993 26 Male Institution / School Name: Language: Race: Chinese Driving Licence Information: Occupation: Date of Expiry: Class: 3 SELF EMPLOYED

General Information of the Accident Type of Location: Date/Time of Drink Non-Injury Car Fark Accident: Type of Drive: Police Vehicle 25/12/2019 22:55 Accident: No Location: Along Road 1 SERANGOON AVENUE 3 Blk 231 Serangoon Avenue 3 open carpark Lot 103 Road Speed Limit: Road Surface: Weather: Dry Clear Traffic Volume: Traffic Control: Traffic Flow: No Traffic Not Controlled Two Way Anyone conveyed by Type of Collision: ambulance: Moving Vehicle Against - Parked Vehicle No

| Details of V | A SECTION AND ADDRESS OF THE PARTY OF THE PA | COLOR BY THE STREET, S | Model | Color | Condition | No of Passenge |
|--------------|--|--|---|--|-----------|----------------|
| Vehicle No. | Туре | Make | 210000000000000000000000000000000000000 | III TO STANDARD III TO STANDAR | Slightly | n |
| SJN3857H. | Car | SUZUKI | SWIFT SPORT 1.6 M | Red | Damaged | |

| Details of Person Involved | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | Line Canading: NA |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |





2 of 3

Report No. T/20191226/2078

Police Station Of Origin: Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

CONTINUATION OF REPORT

Tel No: 1800-4880999

| Vehicle Owner | | | COLUMN CONTRACTOR DE L'ACTUAL | ID No. | | S9310722E | |
|-----------------|-------------------|-----|---|----------------------------|--------|---------------------------------|--|
| Name | TAN HONG BIN | | | ID No. | | 000107222 | |
| Related Vehicle | SJN3857H (Car) | | | Conta | ct No. | 96735514 | |
| Hospital/Clinic | NIL | | | Class Driving Licent | g | Class: 3 Date of Expiry: NIL | |
| Data Trootment | NIL | | Date Disc | | NIL | | |
| Date Treatment | ted Medical Leave | NIL | Degree o | f Injury | NIL | | |

Brief Details.

On 25/12/2019 at about 1845hrs, I parked my car at lot 103 of Blk 231 Serangoon Ave 3 carpark and went home, everything was intact and normal. At about midnight, police came up to my unit and informed me that a police vehicle had knocked onto my parked car. I then went down with them and saw that the right rear side of the police car had hit onto the front left side of my car, causing scratches and dent. Traffic Police then came down to investigate into the matter and I was advised to lodge a police report. I wish to state that my car has in-car recording, I had provided a copy for Traffic Police. That is all.





3 of 3

Report No. T/20191226/2078

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129 CONTINUATION OF REPORT

Tel No: 1800-4880999

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

| Signature Of Officer Recording The Report: F / Sgt 2 EDWIN CHAU YEW FEI | Signature Of Informant: | / |
|---|-----------------------------|---|
| Signature Of Interpreter: Not applicable | Date/Time: 26/12/2019 14:07 | |
| Officer In Charge Of Case: TP / DDGVT / SI MU WEI JUN Contact No.: 65476225 | Classification Of Case: | |
| Authentication Stamp NP168 Singapore Police Force | | |

| eBaoTech | 0601 | | | | | | • Change | Language | + Chang | e Password | + Log Ou |
|----------------|----------|----------------|-----------------------|-----------------------------------|----------------------|----------|------------------|----------------|-------------------|------------------|-------------|
| My Desktop | Polic | y Query | | | | | | | | | |
| Notice of Loss | Policy N | lo. | 1 | | | Date o | f Accident | 2 | 5/12/2019 2 | 2:55 | _ |
| | Vehicle | No.(For Motor) | SJN385 | 7H | | Certific | cate Number | | | | _ |
| | | | | | | Search | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5107560033 | | TAN HONG BIN (CHEN HONGBIN) | S9310722E | GPC | drivo CLASSIC | 53N3857H | SJN3857H | 21/02/2019 | 20/02/2020 |

| Seque | nce Date of Endorseme | nt | Endorsemen | t Type | Endorsemen | it Status | Engorsement Content |
|-----------------------------------|-----------------------------|-----------------------------------|--------------------|--------------------|---|---------------|-----------------------------|
| □ Endor | sements | | V styles alexan | - 2.8 AV (1) | Participation of the Control of the | 1 PLUE | Endorsement Content |
|) Insure | ed Object: SJN3857H | | | | | | |
| Unit No. | 07-58 | Rela Num | ted Policy iber | 5107560033 | | | |
| Address 4 | | | ess Type | Singapore address | | Post Code | 550232 |
| Address 1 | BLK 232 #07-58 | Addr | ess 2 | SERANGOON AVENUE 3 | | Address 3 | SINGAPORE 550232 |
| Policy! | holder Mailing Address | | | | Version 100 | More barrens | THE ABOUT PERSON |
| Certificate Info | | | | | | | |
| Open Policy Info | | | | | | | |
| Co- nsurance Flag | No | | | | | | |
| Agent | DICKSON INSURANCE AGENCY | Agent Tel. | 63447667 | | GST Flag | 2010 | |
| Outside Singapore OD Excess | 2000 | Outside Singapore TP Excess | 1500 | | CCT Flag | Young | /Inexperience Driver Excess |
| dditional xcess | 0 | OS Premium | 0 | | | | |
| hird Party xcess | 1500 | damage Excess | 2000 | | Windscreen Excess | 100 | |
| xcess ype | Per Accident | All Claims Excess Own | | | Netter de | | |
| olicy sue Date | 21/02/2019 | Effective Date | 21/02/2019 | 00:00 | Expiry Date | 20/02/2020 23 | ::59 |
| roduct ame | PRIVATE CAR INSURANCE | Plan | | | Group Policy Flag N | | eranar. |
| ddress | BLK 232 #07-58 SERANGOON AV | ENUE 3 SIN | GAPORE 5502 | 32 | | | |
| ertificate o. | | | | | | | |
| olicy No. | 5107560033 | Policyholder Name | TAN HONG B | SIN (CHEN HONGBI! | Policyholder NRIC | S9310722E | |

| | | | gwagen. | | GST Registration No. | |
|---|---|--|--|--|---|--|
| y No. | 5107968033 | Vehicle No. | 53N3857H | | 1000000 | |
| ificate No. | | | | | Policyholder NR3C | S9310722E |
| cyholder Name 1 | TAN HONG BIN (CHEN HONGBIN) | | 20/2003 | | Loeding | 0 |
| uct Code | PRIVATE CAR INSURANCE | Cover Type | prive CLASSIC | | | 0: |
| act No.(Mobile) | 96735514 | Contact No. (Office) | 0 | | Contact No.(Home) | |
| I Address | | Special Remark | | | eCode | |
| | ® No ○Yes | TCA | No ○Yes | | eCode Resson | |
| | No . | NCD Entitlement(%) | 0 | | Private Hire | Yes |
| Protection Accident Details | | | | | | |
| | 26/12/2019 16:45 | Academ Report Within 24 NS | Yes | | Acodent Type | Damaged whist parked |
| | | Time of Accident hisomin | 22:55 | | Country of Accident | Singapore |
| of Accident | 25/12/2019 | Drange Force | | | ICH No. | |
| orting Centre | 7 10 10 10 10 10 10 10 10 10 10 10 10 10 | The state of the s | | | | |
| | BLK 231 SERANGOON AVE 3 OPEN SPACE G | DUNKK | | | | |
| Total Excess Applicable | | | | 100.00 | | |
| ess Type | Per Accident | Windscreen Excess | | ALC: PAR | | |
| | 2.000.00 | TP Standard Excess | | 1,500.00 | | |
| Standard Excess | 2,000.00 | VIED TP Excess | | 0.00 | Driver is Covered? | Covered |
| 0 00 Excess | 0.00 | THE IT LEADER | | - STORY | | |
| fitional Excess | 0 | | | 1,500.00 | | |
| al OD Excess Applicable | 2000.00 | Total TP Excess Appricable | | Appropriate Control of | | |
| Benefits | | | | | | |
| GST Registered Informa | | | GST Regist | ration Date | | |
| t Registered | No | | GST Registr GST Status | | Yes | |
| T Registration No. | | | | 201102.50 | | |
| dification History | | | | | | |
| OF A STANTAN LAND AND A STANTAN | * N-200 | | | | | |
| Policyholder Hailing Ad | | V | SERANGOON AVE | NUE 3 | Address 3 | SINGAPORE 550202 |
| idress 1 | BLK 232 #07-58 | Address 2 | | | Post Code | 550232 |
| tdress 4 | | Address Type | Singapore address | 0.0 | CAUSE SECTION | |
| nt No. | 07-58 | Related Policy Number | 5107560033 | | | |
| OI Driver Info | | | | | | |
| river Name | TAN HONG BIN (CHEN HONGBIN) | Driver Type | Main Driver | | | 25/03/1993 |
| named driver Name | | Driver NRIC | 59310722E | | Driver DOB | 7 |
| gister Date of Driver License | 83/82/2012 | Driver Apr | 26 | | Driving Expensence | 0 |
| ontact No. (Mobile) | 96735514 | Contact No (Office) | 0 | | Contact No.(Home) | |
| ddress 1 | BUK 232 | Address 2 | SERANGOON AVE | NUE 3 | Address 3 | SINGAPORE 550232 |
| ddress 4 | | Address Type | Singapore address | 5 | Post Code | 550232 |
| mrt No. | 07-58 | | | | | |
| ipes he own a Singapore | ○ Yes ® No | Driver Vehicle No. | | | Driver Insurer Company | |
| agistered car? | O res de no | | | | | |
| | | | | | | |
| eclaration | | 1 220 (120 (120 | ○ Yes ® No | | | |
| | | | | | | |
| | 0 mg | Any injury? | | | | |
| reathelyser or Blood Test leading? | 0 mg | Any mjury: | | | | |
| leading? | Oing | Any equity: | | | | |
| eading? | Omg | erik silnika | | | | |
| eading? | Omg | with silmin. | | | | |
| eading? oddication History | 0 mg | wik sibnik. | | | | |
| eading? odification History Claim 001 New: | | Snource Name | TAN HONG BUN | CHEN HONGE! | Insured NR3C | 59310723E |
| eading? odification Hatory Claim 001 Nex | | | TAN HONG BIN 1 | CHEN HONGE! | Insured NRIC Contact No. (Office) | |
| eading? odification Hatory Claim 001 New Daint Type * | | Insured Name | Laboratoria de la companyo de la com | CHEN HONGBJ | | \$9310722E Qx1206P |
| eading? odification History Claim 001 New Daim Type * Contact No. (Mobile) Email Address | ор-мк | Insured Name Contact No.(Home) Oil Vehicle Number | 63447667 | CHEN HONGELF | Contact No.(Office) | |
| eading? Claim 001 Nex Claim Type * Contact No. (Mobile) Email Address Lisimant Type Claimant Type | OD-MX V | Insured Name Contact No.(Home) Oil Veticle Number Type of Benefit * | 63447667 SJN3857H | | Contact No.(Office) | |
| eading? Claim 001 Nex Claim Type * Contact No. (Mobile) Email Address Lisimant Type Claimant Type Damant Name * | ор-мк | Insured Name Comact No.(Home) Oil Vehicle Number | 63447667 SJN3857H | | Contact No.(Office) | |
| eading? Claim 001 New Claim 1001 New Contact No. (Modile) Email Address Claimant Type Claimant Type Damlant Name * Claimant Address | OD-MX Y | Insured Name Contact No.(Home) Oil Veticle Number Type of Benefit * | 63447667 SJN3857H | | Contact No.(Office) | Qx1206P |
| eading? claim 001 New Claim Type * Contact No. (Mobile) Immai Address Claimant Type Claimant Type Claimant Name * Claim Description | OD-MX V | Insured Name Contact No.(Home) Oil Veticle Number Type of Benefit * Claimont NRIC * | 63447667 S3N3857H Prease Select | V | Contact No. (Office) TP Vehicle Number | Qx1206P |
| eading? codification History Claim 001 New Daim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type Daimant Name * Claimant Address Claim Description Preferred Workshop Contact | OD-MX Y | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimont NRIC * | 63447667 33N3657H Please Select Not at Pault | N N | Contact No. (Office) TP Vehicle Number Name of Preferred Works | Qx1206P |
| eading? odification Hatory Claim 001 New Joint Type * Joint No. (Modile) mail Address Llaimant Type Claimant Type Domain Hadress Claim Description Perferred Workshop Contact No. | OD-MX Y | Insured Name Contact No.(Home) Oil Veticle Number Type of Benefit * Claimont NRIC * | 63447667 33N3657H Please Select Not at Pault | V | Contact No. (Office) TP vehicle Number Name of Preferred Works GIA report | QX1206P hop |
| eading? Claim 001 New Claim 1001 New Contact No. (Modile) Email Address Claimant Type Claimant Type Damant Name * Claimant Address Claim 001 Nestriction Perferred Workshop Coreact No. Require Finalisation | DD-MX Please Select. | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimont NRIC * | 63447667 33N3657H Please Select Not at Pault | N N | Contact No. (Office) TP Vehicle Number Name of Preferred Works | Qx1206P |
| eading? Claim 001 New Claim 1001 New Contact No. [Modile] Imail Address Claimant Type Claimant Type Damant Name * Claimant Address Claim 805 Contact No. Require Finalisation Date Registered | OD-MX Please Select. ≥≥ SIN3657H / QX1206P ON 25 Dec 2019 Ves 26/12/2019 16:47 | Insured Name Contact No.(Home) Oi Vehicle Number Type of Benefit * Claimont NRIC * Insured Liability * Preference Repair Option | 63447667 33N3657H Please Select Not at Pault | N N | Contact No. (Office) TP vehicle Number Name of Preferred Works GIA report | QX1206P hop |
| eading? Claim 001 New Claim 001 New Contact No. (Mobile) Email Address Claimant Type Claimant Type Damant Name * Damant Name * Claim 001 Contact No. (Mobile) Reguler Enailisation Date Registered Report Taken by | OD-MX Please Select >> SIN3657H / QX1206P QN 35 Dec 2019 Vest | Insured Name Contact No.(Home) Oi Vehicle Number Type of Benefit * Claimont NRIC * Insured Liability * Preference Repair Option | 63447667 33N3657H Please Select Not at Pault | N N | Contact No. (Office) TP vehicle Number Name of Preferred Works GIA report | QX1206P hop |
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