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NATIONAL Assessment Centre	Services purt 1 Jan	OSI MHAN	v0001797		
Date 11: 6 1 10 - 11:77	Job description		&Time Completed	De	one by
Rel No: Malinerson on 250 24	SAS e-filing	i			
Acti No: WCPINA	E-mail (within Shrs, AIC 3	thrs)			
D.O.A: 4/1/20 -16:45	i-Motor Claim Form		1078605-001	61.1.	. 50/
OD TP! Reporting Only	I-Motor W/O (Within:			6/1/20	11:30
OB . 11) Reporting Only	i-Photo Uploaded				
TP Insurer:	Assessment/Survey Rep	ort			-
Tr insurer.	Ass't Report by Fax / H		r/Wksn		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:			
TP Particulars: Veh No: 3431~	Qr IN			ax:	171.00
Owner / Driver: (	<u> </u>	Tel:	lon-INC()		-
Policy No: ( ) Period	1: (		Type: (		
Confirmed by : (	Date:	Cover	Time:		
Insured/Driver Liability: ( %) [Note	e-Est. Status (WO): N:	0-20% P-		00%1	
	ranty: YES ( )/NO			2070]	
Excess: (\$ ) Loading: \$1,000 (		. /			
Carlott Walle (it - 19/2007 Branch grant warmen	AND THE STREET PROPERTY.		SHANGE DEEP	KS S Law T	
				1000 300	5 ,
( ) Walk-In Customer: Customer's informat	tion strictly Confidential	& Strictly NO	refer of repairer.		
( ) Total Loss Case : to e-mail Insurer U	RGENTLY.	79			
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Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( ) / Court  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions	( )	and the second	Time Completed	Amit (S)	Amt
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Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( ) / Court ( ) QC Check / Post Repair Inspection ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Invoice F  1) AR: Active 2) DA: Dam 3) TF: Towin 4) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae I	reparation lent Reporting age Assessment ag Fee v-Through Surve v-Through Surve v-Eageinst INC O spection OA + SMRT Surve	Checklist. (530); (\$100); INC (\$80)  S40/5  Ty (Resurvey) \$1  Ty (Wef 10 Jan 2005)  Ty (Sy (\$200) \$1	Anit (S)	Amt
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( ) / Court ( ) QC Check / Post Repair Inspection ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Invoice F  1) AR: Active 2) DA: Dam 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae I 8) NTUC Ade	reparation lent Reporting age Assessment by Fee v-Through Surve v-Through Surve v-E against INC O	Checklist. (530); (\$100); INC (\$80)  S40/5  Ty (Resurvey) \$1  Ty (Wef 10 Jan 2005)  Ty (Sy (\$200) \$1	Anit (S)	Amt
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Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( ) / Court (2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Uploade/Time Actions  Actions  Wer/Owner: Intact No: Inaged Portion:  Checked by (Engr-In-Charge):  litors' Comments:	Invoice F  1) AR: Action 2) DA: Dam 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae I 8) NTUC Add QIN* *N5: Court *N6: Repair	reparation lent Reporting age Assessment ag Fee v-Through Surve v-Through Surve seasinst JNC O spection DA + SMRT Surve litional Services csy Car / Tpt All	Checklist. (\$30); INC (\$80)  S40/5  Sy \$1:  Sy (Resurvey) \$:  Sy (Resurvey) \$:  Sy (\$210 Jan 2005)  Acy \$1:  Ac	Amit (S)	Amt
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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Fax Number Contact Number

**EMail Address** 

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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.

A CONTRACTOR OF THE STATE OF TH	ACCIDENT STATEMENT
Date Of Report	06/01/2020 11:37
Date Of Accident	04/01/2020 16:45
Exact Location Of Accident	BLK 512 MAPLETREE INDUSTRIAL
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMC6122Y
Insured/Policyholder	
Name Of Registered Owner	CHEOK WEI SHENG
NRIC No	SXXXX009C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97872037
Alternative Phone No	OFFICE-97872037
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC ESI 4A
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5111191939
Cover Note Number	
Driver	
Name of Driver	CHEOK WEI SHENG, GABRIEL
NRIC No	SXXXX009C
Date Of Birth	16/04/1990
Occupation	INDOOR
Date Of Driving Pass	16/04/2009
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97872037
Eav Number	

OFFICE-97872037

NOEMAIL

BLK 686A JURONG WEST CENTRAL 1 Address

#16-124

Postcode 641686

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

2

2

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? YES

Was any injured conveyed to hospital by YES ambulance?

Was any other material or property damaged?

YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: CYNTHIA KONG

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

YES

YES

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200104/7025.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SJH3128K

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

# **DETAILS OF INJURED PERSON 1**

Name CHEOK WEI SHENG, GABRIEL

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMC6122Y

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

## **DETAILS OF INJURED PERSON 2**

Name CYNTHIA KONG

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SMC6122Y

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

### SKETCH PLAN

### IMPORTANT NOTICE

- 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 9. Any false reporting may be referred to the Police for investigation.
- 6 The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7 By the Indgment 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)

Lunderstand, 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 invoive 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.

Poycyholder's Signature

Date & Time

Dr/ver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personny

Name

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDEN	D	ESCRIBE	CIRCUMST	ANCES OF	THE ACCIDEN	T
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- Petar to police report-
· · · · · · · · · · · · · · · · · · ·
1

DECLARATION

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

Policyholder's Signature

Date & Time:

Dylver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne

Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIE	DENT DATE: (04/01/2	090)(DD/MM/YYY	Y), TIME: ( 10 :	45 HH:MM
LOCAT	ON: BIK 512 MAPIE	tree Industria	a) ( chai c	nee lane)
1,	DETAILS OF VEHICLE  a) VEHICLE NUMBER:  b) INSURANCE COMPANY:  c) POLICY NUMBER:  d) POLICY TYPE: (COMPRE)  e) MAKE & MODEL:  f) TYPE: (SALOON / COUPE /  g) VEHICLE CATEGORY: (PRI h) PURPOSE OF USING AT AN	SMC 6122 NMC HENSIVE / THIRD PAI HONDA MPV /VAN / LORR WATE / COMMERC CCIDENT TIME:	RTY / THÍRD PART Y / MOTORCYCL IAL / MOTORCYC Private	Y FIRE &THEFT)  LE / OTHERS)  CLE)
2. I	IF NO, PLEASE STATE (THIRD NSURED / POLICY HOLDER A) NAME: (NO F D) NRIC/FIN/PASSPORT: C) ADDRESS: 606A	Wei Sweng, S90120090 Juvang West C	FORTING ONLY)  FABRIEL MALE  CONTACT:  MIVAL 1 #1	
Clinduding driver) b	NRIC/FIN/PASSPORT: ADDRESS:		(MALE	
6, W 7, a)	DIDATE OF BIRTH: (	ENCE:E OF THE INSURE THE DRIVER WITH EAR / RAINING / O T / OTHERS / NO)	D'S COMPANY?	(YES / NO) ONNEV
He of passenger a linduding driver) by (03) male, THI	PARTY VEHICLE  VEHICLE NUMBER:  DRIVER'S NAME:  NRIC/FIN/PASSPORT:  RD PARTY VEHICLE  VEHICLE NUMBER:	97H 3118K	_MODEL:	
Including driver)	DRIVER'S NAME: NRIC/FIN/PASSPORT:		CONTACT:	

email =

fax =





1 of 3

Report No. T/20200104/7025

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

## REPORT OF A TRAFFIC ACCIDENT

	ne Report M 20 23:26	/lade:	Vide Report No.: G/20200104/0222	Station Diary No.:	
Informa	nt's Partic	ulars			
	Informant: WEI SHEN	IG, GABRIEL	Address: APT BLK 686A JURONG WI SINGAPORE 641686	EST CENTRAL 1 #16-124	
ID Type NRIC NO	/ ID No.: D / S901200	09C	Contact No.: Home/Office:	Mobile: 97872037	
Nationali SINGAP	ty: ORE CITIZ	EN	Email: gabrielcheok2010@gmail.co	m	
Sex: Age: Date of Birth: Male 29 16/04/1990			Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: SELF EMPLOYED			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/01/2020 16:45	Type of Location: Car Park
Location: CHAI CHEE I Weather:	ANE	Road Surface:		Road Speed Limit:
Clear		Dry		
		Traffic Control:		Troffic Valumes
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJH3128K	Car	TOYOTA			Slightly Damaged	2
SMC6122Y	Car	HONDA	CIVIC ESI 4A	Silver	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMC6122Y	NTUC Income Insurance Co-Operative Limited	5111191939	17/07/2019	16/07/2020





2 of 3

Report No. T/20200104/7025

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

## CONTINUATION OF REPORT

Details of Perso	n Involved		NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,	Hant's	-	
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Pedestrian Crossing: NA			
Passenger			Mary Name			STREET, STREET
Name	CYNTHIA KONG			ID No	2	S9429249B
Related Vehicle	SMC6122Y (Car)			Conta	ict No.	97111673
Hospital/Clinic	NIL			Class Drivin Licen Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	04/01/2020		Date Disc	harge	04/01	/2020
No. of Days gran	ted Medical Leave	03	Degree of		Slight	
Driver					100	
Name	CHEOK WEI SHENG	CHEOK WEI SHENG, GABRIEL				S9012009C
Related Vehicle	SMC6122Y (Car)	SMC6122Y (Car)			ct No.	97872037
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	04/01/2020		Date Discl	harge	04/01	/2020
No. of Days gran	ted Medical Leave	03	Degree of		Slight	

## Brief Details.

ON 04/01/2020 AT ABOUT 16:45HR, I WAS DRIVING MY VEHICLE - SMC6122Y, ALONG MAPLETREE INDUSTRIAL. I WAS STATIONARY WHEN VEHICLE NUMBER - SJH3128K, REVERSED ONTO MY VEHICLE'S FRONT LEFT PORTION. I WISH TO STATE THAT THE VEHICLE WAS EXITING FROM THE CAR PARK LOT.

SUBSEQUENTLY, I WAS CONVEYED TO CHANGI GENERAL HOSPITAL & WAS GIVEN 3 DAYS MC. AND MY GIRLFRIEND SEEK MEDICAL ATTENTION AT UNIHEALTH CLINIC @ BEDOK AND WAS GIVEN 3DAYS MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20200104/7025

### CONTINUATION OF REPORT

Sketch Plan						
Informant is	not	able	to	provide	sketch	plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/01/2020 23:26
Officer In Charge Of Case: TP / TPIB / THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:

Authentication Stamp

NP168



Policy No.	5111191939	Policyholder Name	CHEOK WE	I SHENG	Policyholder NRIC	59012009C	
Certificate No.		19-2003000			ALCO AND		
Address	31 WEST COAST HIGHWAY SING	GAPORE 1178	4				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	17/07/2019	Effective Date	17/07/2019	9 00:00	Expiry Date	16/07/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	FALCON-AIR AUTO SERVICES P	Agent Tel.	64547862		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
▽ Policyh	older Mailing Address						
Address 1	BLK 686-A #16-124	Addres	5 2	JURONG WEST CEN	TRAL 1	Address 3	SINGAPORE 641686
		Addres	s Type	Singapore address		Post Code	641686
Address 4							
Address 4 Unit No.		Relate Numbe	d Policy er	5111191939			
Jnit No.	d Object: SMC6122Y			5111191939			
Jnit No.				5111191939			

Claim Handling												
Accident MT/1078603												
Palicy No.	5111191939		Vehicle No.		SMC6122	ov.		GST Registration No.				
Cartificate No.								1986 707 31860 4436				
Poscyholder Name	CHECK WIT SHENG							Policyholder NRIC		5901	2009C	
Product Code			Cover Type		Third Perty			Loading		0		
Contact No.(Mobile)	97872037		Contact No.(Office)		0			Contact No (Home)		0		
times Address			Special Remarks					eCode			-	
KPK	® No ○Yes		TCA		® No ○	Yes		eCode Reason		I IV S		
NCD Protection	No		NCD Entitlement(%)		30			Private Hire		210		
Accident Details			ingo contrational sy		340			Private Hire		No		
Report Date	06/01/2020 11:50				92.5							
			Accident Report With		Yes			Accident Type		Dama	ged whist parked	
Date of Accident	04/01/2020		Time of Accident Inhi-	mm	15:45			Country of Accident		Singa	pore	
Reporting Centre			Orange Force					ICM No.				
Acoders Location	BLK 512 MAPLETREE INDUST	RIAL										
Total Excess Applicable	•											
Excess Type	Per Accident		Windspreen Excess			0.00						
George Co. (1971)												
OD Standard Excess	0.		TP Standard Excess			0.00						
YIED OD Excess	.01		YIED TP Excess			0.00		Oriver is Covered?		Cover	ed	
Additional Excess		n										
Total CID Excess Applicable	0)	00	Total TP Excess Apple	cable		0.00						
□ Benefits												
GST Registered Inform												
GST Registered	No					T Registration Date						
GST Registration No.					GS	T Status Ventied		Yes				
Modification History												
m management of the	220000											
Policyholder Mailing Ad												
Address 1	DLK 686-A #16-124		Address 2		JURONG V	VEST CENTRAL 1		Address 3		SINGA	APORE 641686	
Address 4			Address Type		Singapore	address		Post Code		64168	16	
Unit No.			Related Policy Number	r	51111919	19						
⇒ OI Driver Info												
Driver Name	check wel sheng gabriel		Driver Type		Hain Drive	r.						
Unnamed driver Name			Driver WRIC		59012009	c		Driver DOS		16/04	/1990	
Register Date of Driver License	16/04/2009		Driver Age		29			Driving Experience		10		
Contact No. (Mobile)	97872037		Contact No.(Office)		0			Contact No.(Home)		0		
Address 1	BLK 686-A		Address 2		JURONG V	VEST CENTRAL 1		Address 3		SING	PORE 641686	
Address 4			Address Type		Singapore	address		Post Code		64168	6.	
Unit No.	16-124											
Does he own a Singapore	○ Yes ® No		Driver Vehicle No.					Driver Insurer Compan				
Registered car?								some made company	18			
Declaration												
Breathalyser or Blood Test	0 mg		44-141-4		00	E.						
Reading?			Any injury?		® Yes □	NO						
Modification History												
Claim 001 New												
CHANGE HER												
Claim Type *	OD-MX v		Insured Name		CHECK WE	I SHENG		Insured NRIC		59012	009C	
Contact No.(Mobile)		]	Contact No.(Home)					Contact No.(Office)		-		
Email Address		]	GI Vehicle Number		SMC6122Y			TP Vehicle Number		53101	28K	
Claimant Type Claimant Type *	Please Select V		Type of Benefit +		Please Sel	ect v				- Service Service		
Clament Name *		22	Clamant NRIC *			-10						
Claimant Address			The state of the s									
Daim Description	SMC5122Y / S3H3128K ON 4 3	an 2020						Name of Preferred Worl	kshop			
Preferred Workshop Contact		1	Insured Liability *		Not at Fau	- 101						
No. Reguire Finalisation	[Van	1				-				_		
Require Hinalisation  Date Ragistered	Yes	-	Preferend Repeir Opti	on.	prieferred (	Vorkshop, Name unknown	Y	GIA report		Receiv	Control of the last of the las	
	06/01/2020 11:52	4	Claim Close Date					Date Received		06/01/	2020 00:00	
Report Taken By	Jackson	1										
Print AK letter												
				100	SUCH TWO	G21						
Attachment				2	lave Sub	The state of the s						
Actachment												
v v												
Accident No.	MT/1078603		0.00			001						
			Claim No.	Q.		901						
ast Doc. Received	® Yes □ No		Upload Dat	te		06/01/2020 11:53						
g:	Path *				44	Category *		Confidential	Urgency		Description +	
				Browse	Clear	Please Select	v	V №	imal	v		
				Browse	Clear	Please Select	v	No.	imal.	V		
				Browse	Clear	Please Salect	v	No.	emai	¥		
			- 5	Browse	- Company	Please Select	U			V		
				Browse	A SECURITY	Please Select	-		100			
			1	en puge	- Section	mease poeut	v	Y No	mai	v		

