			18 (0000) AN		
Date In: 7/11/2-13/78	Job descripti	ON	Date & Time Completes	Do	ne by
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Veh No: GWERTOK	E-mail (with	ia Shrs, AIC 2hrs)			
D.O.A :6/1/20-17:00	i-Motor Cl	aim Form	M7/157927-001	13/1ho	fk! u
OD / TP / Reporting Only	i-Motor W	O (Within: OD 2hrs		711744	
- Kepoting Only	i-Photo Up				
TP Insurer:	Assessment/	Survey Report			
11 insurer.	Ass't Report	by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: Sk V	י תכבעו	INC ()/Non-INC()	1 3011	VII E CONTROL
Owner / Driver: (.77-9		Tel:	· ·	
Policy No: () Per	riod: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) []	Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. F: 80-	100%1	-
	Warranty: YES ()/NO(1, 21-7570. 1.30-	10070	
Excess: (\$) Loading: \$1,00			<u></u>		
General Remarks:-	35 ()7 32,00	PROBREMOVE STANKED	STATE OF THE PARTY		
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() Walk-In Customer: Customer's infor	mation strictly Co	onfidential & Strice	ctly NO refer of repairer.		
() Total Loss Case : to e-mail Insure					TO VALLE
Drive-In ()/ Towed-In (); Invoice:	YES()/	NO(); To	wing Co: (1
		(),10	Wing Co. (
Remarks: (INC hotline: 6788 6616)	e de la companya de l	100	Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/Co	ourtesy Car (1		market A.	
		,			
2) QC Check / Post Repair Inspection	(,	*		
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3) Upload Resurvey Photo [Repair Cost > \$30	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$30 Injury:	()			
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3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	(Invoice Prepa	ration Checklist.	Ant (s)	V. P. 3.0
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Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions United Actions umant's Particulars:	(1) AR : Accident Re 2) DA : Damage As 3) TF : Towing Fee 4) FT : Follow-Thro	porting (\$30); sessment (\$100); INC (\$8	fé Bill 0)	V. P. 3.0
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July: Date/Time Actions Checked by (Engr-In-Charge):	(1) AR: Accident Re 2) DA: Damage As: 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspectio 7) N1: Idae DA + S: 8) NTUC Additional OD: *N5: Courtesy Ca *N6: Repair Co-o *N7: Fost Repair	porting (\$30); sessment (\$100); INC (\$8 \$40 ugh Survey ugh Survey (Resurvey) nst INC Only (wef 10 Jan 2005) MRT Survey Services r / Tpt Allowance rdination	18 Bill 0) 7545 5120 530 575 6160	V. P. 100
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July : ———————————————————————————————————	(1) AR: Accident Re 2) DA: Damage As: 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspectio 7) N1: Idae DA + Si 8) NTUC Additional OD* *N5: Courtesy Ca *N6: Repair Co-or *N7: Fost Repair *N8: DV / Collect	porting (\$30); sessment (\$100); INC (\$8 \$40 ugh Survey ugh Survey (Resurvey) nst INC Only (wef 10 Jan 2005 n MRT Survey Services:- r/Tpt Allowance dination Inspection Excess Coordination	18 Bill 0) 7545 5120 530 0) 575 6160 55 510 525 520 300	Contract to the same

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 fruthful 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

	ACCIDENT STATEMENT
Date Of Report	07/01/2020 17:58
Date Of Accident	06/01/2020 15:00
Exact Location Of Accident	PAYA LEBAR RD
Country/State of Loss	SINGAPORE
Control of the Contro	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GW6810K
Insured/Policyholder	
Name Of Registered Owner	KOYO REFRIGERATION AND AIR CONDITION SERVICES
Co Reg No	1XXXX100W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67459767
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5061594406-06
Cover Note Number	
Driver	

Name of Driver CHAN FOOK ONN NRIC No SXXXX230Z Date Of Birth 06/05/1946 OUTDOOR Occupation 03/04/1964 Date Of Driving Pass 55 YEARS AND 9 MONTHS Driving Experience Gender (LOCAL) +65-98179046 Mobile Number Fax Number OFFICE-98179046

EMail Address NOEMAIL

Contact Number

Address

BLK 8 EUNOS CRESCENT

#01-2673

Postcode

400008

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 - CHANGE/CROSS LANE

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:

-

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

SKU1470D

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

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.

KOYO Retrigeration & Air-Con Services

Blk 8 Eunos Crescent **#01-2673** Singapore 400008 **Tel: 6745 2869** / 6745 3580

Policyholder's Signature

Date & Time:

Driyer's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature

Name:

NRIC/FIN No .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to	flatement.	

DECLARATION

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

1000 Refrigeration & Air-Con Services

Blk 8 Eunos Crescent

2673 Singapore 400008

Policy Tolder S ## 6 6869 / 6745 3580 Driver's Signature

Date & Time: Fax: 6746 1237

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: ONB STATED DATE AND TIME, MY VEHICLE WAS ON 3^{RD} LANE OF PAYA LEBAR RD. AS I WANTED TO FILTER TO 2^{ND} LANE. I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLINDSPOT BEFORE I CAN PROCEED. WHEN I PROCEED FILTERING TO 2^{ND} LANE. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B FRONT LEFT PORTION INTACT WITH MY VEHICLE REAR RIGHT PORTION.

KOYO Refrigeration & Air-Con Services
Blk 8 Eunos Crescent
#01-2673 Singapore 400008
Tel: 6745 2869 / 6745 3580
Fax: 6746 1237

ACCIDENT STATEMENT

ACCIDENT DATE: 6/1/10	MOD MAN MAN I L
LOCATION: Pagg lebor Ad)(DD/MM/YYYY), TIME:(5 : 00)(HH:MM
7	1
1. DETAILS OF VEHICLE	X1 W
a) VEHICLE NUMBER: GU &	lak .
	MIC
C)POLICY NUMBER: 5061394	101-01
d)POLICY TYPE: (COMPREHENS)	106-001
e)MAKE & MODEL:	VE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
f)TYPE:(SALOON / COURS / LUDY	
9/VEHICLE CATEGORY (PRIVATE	/VAN / LORRY / MOTORCYCLE / OTHERS)
h)PURPOSE OF USING AT ACCIDI	/ COMMERCIAL / MOTORCYCLE)
I) ARE YOU CLAIMING UNDER YO	ENT TIME: WUNGING
I) ARE YOU CLAIMING UNDER YOU IF NO, PLEASE STATE (THIRD BAR)	UP OWN INSURANCE (YES/NOT)
IF NO, PLEASE STATE (THIRD PAR' 2. INSURED / POLICY HOLDER	TY CLAIM / REPORTING ONLY
A)NAME: 1634 Refragration	
b)NRIC/FIN/PASSPORT:	and Are Condition Services
c)ADDRESS:	CONTACT: 67459767.
* CONTINUE TO 3.d IF DRIVER ALSO	
	O POLICY HOLDER
(Including driver) allNAME: Chan Fools one	
(1) b) NRIC/FIN/PASSPORT: SALY2	MAGE / FEMALE
(4) b) NRIC/FIN/PASSPORT: Shiyz	CONTACT: 98179016.
male.	
*d)DATE OF BIRTH:	NA C VIDE III
e)OCCUPATION: (INDOOR / OUTD	DOD/MM/YYYY)
IT LAKS OF DRIVING EXPREDIENCE	
4. WAS DRIVER AN EMPLOYEE OF T	The second secon
IF NO, RELATIONSHIP OF THE DE	HE INSURED'S COMPANY? (YES / NO)
5. a) WEATHER CONDITION: (C) DAR /	AND WITH INSURED:
	HERS OTHERS
O. WAS ANYBODY INJURED IVES IN CO.	TEKS
MINEFORIED TO POLICE TYPE / NIPM	
- IF 163, PLEASE STATE WHICH POLIC	F STATION:
- HIND PART VEHICLE	
a) VEHICLE NUMBER: JICH 14707	11005
- Induding driver) D) DRIVER'S NAME:	MODEL:
C) NRIC/FIN/PASSPORT.	CONTION
9. THIRD PARTY VEHICLE	CONTACT:
T NO OF PRESIDENCE OF VEHICLE NUMBER:	MODEL:
Includion della DRIVER'S NAME:	JWODEL
f) NRIC/FIN/PASSPORT:	CONTACT:
	CONTACT:

email = Koyo fodge@gmail.com

VIDEO -X

eBaoTech										Genera	alClaim	
Hello, NAC_PAYA_UBI_80	0601				The second second		· Change	Language	• Chan	ge Password	· Log Out	
My Desktop	Poli	cy Query									306	
Notice of Loss	Policy I	No. No.(For Mator)	Fures	GW6810K		Date of Accident Certificate Number		0	06/01/2020 15:00			
		110.(10) 110.(1)	131130		5	earch	ate Number	L				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5061594406- 06		KOYO REFRIGERATION AND AIR CONDITION SERVICES	10403100W	GCV	Third Party	GW6810K	GW6810K	01/08/2019	31/07/2020	
					Co	ntinue						

Policy No.	5061594406-06	Policyholder Name	KOYO REF	RIGERATION AND AIR	Policyholder NRIC	10403100W	
Certificate No.							
Address	BLK 8 #01-2673 EUNOS CRESCI	ENT SINGAPOR	RE 400008				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy Issue Date	13/06/2019	Effective Date	01/08/201	9 00:00	Expiry Date	31/07/2020 2	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Youn	g/Inexperience Driver Excess
Agent	JG MOTOR AGENCY	Agent Tel.	63440727		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 8 #01-2673	Addres	s 2	EUNOS CRESCENT	,	Address 3	SINGAPORE 400008
Address 4		Addres	s Type	Singapore address	3	Post Code	400008
Jnit No.		Related Numbe	1 Policy	5061594406-06			
▶ Insured	Object: GW6810K						
♥ Endorse	ements						
Sequent	te Date of Endorsement		ndorsement	Type	Endorsement	Ctabus	Endorsement Content

Claim Handling					
Accident MT/1079027					
Policy No. Certificate No.	5061594408-08	Vehicle No.	GMESTOK	GST Registration No.	
Policyholder Name	KOYO REFRIGERATION AND AIR CONDITO				
				Policyholder NRIC	10403100W
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Third Party	Loading	٥
Contact No.(Mobile)	0	Contact No.(Office)	57459767	Contact No.(Home)	0
Email Address	72872350	Special Remark		eCode	16 V.
KPK	No ○ Yes	TCA	® No ○ Yes	eCode Reason	
MCO Protection	No	NCD Entitlement(%)	30	Private Hine	No
Accident Details					
Report Date	07/01/2020 18:10	Accident Report Within 24 hrs	Yes	Acodent Type	Collision - Change / Cross lane
Date of Accident	06/01/2020	Time of Accident hh:mm	15:00	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	0109-0101
Accident Location	PAYA LOBAR RD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00		935020		
VIED OD Excess		TP Standard Excess	0.00		
	.0.00	YJED TV Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable			
V. Benefits					
□ GST Registered Inform					
GST Registered	No		GST Registration Date		
GST Registration No. Modification History	0710110000101111000		GST Status Verified	Yes	
Production restory	07/01/2020 16:11:15 5951	em changed GST Status Venfied from	n No to Yes		
Policyholder Mailing Ad	ldress				
Address 1	BLK 8 #01-2673	Address 2	BUNOS CRESCENT	V4407.14	500000000000000000000000000000000000000
Address 4	000-001-2073			Address 3	SINGAPORE 400008
[생물병[] 악		Address Type	Singapore address	Post Code	400008
Unit No.		Related Policy Number	5061594406-06		
© OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHAN FOOK ONN	Driver NRIC	SNXXX230Z	Driver DOB	06/05/1946
Register Date of Driver License		Driver Age	73	Driving Experience	55
Contact No.(Mobile)	98179046	Contact No.(Office)	0	Contact No.(Home)	0
Address I	aux a	Address 2	EUNOS CRESCENT	Address 3	SINGAPORE 400008
Address 4		Address Type :	Singapore address	Post Code	400008
Linit No.	01-2673				
Does he own a Singapore Registered car?	○ Yes (No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Arry injury?	○ Yes ® No		
Modification History					
Claim 001 New					
Claim Type *	OD-MX ♥	Insured Name	KOYO REFRIGERATION AND AIR	Insured NRIC	10403100W
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	98179046
Email Address		Of Vehicle Number	GW6810K	TP Vehicle Number	SKU1470D
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name +	23	Claimant NR3C *		25	
Claimant Address					
Claim Description	GW6810K / SKU1470D ON 6 Jan 2020			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes 🔻	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/01/2020 18:11	Claim Close Date		Date Received	07/01/2020 00:00
Report Taken by	Jackson			7 42000 CONTROL OF THE	(New York of the Control of the Cont
	and a second				
Frint AK letter					
		1	Save Submit		
Attachment					
9					
Accident No.	MT/1079027	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Date	07/01/2020 18:12		
15 11 10 10 10 10 10 10 10 10 10 10 10 10	Path *	1 Automobilities		Footbalant - 1	
	Paul 1	Browse	Category *	Confidential Urgen	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
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		Browse.		≥ Normal	
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71000		Browse	Clear Please Select S	✓ Normal	V
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			Character P		

