NATIONAL Assessment Centr	e Services - w	ef i Jan'05 Mb/1	ופנונייין		Done by	
Date In: 18/2/2-09:76	Jeb description		Date &Time Complete	1	Dolle o'	
Ref No: 1/0/1/120022335/24	SAS e-filing			1		
Veh No: SEG 303 YR	E-mail (within Shi	rs, AIC 2hrs)		1		
D.O.A: 17/1/20 - 18:37	i-Motor Claim	Form	m/1084765-001	whh	No 11:08	
1944	i-Motor W/O (Within: OD 2hrs	7'P 4hrs)			
OD : TP / Reporting Only	i-Photo Upload	led	1			
	Assessment/Sur	vey Report				
TP Insurer:	Ass't Report by	Fax / Hand t	Owner/Wksp	<u> </u>		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Yeh No: 576	איניני	. INC(-
Owner / Driver: (Tel:			
	eriod: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (W	O): N: 0-2	0%; P: 21-79%. P: 9	0-100%]		
	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1,6)				
	NUMBER OF STREET	Service Control	ASTRONOMIC AND ADDRESS OF	(977.9%		
	A CONCINENTAL CO	The state of the last of the	ACCOUNT OF COMME			
() Walk-In Customer: Customer's info		ndential & Si	nedy NO Tales of Topas			
() Total Loss Case : to e-mail Insur	The second secon)
Drive-In () / Towed-In (); Invoice	e: YES () / N	0();7	owing Co: (
Remarks:- (INC hotline: 6788 6616)	The same of the sa	2	Date&Time Complets	4	Done	y
the transfer of the transfer o	Courtesy Car ()	15,785.21 (d.) 40,81 (d.)				
1) tippij to: 11mmij 11tt		-1				30 14.55
2) QC Check / Post Repair Inspection	()	-	<u> </u>	-		
3) Upload Resurvey Photo [Repair Cost > \$	3000]					
Injury:	+•				edens Video	- AM. PA
Date/Time Actions				CONTRACTOR OF THE PARTY OF THE	CHICKE.	
						-
			•			
	100		Sala material sala sa			
					- 3	
VAN		200.00	Was Checklist		Anit (S)	Amil (3
HAW1360 :		670 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	eparation Checklist	MATERIAL S	The Bill	Add Bi
Claimant's Particulars :-		1) AR : Accide	nt Reporting (\$30); e Assessment (\$100); II	NC (\$80)		
		3) TF : Towing	Fee -	\$40/\$45 \$120		
Oriver/Owner:		SART - Follows	Through Survey Through Survey (Resurvey)	\$30		
Contact No:		For claiming	against INC Only (wet 10 Ja	n 2005) \$75		
Darting		6) TR : Re-ins	A + SMRT Survey	· \$160		
Damaged Portion:		8) NTUC Add	itional Services:-		marchie	
		OD*		\$5		
QC Checked by (Engr-In-Charge):		*N5: Courte	sy Car / Tpt Allowance Co-ordination	510		
TILL STORM THE STORM S. A. S. AND MADES OF THE LANGEST STORM	night parties with the s	*N7: Fost B	epair Inspection	\$25		
Auditors' Comments:-	AC供管理學的	+N8: DV /	Collect Excess Coordination	\$3 \$20	Section 1984	1.
Cat. 1:	a a a constante	TP (N11):	TP (Non INC) against INC dobile	30		Carlotte)
		Invoice doted	Fee Ch	100503	Salt IV	
Cat. 2/3:		Invoice dated	Fee Ch	argen	PER SE	

1

+ , 1,2, 11

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

	ACCIDENT STATEMENT
Date Of Report	18/02/2020 09:56
	17/02/2020 18:30
Exact Location Of Accident	PIE (CHANGI) BEFORE PAYA LEBAR RD EXIT
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKG3034R
Insured/Policyholder	
Name Of Registered Owner	LEE HONG HUAT
NRIC No	SXXXX092I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96435831
Alternative Phone No	OFFICE-96435831
Vehicle Particulars	
Almanore, account source	MERCEDES-BENZ
Manufacturer	C 180 BLUEEFFICIENCY
Model Exact Purpose for which vehicle was being used at time of accident	1984.0 PCP-175 178-179 PP0.0 EP0.0 EP0.0 PCP-175 100 EP0.0 E
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111207263
Cover Note Number	
Driver	
Name of Driver	TIAN CHOON TECK
NRIC No	SXXXX521F
Date Of Birth	18/06/1960
Occupation	OUTDOOR
Date Of Driving Pass	10/08/1983
Driving Experience	36 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98588829
Fax Number	
Contact Number	OFFICE-98588829
Comment Human	

NOEMAIL

39 JALAN SENYUM Address

418164 Postcode

NO Was driver an employee of the Insured's Company

SPOUSE 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

COLLISION - HEAD TO REAR Type Of Accident

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

2 NO

Was any body injured in the Accident?

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.

NO

1 Number of Passengers (Including Driver)

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

ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

Attachment(s)

YES Are accident photos available for attachment? YES

Was there any video captured by Car Camera? VIDEO FOOTAGE WITH DRIVER

Remarks/ Reasons:

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SJL3344G Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

GIAN YEE MING (YAN YIMIN) Name of Driver

2

SXXXX726B 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.
- 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:
 - (i) 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.:

SKETCH PLAN		
		A- SICG 303412
(de de la	B	A- 51CG303UR B- 5013344G
8		
3	A	
<u>v</u> ,		

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Her to statement	
	VA

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne's Signature

Name:

NRIC/FIN No.:

eBao Tech		100000000000000000000000000000000000000					· Chang	e Language	+ Chang	ge Password	· Log Out
Hello, NAC_PAYA_UBI_800	0601										23
My Desktop	Polic	y Query									
Notice of Loss	Policy N	0.				Date	of Accident	1	7/02/2020 1	8:30	
		No.(For Motor)	SKG303	34R		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5111207263	SCHOOL SELECTION	LEE LONG	S01170921	GPC	CLASSIC	SKG3034R	SKG3034R	21/08/2019	20/08/2020

Seque	nce Date of Endorse	ment	Endorseme	nt Type	Endorsem	ent Status	Endorsement Content
▽ Endor	sements						
▶ Insure	ed Object: SKG3034R						
Unit No.			ated Policy nber	511120726	3		
Address 4			ress Type	Singapore a	ddress	Post Code	418104
Address 1	39 JALAN SENYUM		ress 2	SINGAPORE		Address 3	418164
Policy	holder Mailing Address			Village Control of Control			
Policy Info Certificate Info							
Flag Open							
Co- insurance	No						
Agent	INSUREMYCAR.COM.SG	Agent Tel.	83669933		GST Flag	1	
Outside Singapore OD Excess	600	Singapore TP Excess	0			Young	/Inexperience Driver Excess
Additional Excess	0	OS Premium Outside	0			70	
hird Party xcess	0	damage Excess	600		Excess	100	
xcess ype	Per Accident	Excess			Windscreen	1	
olicy ssue Date	17/07/2019	Date All Claims	21/08/2019	00:00	Expiry Date	20/08/2020 23	,,,,,,
roduct lame	PRIVATE CAR INSURANCE	Plan			Policy Flag	N 20/08/2020 23	1.50
ddress	39 JALAN SENYUM SINGAPOR	E 418164			Group		
ertificate o.							
olicy No.	5111207263	Policyholder Name	LEE LONG H	TAU	NRIC	S0117092I	

cident MT/1084765					
1 T T T T T T T T T T T T T T T T T T T	111207263	Vehicle No.	SKG3034R	GST Registration No.	
icy No. 3	111207205				
tificate No.	EE LONG HUAT			Policyholder NR3C	501170921
	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
	96435831	Contact No.(Office)	0	Contact No.(Home)	0
	PA-30-32	Special Remark		eCode	Hr. V
bil Address	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
	No.	NCD Entitlement(%)	50	Private Hire	No
Accident Details					DEPTH CONTRACTOR CONTR
	18/02/2020 11:04	Academt Report Within 24 hrs	Yes	Accident Type	Collsion - Head to Rear
		Time of Accident hhomm	18:30	Country of Accident	Singapore
	17/02/2020	Orange Force		TOM No.	
parting Centre	THE PART OF THE PART OF THE	Old Mr. S. S.			
2000	PIE (CHANGI) BEFORE PAYA LEBAR RO EXIT				
Total Excess Applicable		Windscreen Excess	100.00		
ess Type	Per Accident	WildSchool Parents			
200004200	600.00	TP Standard Excess	0.00		
Standard Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
O OO Excess	0				
ditional Excess	600,00	Total TP Excess Applicable	0.00		
tal OD Excess Applicable			2000		
Renefits GST Registered Informat	tion				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
dification History					
Policyholder Halling Add	dress				
doress 1	39 JALAN SENYUM	Address 2	SINGAPORE 418164	Address 3	405003
ddress 4		Address Type	Singapore address	Post Code	418164
Int No.		Related Policy Number	5111207263		
Of Driver Info					
river Name	Tian Choon Teck	Driver Type	Named Driver	100 to 100 to 1	VACABLE HERE
nnamed driver Name	1000	Driver NRIC	\$14\$1521F	Oriver DOS	18/06/1960
egister Date of Driver License	10/08/1983	Driver Age	59	Driving Experience	36
ontact No.(Mobile)	96586829	Contact No. (Dffice)	0	Contact No.(Home)	0
odress 1	39 JALAN SENYUM	Address 2	SINGAPORE 418164	Address 3	
		Address Type	Singapore address	Post Code	418164
ddress 4					
init No. Does he own a Singapore		Driver Vehicle No.		Driver Insurer Company	
	○ Yes ® No	A 100 A			
Registered car?					
legistered car?					
egistered car?		Any insury?	○ Yes ® No		
eclaration Sreathalyser or Blood Test	omg	Any injury?	O yes ® No		
eclaration Sreathalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
kegistered car? Deciaration Breather/ser or Blood Test Reading?	omg	Any injuny?	Yes No		
edistation realthelyser or Blood Test leading?	omg	Any injuny?	Yes No		
egistered car? ecisration reathelyser or Blood Test eading?	omę	Any injuny?	Yes No		
egistered car? eclaration reathalyser or Blood Yest eading? edification History	omę			Too and Amile	50:170921
egistered car? eclaration reathalyser or Blood Test leading? edification History Claim 001 New	0 mg	Any injury?	LEE LONG HUAT	Insured ARIC	501170921
egistered car? eclaration reathalyser or Blood Test eading? edification History Claim 001 New	0		LEE LONG HUAT 64412842	Contact No.(Office)	
egistered car? eclaration reathalyser or Blood Test eading? Claim 001 New Claim Type * Contact No.(Mobile)	00-MD	Insured Name Contact No. (Home) Of Vehicle Number	LEE LONG HUAT 64412842 SKG3034R		S01170921 S313344G
egistered car? eclaration reathalyser or Blood Test leading? Claim 001 New Claim 1ype * Contact No. (Mobile) Email Address	00-M0 96435831 een_19@yshoo.com.sg	Insured Name Contact No.(Home)	LEE LONG HUAT 64412842	Contact No.(Office)	
eclaration reatharyser or Blood Yest leading? Claim 001 New Daim Type * Contact No. (Mobile) Email Address Claimant Type o Claimant Type •	00-M0 96435831 een_19@yshoo.com.sg	Insured Name Contact No. (Home) Of Vehicle Number	LEE LONG HUAT 64412842 SKG3034R	Contact No.(Office)	
egistered car? eclaration reathalyser or Blood Test leading? Claim 001 Next Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type* Claimant Name *	00-M0	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	LEE LONG HUAT 64412842 SKG3034R	Contact No.(Office) To Value Number	S3L3344G
egistered car? eclaration reathalyser or Blood Test leading? Claim 001 New Claim 001 New Contact No. (Mobile) Email Address Claimant Type or Claimant Type or Claimant Name * Commant Name *	00-M0	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	LEE LONG HUAT 64412842 SKG3034R Please Select	Contact No.(Office)	S3L3344G
eclaration reathwyser or Blood Test leading? claim 001 New Claim 001 New Contact No.(Mobile) Email Address Claimant Type Claimant Type Claimant Address Claim Description Preferred Workshop Contact	OD-MD 36435831 eeth_39@yahoo.com.5g Please Select ≥≥ SKG3034R / SJL5344G ON 17 Feb 2020	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	LEE LONG HUAT 64412842 SKG3034R	Contact No.(Office) To Value Number	SJL3344G SJL3344G ABWIN SERVICE PTE LTD
egistered car? eclaration reathalyser or Blood Test leading? Claim 001 New Claim 001 New Contact No. (Mobile) Email Address Claimant Type or Claimant Type or Claimant Name o	00-M0 96435831 eeh_39@yshoo.com.sg Please Select	Insured Name Contact No.(Home) OS Vehicle Number Type of Benefit * Claimant NRIC *	LEE LONG HUAT G4412842 SKG3034R Please Select	Contact No.(Office) To Value Number	S3L3344G SBWIN SERVICE PTE LTD Received
egistered car? eclaration reathalyser or Blood Yest eading? Claim 001 New Contact No. (Mobile) Email Address Claimant Type Claimant Type to Darmant Name * Domant Address Claim Address Claim Bacription Perferred Workshop Contact. No. Require Finalisation	OD-MO 96435831 eeth_39@yahoo.com.5g Please Select ≥≥ SKG3034R / S3L\$344G ON 17 Peb 2020 67139400 Ves	Insured Name Contact No.(Home) OS Vehicle Number Type of Benefit * Claimant NRIC *	LEE LONG HUAT G4412842 SKG3034R Please Select Fully at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshi	SJL3344G SJL3344G ABWIN SERVICE PTE LTD
egistered car? eclaration reathalyser or Blood Test leading? Claim 001 Next Claim 001 Next Contact No. (Mobile) Email Address Claimant Type of Claimant Type Claimant Name * Claim Description Perferred Workshop Contact No. Require Finalisation Oate Registered	OD-MO 36435831 eeth_39@yahoo.com.5g Please Select ≥≥ SKG3034R / S3L\$344G ON 17 Peb 2020 67139400 Ves L8/02/2020 11:06	Insured Name Contact No.(Home) OS Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Pyreferend Repair Option	LEE LONG HUAT G4412842 SKG3034R Please Select Fully at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshi GIA report Date Received	S3L3344G SBUIN SERVICE PTE LTD Received
egistered car? eclaration reathalyser or Blood Test leading? Claim 001 New Claim 001 New Contact No. (Mobile) Email Address Claimant Type or Claimant Type or Claimant Name or Claimant Name or Claimant Name Address Claim 60 Nescription Preferred Workshop Contact No. Require Finalisation Oate Registered Report Taken By	OD-MO 96435831 eeth_39@yahoo.com.5g Please Select ≥≥ SKG3034R / S3L\$344G ON 17 Peb 2020 67139400 Ves	Insured Name Contact No.(Home) OS Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Pyreferend Repair Option	LEE LONG HUAT G4412842 SKG3034R Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshi GIA report Date Received OD Excess Collected by	S3L3344G SBUIN SERVICE PTE LTD Received
egistered car? eclaration reathalyser or Blood Test leading? Claim 001 Next Claim 001 Next Contact No. (Mobile) Email Address Claimant Type of Claimant Type Claimant Name * Claim Description Perferred Workshop Contact No. Require Finalisation Oate Registered	OD-MO 36435831 eeth_39@yahoo.com.5g Please Select ≥≥ SKG3034R / S3L\$344G ON 17 Peb 2020 67139400 Ves L8/02/2020 11:06	Insured Name Contact No.(Home) OS Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Pyreferend Repair Option	LEE LONG HUAT 64412842 SKG3034R Please Select Fully at Fault Preferred Workshop (refer below)	Contact No.(Office) TP Vehicle Number Name of Preferred Workshi GIA report Date Received	S3L3344G SBUIN SERVICE PTE LTD Received
egistered car? eclaration reathalyser or Blood Yest eading? Claim 001 Next Daim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type* Daimant Name * Daimant Address Claim 64 Workshop Contact No. Require Finalisation Date Registered Report Taken By	OD-MO 36435831 eeth_39@yahoo.com.5g Please Select ≥≥ SKG3034R / S3L\$344G ON 17 Peb 2020 67139400 Ves L8/02/2020 11:06	Insured Name Contact No.(Home) OS Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Pyreferend Repair Option	LEE LONG HUAT G4412842 SKG3034R Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshi GIA report Date Received OD Excess Collected by	S3L3344G SBUIN SERVICE PTE LTD Received
egistered car? eclaration reathalyser or Blood Test leading? claim 001	OD-MO 36435831 eeth_39@yahoo.com.5g Please Select ≥≥ SKG3034R / S3L\$344G ON 17 Peb 2020 67139400 Ves L8/02/2020 11:06	Insured Name Contact No.(Home) OS Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Pyreferend Repair Option	LEE LONG HUAT 64412842 SKG3034R Please Select Fully at Fault Preferred Workshop (refer below)	Contact No. (Office) TP Vehicle Number Name of Preferred Workshi GIA report Date Received OD Excess Collected by	S3L3344G SBUIN SERVICE PTE LTD Received
egistered car? eclaration reathalyser or Blood Test leading? Claim 001 New Claim 001 New Contact No. (Mobile) Email Address Claimant Type or Claimant Type or Claimant Name or Claimant Name or Claimant Name Address Claim 60 Nescription Preferred Workshop Contact No. Require Finalisation Oate Registered Report Taken By	OD-MO 36435831 eeth_39@yahoo.com.5g Please Select ≥≥ SKG3034R / S3L\$344G ON 17 Peb 2020 67139400 Ves L8/02/2020 11:06	Insured Name Contact No.(Home) OS Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Pyreferend Repair Option	LEE LONG HUAT 64412842 SKG3034R Please Select Fully at Fault Preferred Workshop (refer below)	Contact No. (Office) TP Vehicle Number Name of Preferred Workshi GIA report Date Received OD Excess Collected by	S3L3344G SBUIN SERVICE PTE LTD Received
reclaration Invastrelyser or Blood Test Reading? Invastrelyser or Blood Test Reading? Invastrelyser or Blood Test Reading Test Claim 001	OD-MO 36435831 eeth_39@yahoo.com.5g Please Select ≥≥ SKG3034R / S3L\$344G ON 17 Peb 2020 67139400 Ves L8/02/2020 11:06	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Pyreferend Repair Option Claim Close Date	Fully at Fault Freferred Workshop (refer below) Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshi GIA report Date Received OD Excess Collected by	S3L3344G SBUIN SERVICE PTE LTD Received
egistered car? eclaration reathalyser or Blood Yest eading? Claim 001 Next Claim 001 Next Common Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type* Claimant Name * Claimant Address Claim Perferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Prine AK letter	OD-MO 36435831 eeth_39@yahoo.com.5g Please Select ≥≥ SKG3034R / S3L\$344G ON 17 Peb 2020 67139400 Ves L8/02/2020 11:06	Insured Name Contact No. (Home) OS Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Rapair Option Claim Close Date Claim No.	LEE LONG HUAT 64412842 SKG3034R Please Select Fully at Fault Preferred Workshop (refer below) Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshi GIA report Date Received OD Excess Collected by	S3L3344G SBUIN SERVICE PTE LTD Received
egistered car? eclaration reathalyser or Blood Yest eading? Claim 001 Next Claim 001 Next Claim 1001 Next Contact No. (Mobile) Email Address Claimant Type o' Claimant Type o' Claimant Name * Claim Description Perferred Workshop Contact No. Require Finalisation Oate Registered Report Taken By Prine AK letter Attachment	OD-MO 36435831 eeth_39@yahoo.com.sg Please Select ≥≥ SKG3034R / S3L\$344G ON 17 Peb 2020 67139400 Yes L8/02/2020 11:06 Jackson	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Pyreferend Repair Option Claim Close Date	Fully at Pault Fully at Pault Freferred Workshop (refer below) Save Submit 001 18/02/2020 11:09	Contact No.(Office) TP Vehicle Number Name of Preferred Workship GIA report Date Received OD Excess Collected by Workshop	SIL3344G SIL3344G ABWIN SERVICE PTE LTD RECEived 18/02/2020 00:00
egistered car? eclaration reathalyser or Blood Yest eading? Claim 001 Next Claim 001 Next Claim 1001 Next Contact No. (Mobile) Email Address Claimant Type o' Claimant Type o' Claimant Name * Claim Description Perferred Workshop Contact No. Require Finalisation Oate Registered Report Taken By Prine AK letter Attachment	OD-MO 36435831 eeth_39@yahoo.com.sg Please Select ≥≥ SKG3034R / S3L5344G ON 17 Peb 2020 67139400 Ves LE/02/2020 11:06 Jackson MT/1084765	Insured Name Contact No. (Home) OS Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Rapair Option Claim Close Date Claim No.	LEE LONG HUAT 64412842 SKG3034R Please Select Fully at Fault Preferred Workshop (refer below) Save Submit C01 18/02/2020 11:09 Category *	Contact No.(Office) TP Vehicle Number Name of Preferred Workshi GIA report Date Received OD Excess Collected by Workshop Confidential U	SIL3344G ABWIN SERVICE PTELTD Received 18/02/2020 00:00
eclaration reathalyser or Blood Test leading? Claim 001 New Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type* Claimant Name * Clai	OD-MD 36435831 eeft_39@yahoo.com.sg Please Select ≥≥ SKG3034R / S3L5344G ON 17 Peb 2020 67139400 Ves Is/02/2020 11:06 Jackson MT/1084765 ② Yes ○ No	Insured Name Contact No. (Home) OS Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date	Fully at Pault Fully at Pault Freferred Workshop (refer below) Save Submit 001 18/02/2020 11:09	Confidential	SIL3344G ABWIN SERVICE PTELTD Received 18/02/2020 00:00
egistered car? eclaration reathalyser or Blood Yest eading? Claim 001 Next Claim 001 Next Claim 1001 Next Contact No. (Mobile) Email Address Claimant Type o' Claimant Type o' Claimant Name * Claim Description Perferred Workshop Contact No. Require Finalisation Oate Registered Report Taken By Prine AK letter Attachment	OD-MD 36435831 eeft_39@yahoo.com.sg Please Select ≥≥ SKG3034R / S3L5344G ON 17 Peb 2020 67139400 Ves Is/02/2020 11:06 Jackson MT/1084765 ② Yes ○ No	Insured Name Contact No. (Home) OS Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Pyreferend Repair Option Claim Close Date Gaim No. Upload Date Bro	Fully at Pault Fully at Pault Freferred Workshop (refer below) Save Submit O01 18/02/2020 11:09 Category *	Confidential Confidential Confidential Confidential Nome Confidential Nome Confidential Nome Nome Nome Nome Nome Nome Nome Nome Nome	SIL3344G SIL3344G ABWIN SERVICE PTELTD Received 18/02/2020 00:00
egistered car? eclaration reathalyser or Blood Test leading? Claim 001 Next Claim 001 Next Contact No. (Mobile) Email Address Claimant Type of Claimant Type of Claimant Name * Claim Description Preferred Workshop Contact No. Require Finalisation Oate Registered Report Taken By Price AK letter Attachment	OD-MD 36435831 eeft_39@yahoo.com.sg Please Select ≥≥ SKG3034R / S3L5344G ON 17 Peb 2020 67139400 Ves Is/02/2020 11:06 Jackson MT/1084765 ② Yes ○ No	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Rapair Option Claim Close Date Gaim No. Upload Date Bro	Fully at Fault Fully at Fault Freferred Workshop (refer below) Save Submit O01 18/02/2020 11:09 Category *	Confidential	SIL3344G SIL3344G ABWIN SERVICE PTELTD Received 18/02/2020 00:00 Description abl ABWIN SERVICE PTELTD
egistered car? eclaration reathalyser or Blood Test leading? Claim 001 Next Claim 001 Next Contact No. (Mobile) Email Address Claimant Type of Claimant Type of Claimant Name * Claim Description Preferred Workshop Contact No. Require Finalisation Oate Registered Report Taken By Price AK letter Attachment	OD-MD 36435831 eeft_39@yahoo.com.sg Please Select ≥≥ SKG3034R / S3L5344G ON 17 Peb 2020 67139400 Ves Is/02/2020 11:06 Jackson MT/1084765 ② Yes ○ No	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Pyreferend Repair Option Claim Close Date Gaim No. Upload Date Bro	Fully at Pault Fully at Pault Preferred Workshop (refer below) Save Submit O01 18/02/2020 11:09 Cabagory * Clear Please Select Wisb Clear Please Select	Confidential Confidential Confidential Confidential Confidential Confidential Normal V	SIL3344G SIL3344G ABWIN SERVICÉ PTE LTD RECEIVED TB/02/2020 00:00
eclaration sneathelyser or Blood Test leading? todification History Claim 001 Hew Contact No. (Mobile) Email Address Claimant Type Claimant Type Claim Description Preferred Workshop Contact No. Require Finalisation Oace Registered Report Taken By Prine AK letter Actident No.	OD-MD 36435831 eeft_39@yahoo.com.sg Please Select ≥≥ SKG3034R / S3L5344G ON 17 Peb 2020 67139400 Ves Is/02/2020 11:06 Jackson MT/1084765 ② Yes ○ No	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Pyreferend Repair Option Claim Close Date Claim No. Upload Date Bro Bro	Fully at Fault Fully at Fault Freferred Workshop (refer below) Save Submit O01 18/02/2020 11:09 Category * Clear Please Select WSE Clear Please Select WSE Clear Please Select	Confidential Confidential Confidential Confidential Confidential Confidential Confidential Nore	S3L3344G S3L3344G ABWIN SERVICE PTE LTD Received TB/02/2020 00:00 Description TB V TB V

