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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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

aforesaid.	ou nereby consent to the archiving of this report at the centre and to copies of the report being made availabl
CONTRACTOR OF THE PARTY OF THE	ACCIDENT STATEMENT
Date Of Report	14/04/2020 10:49
Date Of Accident	24/03/2020 17:30
Exact Location Of Accident	PASIR RIS DRIVE 4
Country/State of Loss	SINGAPORE
AND THE PARTY OF THE PARTY OF THE PARTY.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKT5736S
Insured/Policyholder	
Name Of Registered Owner	FLORENCE TAN POH LIAN
NRIC No	SXXXX084E
Email Address	FPLT0128@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91350351
Alternative Phone No	OFFICE-91350351

Vehicle Particulars

Manufacturer	NISSAN
Model	NOTE

Exact Purpose for which vehicle was being used at time of accident	Exact Purpose fo	r which veh	icle was	being used	i at	PRIVATE USE	
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120	
Are you claiming under your own insurance policy	
for repair to your vehicle?	NO

To Jour Torrido	
If 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	COMPREHENSIVE
Fleet Policy	NO

Policy Number	5080089895-03

Cover Note Number

Driver Name of Driver FLORENCE TAN POH LIAN

NRIC No	SXXXX084E	
Date Of Birth	28/01/1948	
Occupation	INDOOR	
Date Of Driving Pass	27/02/1973	

Driving Experience	47 YEARS AND 0 MONTHS

Gender	FEMALE
Oction	FEMALE

Mobile Number	(LOCAL) +65-91350351
	A11 (E).

Fax Number

Contact Number OFFICE-91350351

EMail Address FPLT0128@GMAIL.COM Address

BLK 483 PASIR RIS DRIVE 4 #08-473 SINGAPORE 1851

Postcode

1851

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

NO COLLISION

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?

NO

Was any other material or property damaged?

NO

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Details of Police Action

Police Station Name

PASIR RIS NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-5852999 - FAX NO: 65855261

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE STATEMENT, REF:T/20200406/2084

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLS4993R

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

Page 2 of 18

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.
- 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.

Policyholder's Signature Date & Time:

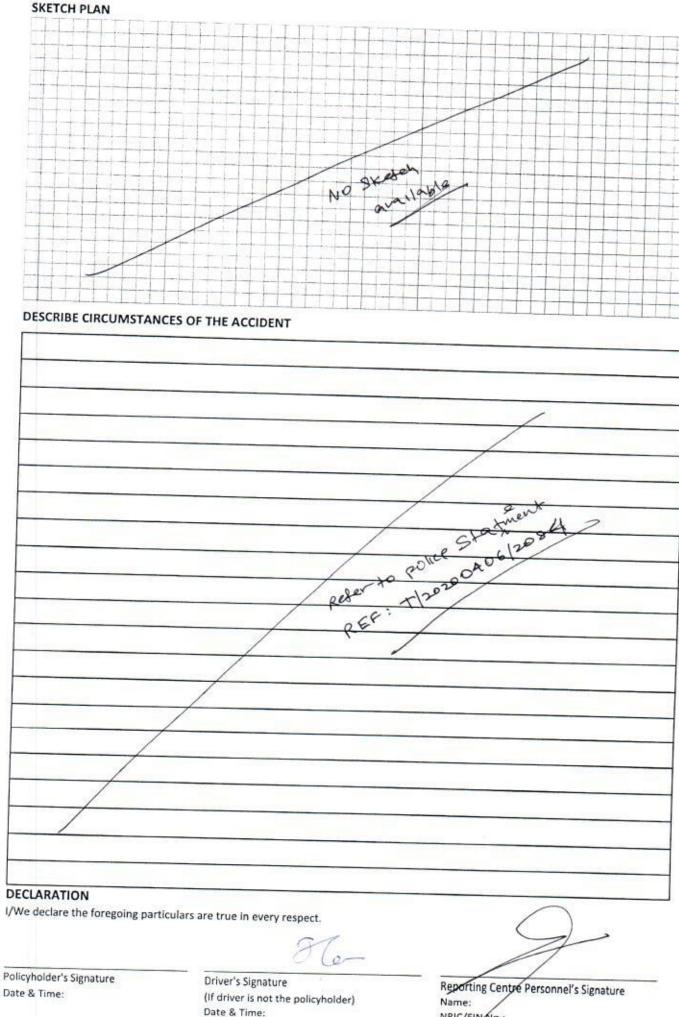
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



GIARMC SketchPlanForm_V3

Name:

NRIC/FINNO .:

2





1 of 3 Report No. T/20200406/2084

Police Station Of Origin: Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 06/04/20	e Report I 20 18:49	Made:	Vide Report No.:	Station Diary No.:
Informar	t's Partic	ulars		
FLOREN	Informant: CE TAN P		Address: APT BLK 483 PASIR RIS DR 510483	RIVE 4 #08-473 SINGAPORE
ID Type / NRIC NO	ID No.: / S01110	84E	Contact No.: Home/Office:	Mobile: 91350351
Nationalit SINGAPO	y: DRE CITIZ	EN	Email:	Wobile, 91330331
Sex: Female	Age: 72	Date of Birth: 28/01/1948	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation Retiree	on:		Driving Licence Information: Class:	Date of Expiry:

General Inform	mation of the Accid	ent		
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 24/03/2020 17:30	Type of Location
Location: Along Road 1 PASIR RIS DI			1.24/03/2020 17:30	
Weather:		Road Surface:	F	Road Speed Limit:
Traffic Flow:		Traffic Control:	Т	raffic Volume:
Type of Collisi	on:		а	Inyone conveyed by mbulance:

Details of V	ehicle Invo	lved	Maria Maria			Strate and the second
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKT5736S	Car	NISSAN	NOTE 1.2 CVT ABS D/AIRBAG 2WD 5DR	Grey	No Damage	0

Details of V	ehicle Insurance			
	Insurance Company	Insurance No	Effective	Expiry Date
SKT5736S	NTUC Income Insurance Co-Operative Limited	5080089895-03	16/06/2019	15/06/2020





3 of 3

Report No. T/20200406/2084

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 2 JOHNNY TAN KOK JOO	
Signature Of Interpreter: Not applicable	Date/Time: 06/04/2020 18:49
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999

2 of 3 Report No. T/20200406/2084

CONTINUATION OF REPORT

Details of Perso	on Involved	THE SHALL BE		(D)00 (S)		
Any Pedestrian I						CONTROL DESCRIPTION
No. of Pedestria	ns Injured: NIL		Lise of De	doctric	- C	
Driver			Use of Pe	uestria	Cross	sing: NA
Name	FLORENCE TAN P	OH LIAN		ID No).	S0111084E
Related Vehicle	SKT5736S (Car)			Conta	act No.	91350351
Hospital/Clinic	NIL			Class Drivin Licend Expire	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	The second secon
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 24/03/2020 at about 5.30pm, I was driving along Pasir Ris Drive 4 however, I do not know any accident happened to my vehicle. I do not notice any new scratches on my car. I have some old scratches on my left rear door. The old scratches were there since 2 to 3 years ago. I am not injured and I am not aware any accident.

I wish to state that I do not have any in car camera installed.



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- 3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M4-0003030-8

Policy Number

: 5080089895-03

The Policyholder

FLORENCE TAN POH LIAN

BLK 483 #08-473 PASIR RIS DRIVE 4 SINGAPORE 510483

Period of Insurance

16 Jun 2019 To 15 Jun 2020

Sum Insured

Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: \$\$687.83

Interest Insured

Cover Type

: drivo CLASSIC

Primary Driver

: FLORENCE TAN POH LIAN

Named Driver (1) Named Driver (2) : YEO SIN JO

: TAN FREDERICK

Make/Model

: NISSAN/NOTE

Capacity

: 1200cc

Registration Number

: SKT5736S

Registration Year

2015

Chassis Number

: JN1TAAE12Z0971006

Off-peak Car

No

Repair at Owner's Preferred Workshop: No

Insure with COE

Excess (Section 1)

: S\$600

NCD Entitlement

: 50%

Excess (Section 2)

: N/A

NCD Protection

: Yes(Free)

Windscreen Excess

: S\$100

Loyalty Discount

Additional Excess

: N/A

Unnamed Driver Excess

: Please refer to Terms and Conditions

Hire Purchase Company

: N/A

Optional Cover

: No

Transport Allowance Excess Waiver

: No

Memo A : Vehicle Model: NOTE 1.2 CVT ABS D/AIRBAG 2WD 5DR

Endorsement Operative: M4

Agency

TELESALES-DIRECT MARKETING (00000601661)

Date of Issue

: 15 May 2019 21:11 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

according to letter dosted 1 Apr. 20
ACCIDENT STATEMENT, received Thur 9Apr

ACC	IDENT DATE: 21 3 20 JOD/MM/	YYYY), TIME:()(HH:MM)	
LOC	ATION:_ Paser Ris D	R 4	5. -
	DETAILS OF VEHICLE	-7-2/0:	
	a)VEHICLE NUMBER:	1063	
	DINSURANCE COMPANY: 575500 ST	Melinome	
		1815-08	¥0.
	d)POLICY TYPE: (COMPREHENSIVE / THIRD	PARTY / THIRD PARTY FIRE &THEFT)	
	e)MAKE & MODEL: COMPREH	ENSIVE	12
	FITYPE: (SALOON / COUPE / MPV /VAN / LO	DRRY / MOTORCYCLE / OTHERS)	
	g) VEHICLE CATEGORY: (PRIVATE / COMME	RCIAL / MOTORCYCLE)	
	h)PURPOSE OF USING AT ACCIDENT TIME:_		19
	I) ARE YOU CLAIMING UNDER YOUR OWN II	NSURANCE (YES/NO)	
2	IF NO, PLEASE STATE (THIRD PARTY CLAIM INSURED / POLICY HOLDER	/ REPORTING ONLY)	
· ·		H LIAN (MAIE / FEMALE)	
	b)NRIC/FIN/PASSPORT: 5 CIII 0 84 E	transet i territeri	
	CIADDRESS: 433 PASIR RIS	CONTACT: 0135035	
a a a	5510483	2 15 4 105-415	
527	* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER	3(5)
*Ho of passenga	DRIVER	HOLDER	
(Including driver)	a)NAME:	(MALE / FEMALE)	
(anver)	b)NRIC/FIN/PASSPORT:	CONTACT:	
(_)	c)ADDRESS:		
	V21057-2		59
060	*d) DATE OF BIRTH: (25/01/1949)(D	D/MM/YYYY)	
	e)OCCUPATION: (INDOOR / OUTDOOR)	RETIRED	
2	f)YEARS OF DRIVING EXPRERIENCE:	since 1970's	553
4.	WAS DRIVER AN EMPLOYEE OF THE INSU	JRED'S COMPANY? (YES / NO)	
5	IF NO, RELATIONSHIP OF THE DRIVER W	ITH INSURED:	
٥.	a) WEATHER CONDITION: (CLEAR / RAINING	/ OTHERS	
4	b)ROAD SURFACE: (DRY / WET / OTHERS	dos	ed 2As
7	WAS ANYBODY INJURED (YES (NO)	Index for both	ortico
	a) REPORTED TO POLICE (YES / NO) att	Poster Juli Tradice	Feder
8.	IF YES, PLEASE STATE WHICH POLICE STATIC THIRD PARTY VEHICLE		1000
No of passenger	a) VEHICLE NUMBER: SLS 4 99 3 R	MODEL	
(Including driver)	b) DRIVER'S NAME:	MODEL:	2
1	C) NRIC/FIN/PASSPORT:	CONTACT:	
9. 1	HIRD PARTY VEHICLE		
No of passenger	d) VEHICLE NUMBER:	MODEL:	
Ind of prosunger	e) DRIVER'S NAME:		
Induding driver)	e) DRIVER'S NAME:	CONTACT:	
()	one / www.combattoneaa.combatta.combattonea		

email = fplt0128@gmail.com fax =

VIDEO =

Task
Claim
Handling(
Claim

Claim Handling

4/14/2020

Accident MT/1090402						
Policy No.	5080089895-03	Vehicle No.	SKT57365	CCT Domination Ma		
Certificate No.				con registration No.		
Policyholder Name	FLORENCE TAN POH LIAN			Bollechalder 11019		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Cardina and	S0111084E	
Contact No.(Mobile)	NIL	Contact No.(Office)		Copper No (Home)	9	
Email Address		Special Remark		eCode		
KFK	• No Ves	\$P	• No Yes	o open	· OO	
NCD Protection	Yes	NCD Entitlement(%)	05	Scool Adapted		
→ Accident Details		34			not available	
Report Date	01/04/2020 19:04	Accident Report Within 24 hrs	Yes	Accident Tone		
Date of Accident	24/03/2020	Time of Accident hh:mm	17:30	Country of Accident	Company and Parked Vehicle	
Reporting Centre		Orange Force		ICM No	Singapore	
Accident Location	BLK 483 PASIR RIS DRIVE 4 OPEN SPACE CARPARK					
♥ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess	100.00			
OD Standard Excess	00.009	TP Standard Excess	00 0			
YIED OD Excess		YIED TP Excess			103	
Additional Excess	0			Dalace is covered.	Not Applicable	
Total OD Excess Applicable • Benefits	600.00	Total TP Excess Applicable	0.00			
▼ GST Registered Information	mation					
GST Registered	No		GST Registration Date			
Modification History			GST Status Verified	Yes		
▼ Policyholder Mailing Address	ddress					
Address 1	BLK 483 #08-473	Address 2	PASIR RIS DRIVE 4	Address 3	STMGABORE G10483	
Address 4		Address Type	Singapore address	Post Code	SENSON STORES	
				The work	510486	

T ccalina	BLK 483 #08-473	Address 2	PASIR RIS DRIVE 4	Address 3	SINGAPORE 510483	
Address 4		Address Type	Singapore address	Post Code	510483	
Unit No.		Related Policy Number	5080089895-03		2000	
Driver Name		Driver Type				
Unnamed driver Name		Driver NRIC		Driver DOR		
Register Date of Driver License		Driver Age		Orining Propries		
Contact No.(Mobile)		Contact No.(Office)		Control of Control		
Address 1		Address 2		Address 2		
Address 4		Address Type	Foreign address	port Code		
Unit No.				and code		
Does he own a Singapore Registered car?	Yes . No	Driver Vehicle No.		Driver Insurer Company		

Modification History

Claim 002 New

claim type •				OD-MX	▼ Insured	FLORENCE TAN POH LIAN	OH LIAN	NRIC	S0111084E
Contact No.(Mobile)				91350351	Contact No. (Home)	65826240		Contact No.	
Email Address				fplt0128@gmail.com	OI Vehicle Number	SKT5736S		TP Vehicle Number	SLS4993R
Claim Description				SKT5736S / SLS4993R ON 24 Mar 2020	N 24 Mar 2020			Name of Preferred	
Preferred Workshop Setting No. Yes	Profeered Liability Not at Fault Repair Please Select	• GIA Received		F				Workshop	
Date Registered		Doday.		14/04/2020 16:58	Close			Date Received	14/04/2020 00
Report Taken By Print AK letter					П				
		5	Save						
Attachment									
D									
Accident No.	MT/1090402	Claim No.		002					
Last Doc. Received	● Yes ◎ No	Upload Date		14/04/2020 17:00					
	Path *			Category .	ð	Confidential Urg	Urgency •		Description .
Choose File No file chosen	s chosen		Clear	Please Select	• NO	▼ Normal			
Choose File No file chosen	s chosen		Clear	Please Select	NO.	▼ Normal			
Choose File No file chosen	s chosen		Clear	Please Select	• NO	Normal	1		
Choose File No file chosen	chosen		Clear	Please Select	• NO	▼ Normal	, JE		
Choose File No file chosen	schosen		Clear	Please Select	NO	• Normal			
Choose File No file	No file chosen		Clear	Please Select	NO NO	• Normal			
Message Read Attachment List									Send Me
Attachment	Uploaded By/Date	Category	0-	Urgency		Description			Msg Sent? (CO)
E	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Apr 2020 17:00	NRIC/ Driving License	>	Normal	NRIC	NRIC/ Driving License 2020-4-14	20-4-14		
	NAC PAYA UBI 800601(NATIONAL ASSESSMENT CENTRE SERVICES) A	THE PERSON NAMED IN COLUMN TO PERSON NAMED I							

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Claim Handling(Claim Task) Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	File Name
SAS	Photos	Photos	Photos								
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Apr 2020 17:00	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Apr 2020 17:00	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Apr 2020 17:00	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Apr 2020 17:00	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Apr 2020 17:00	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Apr 2020 16:58	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Apr 2020 16:58	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Apr 2020 16:58	NAC_PAYA_UBI_800601 (NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Apr 2020 16:58	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Apr 2020 16:58	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Apr 2020 16:58	Folder Date
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4/14/2020	W.		, /		1		0	0	3	1	▼ Video List

Display in New Window Scan and uploading

LKK Paya Ubi

From:

Ignatius Koh < Ignatius.koh@income.com.sg>

Sent:

Tuesday, April 14, 2020 4:48 PM

To:

rspu@lkkauto.com

Cc:

Desmond Foo Guo Hui

Subject:

MT/1091362 , Vehicle: SKT5736S , Date of Accident: 24/03/2020, To re-create file

Hi,

This MX (Ref: MT/1091362) created was for a duplicate accident.

With that, we will reject this MX file.

There is an existing file MT/1090402, pertaining to the same accident.

Please assist to re-create the MX under MT/1090402, thank you.

	Accident No.	OD Claim			Claim Des					
0	MT/1090402		SKT5736S / SLS4993R on 24 Mar 2020;							
0	MT/1091362	OD-MX	SKT5736S / SLS4993R ON 24 Mar 2020;							
	Do you want to open a new accident or add a new claim to the existing									
			Open a new accident	Create new Claim	Cancel					

Ignatius Koh
Executive
Operations – Motor & Personal Lines
T +65 6430 7875





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