Date In: 3 1/10-11:73	Jeb description	Date & Time Completed	Don	ne by
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D.O.A: 20/1/20-18: 20	i-Motor Claim Form		2 1. 1.	2007
- 18: 15		M11082644-001	7/1/10	V. []
OD / TP / Reporting Only	i-Motor W/O (Within: OD	2hrs, TP 4hrs)		e (1) = (=
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Repo			
Preferred Wksp / INC Assign Wksp / QW: (	Ass't Report by Fax / Ha			-
TP Particulars: Veh No: Sun	2.761c INC		ax:	-
Owner / Driver: (	IVA III	Tel:		-
<del></del>	Period: (	) Cover Type: (		
Confirmed by : (				
	Date:	Time:	(00/3	
Year of Registration: ( )	[Note-Est. Status (WO): N: (	7-20%; P: 21-79%. P: 80-1	00%]	
Excess: (\$ ) Loading: \$1	Warranty: YES ( )/NO (			
General Remarks:	,000()/\$2,000()	Market and the second	138 CH 112	
The second second of the second secon			wat the	
( ) Walk-In Customer: Customer's in	formation strictly Confidential &	Strictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insu	rer URGENTLY.		4	
Drive-In ( )/ Towed-In ( ); Invoice	ce: YES ( ) / NO ( )	Towing Co: (		)
		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	ベス プレット リアコ ログ・ファーロン	CHANGE THE CO.
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Apply for Transport Allowance ( )/	Courtesy Car ( )	Date&Time Completed	Done	by
Apply for Transport Allowance ( )/     QC Check / Post Repair Inspection	( )	Date&Timis Completed	Done	by
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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the ins

<ol><li>By the lodgement of this report to the insurers, you hereby cor aforesaid.</li></ol>	nsent to the archiving of this report at the centre and to copies of the report being made available
THE STATE OF THE PARTY OF THE P	ACCIDENT STATEMENT
Date Of Report	03/02/2020 11:53
Date Of Accident	25/01/2020 18:20
Exact Location Of Accident	LAGOON VIEW CONDO
Country/State of Loss	SINGAPORE
CONTRACTOR DESCRIPTIONS	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJX8606E
Insured/Policyholder	
Name Of Registered Owner	ANDREW TIMOTHY YEO YU REN
NRIC No	SXXXX517B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90040561
Alternative Phone No	OFFICE-90040561
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	
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	PRIVATE CAR
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	5096856062-02
Cover Note Number	

#### Driver

Name of Driver	ANDREW TIMOTHY YEO YU REN

NRIC No SXXXX517B Date Of Birth 17/06/1992 Occupation OUTDOOR Date Of Driving Pass 19/03/2016

Driving Experience 3 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90040561

Fax Number

Contact Number OFFICE-90040561

EMail Address NOEMAIL

BLK 136 BISHAN STREET 12 Address

#02-424

Postcode 570136

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Passenger 1

NAME:

3

NO

5

3 -

GENDER: FEMALE

Passenger 2

NAME:

. -

GENDER: : FEMALE

Passenger 3

NAME:

GENDER: : MALE

Passenger 4

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

SLU2391E

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)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SLW6499S

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)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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) 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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:
  - (I) To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature

Date / time:

Driver's signature

(if driver is not policy holder)

Date / time:

reporting centre personnel's Signature

Date / time:

SKETCH PLAN

A: STX 8606 E

B: \$1,42,89,1 E

C: \$1,40,6499.5

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#### DECLARATION

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

Policy holder's signature

Date & time:

Driver's signature (if driver is not policy holder) Date & time:

reporting centre personnel's Signature NRIC/FIN No.:

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

Date of accident	25/0:120	(DD/MM/YY)
Time of accident	1820	(HH:MM)
Exact location of accident	A' lappon vietu	condo

		DETAILS OF	VEHICLE				
Vehicle registration number	22× 8600E						
Vehicle make and model	kin cerato Fort						
Type of vehicle	Saloon    Lorry □	MPV 🗆 Bus 🗅	CRV D Van D Others:				
Vehicle category	Private 🗹	Comm	ercial   Motorcycle				
Purpose of using at said time	lun-						
Are you claiming under your own insurance company?	Yes □ Third part o	Yes No if no, please select: Third part claim Z Reporting only					

	INSURANCE IN	FORMATION	
Insurance company	NTU		
Policy number			
Type of policy	Comprehensive	Third party fire & theft $\square$	TP only 🗆

Name	Andi		TMO this		YU Re	~ Male	Female c
NRIC / Fin / Passport number	Misci	*	,9122 15				
Contact			9000	1056			
Address	Bik	136	Bishon	street	12	402 - 424	f s(570136)

DRIVER	SAME AS INSURED ABOVE 11 (SKIP TO D.O.B)	
Name	Male 🗆	Female □
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	17/06/1992	
Occupation	Indoor  Outdoor	
Driving date pass	1910312016	

	Territoria di Const					
	GENERAL	INFORMA	TION	F THE ACCIDEN	THE	2000年1000
Was driver an employee of	Yes 🗆	No 🗷				
the insured's company?	If no, rel	ationship	of the c	river and insur	ed: Owl	ur
Accident captured by camera?	Yes 🗆	No Ø				
Weather condition	Clear 🗷	Rainin	IR D	Others:		
Road surface	Dry 🗹	Wet 🗆	0 -	01110131		
No of passenger	5				/In a	ductive of datus
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		OTHER INF	ORMA	TION	1947年	
Was anybody injured?	Yes 🗆	Noo				
Was other vehicle damaged?	Yes	No 🗆				
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SERVICE THE DESIGNATION OF THE PERSON OF THE	DETAILS	OF POLIC	E STAT	ION ACTION	社会的企业	
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Police station name						
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Name			Astronomic Co.	SAN TON SHAREST	THE PROPERTY OF THE PARTY OF	
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Name	
NRIC / Fin / Passport number	
Contact	
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Vehicle registration number	
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Name	
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	THIRD PARTY VEHICLE 3
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Vehicle make model	
Name	
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Contact

		INJURED	PERSON 1
Name	the same and a single		
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	SISOROPE.		
STATE OF THE PARTY		INJURED	PERSON 2
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
		WINDS OF STREET	
Name		INJURED	PERSON 3
Injuries sustained			
Which vehicle person in? Were seat belts worn?	V		
	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	
nospital by ambulance?			
MATERIAL PROPERTY OF THE PARTY	Halla St. Land	INJURED	PERSON 4
Name		INJUNED	PERSON 4
Injuries sustained	-		
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?		Un TARkenner and	
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<b>的时间一个表面的连续</b>	10.4	INJURED	PERSON 5
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?		telle were to the	
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Name		INJURED I	PERSON 6
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes	No 🗆	
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	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096856062- 02		ANDREW TIMOTHY YEO YU REN	S9221517B	GPC	Third Party, Fire & Theft	SJX8606E	80.5000	16/01/2020	15/01/2021

Sequenc	e Date of Endorsement	E	ndorsement	Туре	Endorsement	Status	Endorsement Content
♥ Endorse	ements						
▶ Insured	Object: SJX8606E						
Init No.		Related Numbe		5096856062-02			
ddress 4		Addres		Singapore address	1	Post Code	570136
ddress 1	BLK 136 BISHAN STREET	12 Addres	s 2	#02-424 BISHAN G	REEN	Address 3	SINGAPORE 570136
→ Policyh	older Mailing Address						
Certificate nfo							
Open Policy Info							
lo- nsurance lag	No						
Agent	CHUAN LEE ENTERPRISES PTE.	Agent Tel.	64690002		GST Flag	Y	
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Additional excess	0	OS Premium	0				
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	22/12/2019	Effective Date	16/01/202	0 00:00	The second second	15/01/2021	23:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address							
Certificate No.		Name			NRIC	376213176	
Policy No.	5096856062-02	Policyholder Name	ANDREW '	TIMOTHY YEO YU REN	Policyholde	59221517B	

Accident MT/1082599 Policy No. Certificate No.					
	5096456062-02	Vehicle No.	\$1×8606E	GST Registration No.	
Project Code	ANDREW TIMOTHY YEO YU KEN			Policyholder NRIC	592215178
Contact No.(Mobile)	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Email Address	90040561	Contact No. (Office)	0	Contact No. (Home)	0
KFK	Sur Own	Special Remark		eCode	11.0
MCD Protection	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
Accident Details	No	NCD Entitlement(%)	20	Private Hire	No
Report Date					
	03/02/2020 12:09	Academ Report Within 24 h	rs Yes	Accident Type	Collsion - Major Minor Road
Date of Accident	25/01/2020	Time of Accident hh.mm	18:20	Country of Accident	Singapore
Reporting Centre		Drange Force		3CM No.	24000
Accident Location  ** Total Excess Applicab	LAGOON VIEW CONDO				
Excess Type					
Table 1790.	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	85323		
VIED DO EXCESS	0.00	YIED TP Excess	0.00	2541 KC10 Met 158/240 et	
Additional Excess	0.00	IIA SERVICE DE LA CONTROL DE L	0.00	Driver is Covered?	Covered
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
♥ Benefits			0.00		
GST Registered Inform	mation				
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes :	
lockfication History				x=0	
Policyholder Malling A	ddmin				
ddress 1 ddress 4	BLK 136 BISHAN STREET 12	Address 2	#02-424 BISHAN GREEN	Address 3	SINGAPORE 570136
init No.		Address Type	Singapore address	Post Code	570136
OI Driver Info		Related Policy Number	5096856062-02		
river Name	ANDREW TIMOTHY YED YU REN	0.000			
nnamed driver Name	The state of the s	Oriver Type Oriver NR3C	Main Driver 592215178	12247574000	
gister Date of Driver License	e 19y03/2016	Driver Age	27	Driver DOB	17/06/1992
ontect No.(Mobile)	90040561	Contact No.(Office)	0	Oriving Experience	3
adress 1	BLK 136 SISHAN STREET 12	Address 2	BISHAN GREEN	Contact No. (Home)	٥
tdress 4	Personal Darrest Control of the Cont	Address Type		Address 3	SINGAPORE 570136
nit No.	02-424	name ess Type	Singapore address	Post Code	570136
ses he own a Singapore	○ Yes ® No	SACRO CONTRACTOR			
see the dwin a billidabous					
egistered car?	C HS (SHIP)	Driver Vehicle No.		Driver Insurer Company	
egistered car?	O Pas @ No	Driver Vehicle No.		Driver Insurer Company	
claration :			0	Driver Insurer Company	
claration :	Omg	Any injury?	○ Yes  No	Driver Insurer Company	
egistered car? Claration resthalyser or Blood Test reading?			○ Yes  ® Np	Oriver traurer Company	
egistered car? claration :			○ Yes  ® Np	Oriver traurer Company	
cluration reithalyser or Blood Test reiding?	0 mg		○ Yes  ® Np	Oriver traurer Company	
claration cathalyser or Blood Test eding?	0 mg		○ Yes  ® Np	Oriver traurer Company	
claration retinal/ser or Blood Test ading?  Charation History  Claim 001 OD-MX  New	o mg	Any injury?	JANGOO GAYAN		
claration resthalyser or Blood Test eding? chronion History Claim 001 OD-MX May	O mg	Any injury <sup>3</sup> Insured Name	○ Yee ● Np  ANDREW TIMOTHY YEO YU REN	Fraured NRIC	592215178
claration rethalyser or Blood Test eding?  Effication History  Claim 001 OD-MX  Im Type *  Itact No. (Mobile)	O mg	Any injury <sup>3</sup> Insured Name Contact No.(Home)	ANDREW TIMOTHY YEO YU REN	Snaured NRIC Contact No.(Office)	\$9221517B
claration rathalyser or Blood Test eding?  clification History  Claim 001 OD-MX  Mex  im Type *  ttact tvo (Mobile)  all Address	O mg  CD-MX  90040561  AKDR£WTYRO@GMAIL.COM	Any injury <sup>3</sup> Insured Name Comact No.(Home) Of Vehicle Number	ANDREW TIMOTHY YEO YU REN	Fraured NRIC	\$92215178 \$1LU2391E
claration rathalyser or Blood Test ading?  claration History  claim 001 OD-MX  Mex  int Type *  ritact No. [Mobile] all Address mant Type Clarmant Type *	CD-MX  90040561  ANDREWTYPOS GMAJL COM  Please Scient  Y	Any injury?  Insured Name Comact No.(Home) Of Vehicle Number Type of Benefit *	ANDREW TIMOTHY YEO YU REN	Snaured NRIC Contact No.(Office)	
claration rathalyser or Blood Test ading?  clinication History  clinication History  clinication History  latin DOI OD-MX  New  im Type * itact No. (Mobile)  all Address  mant Type Clarmant Type * mark Name *	O mg  CD-MX  90040561  AKDR£WTYRO@GMAIL.COM	Any injury <sup>3</sup> Insured Name Comact No.(Home) Of Vehicle Number	ANDREW TIMOTHY YEO YU REN	Snaured NRIC Contact No.(Office)	
claration rethalyser or Blood Test eding?  clinication History  clinication History  clinication History  latin DOI OD-MX  New  http:  http: h	O mg  OD-MX  90040561  ANDRENTYBOSGMAIL COM  Please Select	Any injury?  Insured Name Comact No.(Home) Of Vehicle Number Type of Benefit *	ANDREW TIMOTHY YEO YU REN	Ifdured NRIC Contact No. (Office) TP Vehicle Number	
claration rethalyser or Blood Test eding?  clination History  clination History  clination DI OD-MX  New  im Type * intoct No. (Mobile) all Address imant Type Clarmant Type * imart Name * imant Address imant Addr	CD-MX  90040561  ANDREWTYPOS GMAJL COM  Please Scient  Y	Any injury?  Insured Name Comact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	ANDREW TIMOTHY YEO YU REN SXX8006E Please Select	Snaured NRIC Contact No.(Office)	
Claration eathalyser or Blood Test eding?  Claim DOI OD-MX  Im Type * ntact No. (Mobile) all Address imant Type Claimant Type * imant Mame * imant Address im Description learned Workshop Contact	O mg  CD-MX  90040561  ANDREWTYDOGGMAIL COM  Please Select  ELE  SIX86066 / SLU21916 ON 25 Jan 2020	Any injury?  Insured Name Comact No.(Home) OI Vehicle Number Type of Benefit * Claimant NAIC *	ANDREW TIMOTHY YEO YU REN	Ifdured NRIC Contact No. (Office) TP Vehicle Number	
Claration eathalyser or Blood Test eding?  Claim DD1 OD-MX  New  Im Type * Intect No. (Mobile) all Address Immail Type Claimant Type * Immail Address Immail	O mg  CD-MX  90040561  ANDREWTYBOGGMAIL COM  Please Sciect  EE  SIX86066 / SLU21916 ON 25 Jan 2020	Any injury?  Insured Name Cornact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	ANDREW TIMOTHY YEO YU REN SXX8006E Please Select	Ifdured NRIC Contact No. (Office) TP Vehicle Number	
Claration eathalyser or Blood Test eding?  Claration Hossey  Claim DD1 OD-MX  New  Im Type * Intact No. (Mobile) all Address Imant Type Claimant Type * Imant Mame * Imant Address Im Description ferred Workshop Cornect uire Finalisation e Registered	O mg  CD-MX  90040561  ANDREWTYDOBGMAIL COM  Please Sciect  EE  SJX86068 / SLUZ191E ON 25 Jen 2020  Ves  03/02/2020 12:11	Any injury?  Insured Name Comact No.(Home) OI Vehicle Number Type of Benefit * Claimant NAIC *	ANDREW TIMOTHY YEO YU REN SXX8006E Please Select	Sreured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	SLU2391E
Claration eathalyser or Blood Test eding?  Claim DD1 OD-MX  New  IIIm Type * Intoct No. (Mobile) all Address IIImat Marie * IIImat Marie * IIImat Address IImat Address IIImat Address I	O mg  CD-MX  90040561  ANDREWTYBOGGMAIL COM  Please Sciect  EE  SIX86066 / SLU21916 ON 25 Jan 2020	Any injury?  Insured Name Cornact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	ANDREW TIMOTHY YEO YU REN SXX8006E Please Select	Efeured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SLL02391E
claration rethalyser or Blood Test eding?  clinication History  clinication History  clinication History  clinication History  clinication History  clinication History  limit Type * intect No. (Mobile) all Address mant Type Clarmant Type * intert Marme * intert Address intert	O mg  CD-MX  90040561  ANDREWTYDOBGMAIL COM  Please Sciect  EE  SJX86068 / SLUZ191E ON 25 Jen 2020  Ves  03/02/2020 12:11	Any injury?  Insured Name Cornact No.(Home) OI Vehicle Number Type of Benefit * Claimant NAIC *  Insured Liability * Preferend Repair Option Claim Close Date	ANDREW TIMOTHY YEO YU REN SXX8006E Please Select	Irdured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GlA report Date Received	SLU2391E
claration rethalyser or Blood Test eding?  clinication History  clinication History  clinication History  clinication History  clinication History  clinication History  limit Type * intect No. (Mobile) all Address mant Type Clarmant Type * intert Marme * intert Address intert	O mg  CD-MX  90040561  ANDREWTYDOBGMAIL COM  Please Sciect  EE  SJX86068 / SLUZ191E ON 25 Jen 2020  Ves  03/02/2020 12:11	Any injurys  Insured Name Corract No. (Home) Of Vehicle Number Type of Benefit * Claiment NRIC *  Insured Liabiticy * Preferent Repair Option Claim Close Date Workshop Repairer	ANDREW TIMOTHY YEO YU REN  53X8606E  Please Select  Fully at Fault  Preferres Workshop, Name unknown	Irdured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GlA report Date Received	SLU2391E
claration nathalyser or Blood Test eding?  claim 001 OD-MX  free im Type * itact No. [Mobile] and Address imant Type Claimant Type * imart Marie imart Address im Description learned Workshop Contact uire Finalisation is Registered out Taken By Print AK letter	O mg  CD-MX  90040561  ANDREWTYDOBGMAIL COM  Please Sciect  EE  SJX86068 / SLUZ191E ON 25 Jen 2020  Ves  03/02/2020 12:11	Any injurys  Insured Name Corract No. (Home) Of Vehicle Number Type of Benefit * Claiment NRIC *  Insured Liabiticy * Preferent Repair Option Claim Close Date Workshop Repairer	ANDREW TIMOTHY YEO YU REN SXX8006E Please Select	Irdured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GlA report Date Received	SLU2391E
claration rethalyser or Blood Test eding?  clinication History  man Type *  man Type *  man Type Clarmant Type *  man Address  m Description  erred Workshop Contact  uine Pinalisation  e Registered  ort Taken By  Print AK letter  tachment	O mg  CD-MX  90040561  ANDREWTYDOBGMAIL COM  Please Sciect  EE  SJX86068 / SLUZ191E ON 25 Jen 2020  Ves  03/02/2020 12:11	Any injurys  Insured Name Corract No. (Home) Of Vehicle Number Type of Benefit * Claiment NRIC *  Insured Liabiticy * Preferent Repair Option Claim Close Date Workshop Repairer	ANDREW TIMOTHY YEO YU REN  53X8606E  Please Select  Fully at Fault  Preferres Workshop, Name unknown	Irdured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GlA report Date Received	SLU2391E Sacrived
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claration rethalyser or Blood Test eding?  Inflication History  Italiam DOI OD-MX  New  Im Type * Italiam DOI OD-MX  New  Im Type (Mobile) all Address  mant Type Clarmant Type * Imant Address  Im Description  Im Registered art Taken By  Print Ak letter  Lachment  Lect No.	O mg  GD-MX  90040561  ANDREWTYDOBGMAIL COM  Please Select  SIX86068 / Scu21916 ON 25 Jen 2020  Ves  03/02/2020 12:11  Jackson	Insured Name Comact No.(Home) OI Vehicle Number Type of Benefit * Claimans NAIC *  Insured Liability * Preferend Repair Option Claim Close Date Workshop Repairer	ANDREW TIMOTHY YEO YU REN  SIX8606E  Please Select  Fully at Fault  Preferred Workshop, Name unknown  Odi  Od/02/2020 12:57	Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Data Received Total Loss but Repaired	SLU2391E  SLU2391E  Raceived 9 03/02/2020 12:11
claration rethalyser or Blood Test eding?  clinication History  clinication	O mg  CD-MX  90040561  ANDREWTYDOGGMAIL COM  Please Select  E.E  SJX86066 / St.U21916 ON 25 Jan 2020  Ves  O3/02/2020 12-18  Jackson  MT/:082599  • Yes  No	Insured Name Cornect No.(Home) OI Vehicle Number Type of Benefit * Claimant NAIC *  Insured Liability * Preferend Repair Option Claim Close Date Workshop Repairer	ANDREW TIMOTHY YEO YU REN  SXX8000E  Please Select  Fully of Fault  Preferred Workshop, Name unknown  001  01/02/2020 12:57  Category *	Sreured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Data Received Total Loss but Repayed  Confidential Urgen	SLU2391E  Raceived  9 03/02/2020 12:11
istered car?  Isration Inthalyser or Blood Test Island Process Incation History Island DD DD-MX Interpretation Into Process Interpretation In	O mg  CD-MX  90040561  ANDREWTYDOGGMAIL COM  Please Select  E.E  SJX86066 / St.U21916 ON 25 Jan 2020  Ves  O3/02/2020 12-18  Jackson  MT/:082599  • Yes  No	Insured Name Comact No.(Home) OI Vehicle Number Type of Benefit * Claimans NRIC *  Insured Liability * Preferend Repair Option Claim Close Date Workshop Repairer  Claim No. Upload Date  Browse	ANDREW TIMOTHY YEO YU REN  SXX8000E  Please Select  Fully of Fault  Preferred Workshop, Name unknown  001  01/02/2020 12:57  Category =  Dear Please Select	Seared NRIC Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Data Received Total Loss but Repaired  Confidential Urgen	SLU2391E  Raceived  9 03/02/2020 12:11
istered car?  Isration Inthalyser or Blood Test Island Process Incation History Island DD DD-MX Interpretation Into Process Interpretation In	O mg  CD-MX  90040561  ANDREWTYDOGGMAIL COM  Please Select  E.E  SJX86066 / St.U21916 ON 25 Jan 2020  Ves  O3/02/2020 12-18  Jackson  MT/:082599  • Yes  No	Insured Name Cornact No.(Home) OI Vehicle Number Type of Benefit * Claimant NAIC *  Insured Liability * Preferend Repair Option Claim Close Date Workshop Repairer  Claim No. Upload Date  Browse  Browse	ANDREW TIMOTHY YEO YU REN  SXX8000E  Please Select  Fully of Fault  Preferred Workshop, Name unknown  001  01/02/2020 12:57  Category =  Ober Please Select	Seared NRIC Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  V GIA report Data Received Total Loss but Repaired  Confidential Urgen  V Normal  V Normal	SLU2391E
claration rethalyser or Blood Test eding?  clining or Blood Test eding?  clining on Blood Test eding?  clining on Blood Test eding?  Mex  limit type *  limit type *  limit type (Horbita)  all Address  mant Type Claimant Type *  mart Name *  liment Address  im Description  le Registered  ort Taken By  Print AK letter  teachment  teent No.	O mg  CD-MX  90040561  ANDREWTYDOGGMAIL COM  Please Select  E.E  SJX86066 / St.U21916 ON 25 Jan 2020  Ves  O3/02/2020 12-18  Jackson  MT/:082599  • Yes  No	Insured Name Cornect No.(Home) OI Vehicle Number Type of Benefit * Claimans NAIC *  Insured Liability * Preferend Repair Option Claim Close Date Workshop Repairer  Claim No. Upload Date  Browse  Browse Browse	ANDREW TIMOTHY YEO YU REN  SIXIBOOGE  Please Select  Fully at Fault  Preferres Workshop, Name unknown  001. 03/02/2020 12:57 Category *  Clear Please Select  Clear Please Select	Sfaured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  V GIA report Data Received Total Loss but Repaired  Confidential Urgen  V Normal  V Normal	SLU2391E
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Attechment	Uple	eaded By/Date	Parties.	9				
559			Category	1	Urgency	De	scription	Msg Sent? (CD)
(3	NAC_PAYA_URIL 800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Feb 2020 12:57		NRIC/ Driving License	Y	Normal	NRIC/ Driving	) License 2020-2-3	
99	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Feb 2020 12:57		SAS		Normal	SAS	2020-2-3	
	NAC_PAYA_UBJ_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Fes 2020 12:56		Photos		Normal	Photo	x 2020-3-3	
	NAC_PAYA_UBIL_B00601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Peb 2020 12:56		Photos		Normai	Photo	Photos 2020-2-3	
	NAC_PAYA_UB3_800603( NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Fee 2020 12:56		Photos		Normal	Photos	i 2020-2-3	
V	NAC_PAYA_UBI_800601  NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Feb 2020.12:56		Photos		Normal	Phatos	atos 2020-2-3	
2	NAC_PAYA_UBI_BD0601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Feb 2020 12:56		Photos		Normal	Photos	Photos 2020-2-3	
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	NAC_PAYA_UBL_BOOGOT( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Peb 2020 12:11		Photos		Normal	Photos	Photos 2020-2-3	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Feb 2030 12:11		Photos		Normal	Photos	Photos 2020-2-3	
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7	NAC_PAYA_UBI_800603( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Feb 2020 12:13		Photos		Normal	Photos	Photos 2020-2-3	
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deo List	Uploaded By/Date	Folder Dane		Name		9		