NATIONAL Assessment Centre Services. [WHI I Jan'05] MN A 170076089 Done by Date &Time Completed Date in: 28/1/10 - 12-15 Jeb description Rei No: 1/4 INCWOOD /stw SAS e-filing E-mail (within Shrs, AIC 2hrs) Veh No: Jam 18 JGB i-Motor Claim Form D.O.A : 27 ho 18/2/20-15:26 M7 1086133-001 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD . (Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp. Fax: Preferred Wksp / INC Assign Wksp / QW: (Tel: Veh No: SmB ITTIP. INC ()/Non-INC (TP Particulars: Tcl: Owner / Driver: (Cover Type: () Policy No: (Period: (Time: Confirmed by: (Date: %) [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: (Warranty: YES (Year of Registration: ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000(General Remarks:) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-In (); Invoice: YES () / NO (); Towing Co: (Date&Time Completed Done by Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Ant (S) Amt (3) Invoice Preparation Checklist in Bill Add Bill MADOID NO 1) AR : Accident Reporting (530); Claimant's Particulars :-INC (\$80) 2) DA : Damege Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) \$30 Contact No: For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge): \$5 *NS: Courtesy Car / Tpt Allowance \$10 *N6: Repair Co-ordination \$25 *N7: Fost Repair Inspection Auditors! Comments :-*N8: DV / Collect Excess Coordination \$20 TP (N11): TP (Non INC) against INC Cat. 1: 9) N12: Idna Mobile Fee Charged Invoice dated 2at 2/3: Fee Charged Involce dated

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.

	ACCIDENT STATEMENT	
Date Of Report	28/02/2020 10:15	
Date Of Accident	27/02/2020 12:00	
Exact Location Of Accident	BOUNDARY RD TWDS UPP PAYA LEBAR RD	
Country/State of Loss	SINGAPORE	
has filling and a recognition of	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMJ1859B	
Insured/Policyholder		
Name Of Registered Owner	WEIBO	
Passport No/FIN	GXXXX012X	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-84984427	
Alternative Phone No	OFFICE-84984427	
Alternative Phone No Vehicle Particulars	OFFICE-84984427	

Manufacturer HONDA

Model FIT HYBRID 1.5 AUTO

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

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

Policy Number 5107771072-01

Cover Note Number

Driver

WEI BO Name of Driver GXXXXX012X Passport No/FIN Date Of Birth 14/11/1982 OUTDOOR Occupation Date Of Driving Pass 30/01/2014

6 YEARS AND 0 MONTHS Driving Experience

Gender MALE

Mobile Number (LOCAL) +65-84984427

Fax Number

Contact Number OFFICE-84984427

NOEMAIL **EMail Address**

BLK 225 SERANGOON AVENUE 4 Address

#10-113

Postcode 550225

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

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

NO

2

NO

NO

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: FEMALE

GENDER:

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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?

YES

NO

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SMB1522P Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

BUS Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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:
 - 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: SM2(859)g

B: SM8 (572)P

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ever	se i	and hi	t ont	o the	from	port	on of	my	vehicle				
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				202									

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.

ACCIDENT DETAILS	
27 -02 -2020	(DD/MM/YY)
12pm	(HH:MM)
Boundary Road towards upper paya lebar	
	27-02-2020 12pm

Marketing Control of the Control of		DETAILS OF	VEHICLE			
Vehicle registration number	SMJ 1859	1B				
Vehicle make and model	Handa	Fit Hybri	d.			
Type of vehicle	Saloon Lorry	MPV 🗆 Bus 🗅	CRV Moto	□ Var orcycle □	Others:	
Vehicle category	Private □	Comm	ercial 🗆	Motorcy	rcle 🗆	
Purpose of using at said time						
Are you claiming under your own insurance company?	Yes Third part	No □ claim 🗷		ease select: ng only \square		

THE THE REAL PROPERTY.	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft □	TP only 🗆

	INSURED / POLICY HOLDER	BEST EN LONG	
Name	WEI BO	Male	Female 🗆
NRIC / Fin / Passport number	G 00 88 0122L		
Contact	8498 4427		
Address	BIK 225 Scrangeon Ave 4 #10-113 Simppore 550225		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Male □ Female
NRIC / Fin / Passport number	
Contact	
Address	
Email address	
Date of birth	14 - 11 - 1982
Occupation	Indoor Outdoor
Driving date pass	30 Jan 2014

AND DESCRIPTION OF STREET	GENERAL	INFORMATION	OF THE ACCIDENT	
Was driver an employee of	Yes 🗆	Noø		Secretary and the second
the insured's company?	If no, rel	ationship of the	driver and insured: owner	
Accident captured by camera?	Yes	No 🗆		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry,	Wet □		
No of passenger	02			(Inclusive of driver)
到被自己认为自己是自己的	製物を入れて	PASSENGE	R1	The Mileston Park
Name				
Gender	Male 🗷	Female 🗆		
Manager Control of the Alberta	ON THESE	PASSENGE	R 2	ARTON LANGUAGE
Name				
Gender	Male □	Female Z		
All the second s		PASSENGE	R3	
Name				
Gender	Male □	Female 🗆		
Appropriate the second section is		PASSENGE	R 4	
Name				
Gender	Male 🗆	Female 🗆		
MANAGER LEGISLATION SOLVEN		PASSENGE	R 5	
Name				
Gender	Male 🗆	Female		
WATER TO THE PARTY OF THE PARTY	1000	PASSENGE	R 6	
Name				
Gender	Male 🗆	Female		
Military School of the property of the second		OTHER INFORM	IATION	Section 10 to 10 t
Was anybody injured?	Yes 🗆	No e		
Was other vehicle damaged?	Yes	No 🗆		
	DETAIL	LS OF POLICE STA	ATION ACTION	PRODUCT DE LA CONTRA
Reported to police?	Yes 🗆	No 2 If ye	s, please state which police	station.
Police station name				
When the Art and the Art and	Complete State	WITNESS	The section with the section of the	Non-manager 1
Name				
Safe loss of the same of the same	CHANGE TO SERVICE	WITNESS	2	A Property of
Name				

基础设置的企业。	THIRD PARTY VEHICLE 1
Vehicle registration number	SMB 1522P
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
A STATE OF THE PARTY OF THE PAR	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
5011.001	
	THIRD PARTY VEHICLE 4
Vehicle registration number	THIRD PART VEHICLE
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
AND SECURIS	THIRD PARTY VEHICLE 5
Valida assistantian number	THIRD PARTY VEHICLES
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD DARTY VEHICLE 6
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Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
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THE STREET STREET, STR	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	

NRIC / Fin / Passport number

Contact

夏季 斯斯·斯特里尼亚		INJURED PERSON 1
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes □	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
建筑的 国民党(2015年2月15日)		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?		
第 通知是公司公司与第三公司司	PONTE I	INJURED PERSON 3
Name	1	
Injuries sustained		
Which vehicle person in?	1	
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	ИУБ
hospital by ambulance?		
Land to the second seco		X A STATE OF THE S
	ALT.	INJURED PERSON 4
Name		INJURED PERSON 4
Injuries sustained		INJURED PERSON 4
Injuries sustained Which vehicle person in?	Ves	
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆 /	No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆 /Yes 🗗	
Injuries sustained Which vehicle person in? Were seat belts worn?	1	No 🗆
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	1	No 🗆
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	1	No D
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes D	No D NO D INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes D	No D NO D INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No INJURED PERSON 5 No No No No No No No
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes D Yes D Yes D	No D INJURED PERSON 5 NO D NO D INJURED PERSON 6

eBao Tech						Filton.				Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						Change	Language	· Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date o	f Accident	8	7/02/2020 1	2:00	- 12
	Vehicle	No.(For Motor)	SMJ185	9B		Certific	cate Number	[
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence Date	Expiry Date
	0	5107771072- 01		WEI BO	G0088012X	GPC	drivo CLASSIC	SM)18598	SMJ1859B	25/02/2020	24/02/2021
					C	Continue					

Sequen	ce Date of Endorseme	nt	Endorsement	t Type	Endorsement	Status	Endorsement Content
▼ Endors	ements						
▶ Insure	d Object: SMJ1859B						
Unit No.	10-113	Relate Numb	ed Policy er	5107771072-01			
Address 4	SINGAPORE 550225	Addre	ss Type	Singapore address		Post Code	550225
Address 1	BLK 225 #10-113	Addre	ss 2	SERANGOON AVEN	UE 4	Address 3	BOUNDARY VILLE
→ Policyh	older Mailing Address						
Certificate Info							
Policy Info							
Flag Open							
Co- insurance	No						
Agent	SPEEDO CAPITAL PTE, LTD.	Agent Tel.	66847757		GST Flag	Y	
Singapore OD Excess	600	Singapore TP Excess	0			50	Inexperience Driver Excess
Outside	222	Outside				V-	Total Control Date of Free Print
Additional Excess	0	OS Premium	0				
Excess	0	damage Excess	600		Excess	100	
Third Party		Own			Windscreen	100	
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	10/02/2020	Effective Date	25/02/2020	00:00	Expiry Date	24/02/2021 23	:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 225 #10-113 SERANGOON	AVENUE 4 BO	UNDARY VIL	LE SINGAPORE 5502			
Certificate No.							
Policy No.	5107771072-01	Policyholder Name	WEI BO		Policyholder NRIC	G0088012X	

Claim Handling					
Accident MT/1086133					
Policy No.	5107771072-01	Vehicle No.	SMIL859B	GST Registration No.	
Certificate No.					
Policyholder Name	wer so			Policyholder NRIC	G0086012X
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	84984427	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No V
(FK	® No ○ Yes	TCA	No ○Yes	eCode Reason	
VCD Protection	No.	NCD Entitlement(%)	10	Private Hire	No
S Accident Details		NES Chillement my	200		100
Report Date	28/02/2020 10:24	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	27/02/2020	Time of Acadent hh:mm	12:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BOUNDARY RD TWDS UPP PAYA LEBAR RD				
♥ Total Excess Applicable					
excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
TED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
♥ Benefits					
♥ GST Registered Informa	ation				
ST Registered	No		GST Registration Date		
SST Registration No.			GST Status Venfied	Yes	
fodification History					
	2010				
→ Policyholder Hailing Ad					
Address 1	BLK 225 #10-113	Address 2	SERANGOON AVENUE 4	Address 3	BOUNDARY VILLE
Address 4	SINGAPORE 550225	Address Type	Singapore address	Post Code	550225
Unit No.	10-113	Related Policy Number	5107771072-01		
♥ OI Driver Info					
Driver Name	WEI 80	Driver Type	Main Driver		
Unnamed driver Name		Driver NRSC	G0088012X	Driver DOB	14/11/1982
legister Date of Driver License	30/01/2014	Driver Age	37	Driving Experience	6
Contact No.(Mobile)	84984427	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 225	Address 2	SERANGOON AVENUE 4	Address 3	BOUNDARY VILLE
Address 4	SINGAPORE 550225	Address Type	Singapore address	Post Code	550225
Init No.	10-113	15	1500		
Does he own a Singapore		Process Marketin No.		Driver Insurer Company	
Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Houses Company	
Reclaration					
Breathalyser or Blood Test					
Reading?	0 mg	Any injury?	○ Yes No		
Addification History					
The second second					
Claim 001 New					
Sam Type *	ор-их	Insured Name	wer ao	Insured NRIC	G0088012X
Contact No.(Mobile)	84984427	Contact No.(Home)		Contact No.(Office)	
Imail Address	Control of the Contro	OI Vehicle Number	SMU18598	TP Vehicle Number	SM81522P
Claimant Type Claimant Type *	Please Select.	Type of Benefit *	Please Select V	-1 Canada Laborate	- ALGERT
Claimant Type Claimant Type •	A CONTRACTOR OF THE PARTY OF TH	Claimant NRIC *	[3]		
Claimant Address	25	AMERICA STREET, T		Ti di	
	CONTRACTOR A CHINA CONTRACTOR AND ADDRESS			Name of Preferred Workshop	
Claim Description Preferred Workshop Contact	SMI1859B / SMB1522P ON 27 Feb 2020	9549 P. S. C.		The distribution workshop	
Preferred Workshop Contact (o.		Insured Liability •	Not at Fault		
Require Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	28/02/2020 10:26	Claim Close Date		Date Received	28/02/2020 00:00
Report Taken By	Jackson				
Print AK letter					
211 (22)			Save Submit		
Attachment					
100					
•					
Accident No.	MT/1086133	Claim No.	001		
Last Doc. Received	Yes ○ No	Upload Date	28/02/2020 10:27		
	Path *		Category *	Confidential Urgen	cy • Description •
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		14000 0000			<u> </u>
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		Browse	Clear Please Select	NO V Normal	
			Territoria de la companya del companya del companya de la companya	7 For 12 Forms	100

