	Jeb description	Date & Time Completed	Done by
Ref No: NAJINC 2005889/27	SAS e-filing		
Veh No: YN 7 YD ZX	E-mail (within Shrs, AIC 2hrs)		*
D.O.A: 85 20 09:50	i-Motor Claim Form	M7/1092518-00	20/5/20 15:16
SACONALISCONIA MISSION DE LA COMPANIO DEL COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DE LA COMPANIO DE LA COMPANIO DE LA COMPANIO DEL COMPANIO DEL COMPANIO DE LA COMPANIO DE LA COMPANIO	i-Motor W/O (Within: OD 2		
OD / TP / Reporting Only	i-Photo Uploaded		11
TD.	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Han	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:
TP Particulars: Veh No: 450	91182 . INC	()/Non-INC()	
Owner / Driver: (Tel:	
Policy No: () Per	riod: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [1	Note-Est. Status (WO): N: 0	-20%; P: 21-79%. F: 80-1	100%]
Year of Registration: () V	Warranty: YES ()/NO ()	
	00()/\$2,000()		
General Remarks; -		ELON WARREN	
() Walk-In Customer : Customer's infor	mation strictly Confidential &	Strictly NO refer of repairer.	
() Total Loss Case : to e-mail Insure		The second of	
Drive-In ()/ Towed-In (); Invoice:		Towing Co: (.)
			TO A TORNER WAY IT
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by
1) Apply for Transport Allowance ()/C	ourtesy Car ()		
2) QC Check / Post Repair Inspection	()	and the second second	
	()		
3) Upload Resurvey Photo [Repair Cost > \$3	()		
	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions	()		and the second
3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()		Pisa curat
3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()		
3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()		
3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()		
3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()		
Injury: Oate/Time Actions			Anit (S) Arit (
Injury: Oate/Time Actions	Invoice P	reparation Checklist	
Injury: Date/Time Actions	Invoice P 1) AR: Accid 2) DA: Dama	reparation Checklist ent Reporting (330); nge Assessment (\$100); INC (\$	Ant (S) Ant (S) And B
Injury: Date/Time Actions Actions Laurent's Particulars:	Invoice P 1) AR: Accid 2) DA: Dam 3) TF: Town 4) FT: Fallor	reparation Checklist ent Reporting (330); ige Assessment (\$100); INC (3 ig Fee S4	Ant (S) Ant (S)
Injury: Date/Time Actions Actions Injury: Date/Time Actions Injury: Injury: Date/Time Actions	Invoice P 1) AR: Accid 2) DA: Dam 3) TF: Folio 5) FT: Folio	ent Reporting (530); ge Assessment (5100); INC (3 gree See See See See See See See See See	Ant (5) Amt (3) 1st Bill Add B 380) 30/\$45 \$120 \$30
Injury: Date/Time Actions Actions Laimant's Particulars:- river/Owner:	Invoice P 1) AR: Accid 2) DA: Dam 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin	reparation Checklist ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$4 v-Through Survey v-Through Survey (Resurvey) te against INC Only (wef 10 Jan 200	Ant (5) Amt (3) 1st Bill Add B 380) 30/\$45 \$120 \$30
Injury: Date/Time Actions Actions Laimant's Particulars:- river/Owner:	Invoice P 1) AR: Accid 2) DA: Darm 3) TF: Towin 4) FT: Follow 5) i-T: Follow For cleirwin 6) TR: Re-in 7) N1: Idae I	ent Reporting (530); ge Assessment (5100); INC (5 g Fee 54 y-Through Survey y-Through Survey (Resurvey) is against INC Only (wef 10 Jan 200 spection DA + SMRT Survey	Ant (5) Arti (3) [14:Bill Add B 10/\$45 \$120 \$30 \$5)
Injury: Date/Time Actions Ac	Invoice P 1) AR: Action 2) DA: Darm 3) TF: Towin 4) FT: Follow 5) FT: Follow For cleimin 6) TR: Re-in 7) N1: Idao I 8) NTUC Ad	ent Reporting (330); Ige Assessment (\$100); INC (\$ Ige Fee \$4 V-Through Survey V-Through Survey (Resurvey) Ige against INC Only (wef 10 Jan 200) Spection	Ant (5) Arti (3) [14:Bill Add B 10/545 \$120 \$30 \$5) \$75
Injury: Date/Time Actions Actions Lamant's Particulars: ontact No: armaged Portion:	Invoice P 1) AR: Accid 2) DA: Dam 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Resin 7) N1: Idao I 8) NTUC Ad QID* *N5: Cour	reparation Checklist ent Reporting (\$30); ige Assessment (\$100); INC (\$ ige Assessment (\$100); INC (\$ ige Fee \$4 increase Survey in Assessment (\$100); INC (\$ ige Assessment (\$ ige Assessment (\$100); INC (\$ ige Assess	Ant (5) Art (5) Art (5) Art (5) Art (
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	Invoice P 1) AR: Accid 2) DA: Dam 3) TF: Towin 4) FT: Follow 5) FT: Follow Foreleimin 6) TR: Re-in 7) N1: Idao I 8) NTUC Ad OD* *N5: Cour *N6: Repe	reparation Checklist ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$4 v-Through Survey v-Through Survey (Resurvey) te against INC Only (wef 10 Jan 200 spection DA + SMRT Survey ditional Services: test Car / Tpl Allowance in Ca-ordination	Ant (5) Arit (3) [At Bill Add Bisso) 10/545 \$120 \$30 5) \$75 \$160
Injury: Date/Time Actions Actions Injury: Date/Time Actions Injury: Checked by (Engr-In-Charge):	Invoice P 1) AR: Accid 2) DA: Dam 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idea I 8) NTUC Ad OD* *N5: Cour *N6: Reps *N7: Fost	reparation Checklist ent Reporting (\$30); ige Assessment (\$100); INC (\$ ige Assessment (\$100); INC (\$ ige Fee \$4 increase Survey in Assessment (\$100); INC (\$ ige Assessment (\$ ige Assessment (\$100); INC (\$ ige Assess	Ant (S) Amt (S) (M.Bill Add B) (O/S 45 S1 20 \$ 30 (S) \$ 75 \$ 5160 \$ 55 \$ 510 \$ 225 \$ 55
Injury: Date/Time Actions Actions Injury: Date/Time Actions	Invoice P 1) AR: Accid 2) DA: Dam 3) TF: Towin 4) FT: Follow 5) FT: Follow Foreleimin 6) TR: Resin 7) N1: Idao I 8) NTUC Ad QD* *N5: Cour *N6: Repe *N7: Fost *N8: DV /	ent Reporting (530); ge Assessment (\$100); INC (\$ ge Fee See See See See See See See See Se	Ant (S) Amt (S) 14 Bill Add B 180) 10/545 5120 530 15) \$75 5160 \$5 510 \$25

1022 43

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.
- Any false reporting may be referred to the Police for investigation.
- 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

foresaid.	
	ACCIDENT STATEMENT
Date Of Report	22/05/2020 15:00
Date Of Accident	08/05/2020 09:50
Exact Location Of Accident	KALLANG DISTRIPARK
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	YN7432X
Insured/Policyholder	
Name Of Registered Owner	TIN SHAN CO PTE LTD
Co Reg No	1XXXXX351R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97465633
Vehicle Particulars	
Manufacturer	ISUZU
Model	NNR85UH4A
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5070367006-05
Cover Note Number	
Driver	
Name of Driver	CHEW HIN SING
NRIC No	SXXXX485Z
Date Of Birth	02/08/1959
Occupation	OUTDOOR
Date Of Driving Pass	23/11/1962
Driving Experience	57 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98261095
Fax Number	
Contact Number	OFFICE-98261095
	NOTHAL

NOEMAIL

BLK 702 BEDOK RESERVOIR ROAD Address

#03-3536

470702 Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE 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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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)

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

NO

YES

NO

1

NO

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

GBJ9118J Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

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:
 - (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.

天山(私人)有限公司 TIN SHAN CO PTE LTD

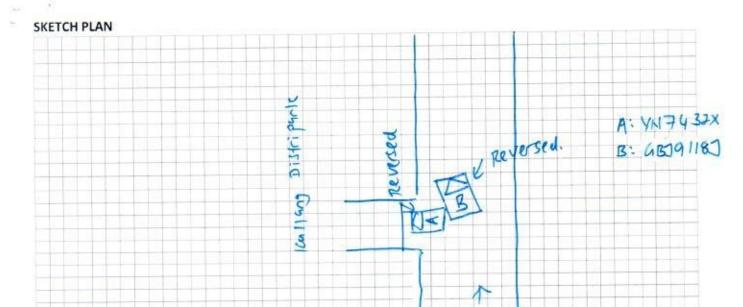
> Policyholder's Signature Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No .:



on states	I date and time, as I wanted to reversed my
Vehicle,	I turn on my vehicle reversed indicator light and
check my	blindagot I slowly reversed my vehicle vehicle 13
noticed 7	that my vehicle reversed out. However, vehicle B
squeeze -	throught and reversed his vehicle B left
portion	nit against my vehicle rear right portion.

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 Personnel's Signature Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (8) (DE	D/MM/YYYY), TIME:(09 : 50)(HH:MM
LOCATION: 160 11ang Distripark	
1. DETAILS OF VEHICLE	4
a) VEHICLE NUMBER: YN74.	22 v
	TUC
C)POLICY NUMBER:	100
dIPOLICY TYPE: LCOMPREHENSIVE	
e)MAKE & MODEL:	THIRD PARTY / THIRD PARTY FIRE &THEFT)
GIVELION COUPE / MPV /V	AN LORRY / MOTORCYCLE / OTHERS)
O, TOOKI, IFRIVALE	CMANAEDCIAL / LIGTORONO
11/1 OKL OSE OF USING AT ACCIDENT	TIME: 1.10/1/. a
TAKE TOU CLAIMING UNDER YOUR	OWN INCHE AND COM
" NO, I CEASE STATE THIRD PARTY (CLAIM / REPORTING ONLY
- MOUNT HOLDER	
ANAME: Tin Jhyn Co Ple	(MALE, / FEMALE)
b)NRIC/FIN/PASSPORT:	CONTACT: 674 65633
c)ADDRESS:	
* CONTINUE TO A	
CONTINUE TO 3.d IF DRIVER ALSO P Oncluding driver) DINRIC/FIN/PASSPORT	OLICY HOLDER
The of passengs DRIVER	
(Including driver) alNAME:	(MAKE / FEMALE)
()	CONTACT: 98261295
c)ADDRESS:	
*dIDATE OF BIRTH!	
*d)DATE OF BIRTH: ()(DD/MM/YYYY)
6) OCCUPATION: (INDOOR / OUTDOOF) F) YEARS OF DRIVING EXPRERIENCE:	OR)
4. WAS DRIVER AN EMPLOYEE OF THE	
4. WAS DRIVER AN EMPLOYEE OF THE	INSURED'S COMPANY? (YES / NO)
THE THE PROPERTY OF THE TIPIN	/ED M/ITH INCHES
5. a) WEATHER CONDITION: (CLEAR / RAI b) ROAD SURFACE: (DRY / WET / OTHER	NING / OTHERS
6. WAS ANYBODY INJURED (YES / WO)	RS
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICES	
8. THIRD PARTY VEHICLE	STATION:
No of passenger a) VEHICLE NUMBER: UB391183	
Including driver) b) DRIVER'S NAME:	MODEL:
(V·) c) NRIC/FIN/PASSPORT:	
9. THIRD PARTY VEHICLE	CONTACT:
No of passinger d) VEHICLE NUMBER:	(101 - W-10)
ladi die la DRIVER'S NAME:	MODEL:
() NRIC/FIN/PASSPORT:	CONTACT:
	And the World
W) (61)	E
8	
2 2	
email =	

fax =

VIDEO =



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960.

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5070367006-05

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

YN7432X

Chassis Number

2. Name of Policyholder

: JAANNR85HE7100459

2. Name of Folicyholder

: TIN SHAN CO PTE LTD

3. Effective Date of Insurance

: 06 Mar 2020

4. Expiry Date of Insurance

: 05 Mar 2021

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

 EXCESS (SECTION 1)
 : \$\$600

 EXCESS (SECTION 2)
 : N/A

 WINDSCREEN EXCESS
 : \$\$100

INSURE WITH COE HIRE PURCHASE COMPANY : YES : N/A

SUM INSURED

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: VICTOR MOTOR CREDIT PTE LTD (00000614276)

Date of Issue

: 02 Mar 2020 11:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBao Tech			1318							Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						· Change L	anguage	• Chan	ge Password	· Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	io.				Date	of Accident	08	/05/2020 0	9:50	
	Vehicle	No.(For Motor)	YN7432	x		Certifi	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5070367006- 05		TIN SHAN CO PTE LTD	198101351R	GCV	Comprehensive	YN7432X	YN7432X	06/03/2020	05/03/2021
		10.00			C	ontinue					

tident MT/1092528		SAME AND STATE	UNITATED	ne	ST Registration No		M20043327X	
cy No	5070367006-05	Vehicle No.	VN7432X	GS	s I Registration No		M200433278	
tificate No.					Boyholder NRIC		198101351R	
cyholder Name	TIN SHAN CO PTE LTD		the second desired on				D	
duct Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive		acing intact No.(Home)		*	
ract No.(Mobile)	NA.	Contact No.(Office)					20.00	
el Address		Special Remark			Code		141.0	
	® No ○Yes	TCA	® No ○Yes		Code Reason			
D Protection	No	NCD Entitlement(%)	20	Pri	wate Hire		No	
Accident Details								
port Date	12/05/2020 08:55	Acodent Report Within 24 hrs	Yes	Ac	cident Type		Collision - Maj	or Minor Road
se of Accident	06/05/2020	Time of Accident hh:mm	10120	Co	ountry of Academi		Singapore	
porting Centre		Orange Force		30	M No.			
cident Location	INSIDE KALLANG DISTRIPARK, GEYLA	NG BAHRU SINGAPORE						
Total Excess Applicable								
cess Type	Per Accident	Windscreen Excess	100.00					
			100					
Standard Excess	600.00	TP Standard Excess	0.00					
ED OD Excess		YIED TP Excess		Dr	river is Covered?		Not Applicable	'
ditional Excess								
tal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00					
Benefits								
GST Registered Informa	tion		1770-00-00-00-00-00-00-00-00-00-00-00-00-		000000000000000000000000000000000000000			
T Registered	Yes		GST Registration Date		01/04/199	94		
T Registration No.	M20043327X		GST Status Venfied		Yes			
dification History	12/05/2020 08:56:44	System changed GST Registration Date System changed GST Status Verified fro	from 01/01/2015 to 01/04/1994 m No to Yes					
Policyholder Mailing Ad					200000		<u> paritiretano</u> c	
idress 3	1779 GEYLANG BAHRU	Address 2	#01-038 KALLANG DISTRIPARK		ddress 3		SINGAPORE :	139706
ddress 4		Address Type	Singapore address	Po	ost Code		339705	
nit No.		Related Policy Number	5080047011-04					
OI Driver Info								
nver Name		Driver Type						
named driver Name		Driver NRIC			nver DOB			
egister Date of Driver License		Driver Age		Di	riving Experience			
ontact No.(Mobile)		Contact No.(Office)		C	ontact No.(Home)			
		Contact No.(Office) Address 2			ontact No.(Home) ddress 3			
ddress 1			Foreign address	Ad	The state of the s			
ontact No.(Mabile) Iddress 4 Intl No.		Address 2	Foreign address	Ad	ddress 3			
ddress 1 odress 4 nit No. ces he own a Singapore	○ Yes ® No	Address 2	Foreign address	As Pe	ddress 3			
ddress 1 ddress 4 nnt No. loes he own a Singapore	○ Yes ② No	Address 2 Address Type	Foreign address	As Pe	ddress 3 ost Code			
ddress 1 ddress 4 nnt No. loes he own a Singapore egistered car?	○ Yes ® No	Address 2 Address Type	Foreign address	As Pe	ddress 3 ost Code			
ddress 1 ddress 4 nnt No. loes he own a Singapore	○ Yes ® No	Address 2 Address Type	Foreign address	As Pe	ddress 3 ost Code			
iddress 1 odress 4 nit No. oes he own a Singapore epistered car?	○ Yes ® No	Address 2 Address Type	Foreign address	As Pe	ddress 3 ost Code			
idress 1 stress 4 int No. tes he own a Singapore egistered car?	○ Yes ® No	Address 2 Address Type	Foreign address	As Pe	ddress 3 ost Code			
doress 1 doress 4 lit No. see he own a Singapore epistered car? od fication History Claim 002 New		Address Type Driver Vehicle No.		Accepted Discourse	ddress 3 osd Code river Insurer Com		1981013518	
doress 1 doress 4 lift No. see he own a Singapore epistered car? diffication History Claim 002 New	○ Yes ② No	Address Type Driver Vehicle No. Insured Name	Foreign address TIN SHAN CO FTE LTD	Ac Pe	doress 3 code river Insurer Com	ipany	1981013518	
doress 1 doress 4 lit No. see he own a Singapore epistered car? diffication History Claim 902 New entited No.(Mobile)		Address 2 Address Type Driver Vehicle No. Insured Name Contact No. (Home)	TIN SHAN CO PTE LTD	Ac Pro	doress 3 soil Code river Insurer Com houred NRIC contact No. (Office)	ipany	67468633	
idress 1 Idress 4 Id No. Des he dem a Singapore platered car? Id Acation History Claim 002 New Idram Type * Demical No. (Mobile) Trail Address	ор-их 🔻	Address 2 Address Type Driver Vehicle No. Insured Name Contact No.(Home) Of Vehicle Number	TIN SHAN CO PTE LTD. YN7432K	Ac Pro	doress 3 code river Insurer Com	ipany	production artists from the same	
Idress 1 Idress 4 Id No. Des he own a Singapore Epistered car? Idrication History Claim 002 New Dentact No. (Mobile) half Address Iarmant Type Claimant Type *	OD-MX V	Address 2 Address Type Driver Vehicle No. Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	TIN SHAN CO PTE LTD	Ac Pro	doress 3 soil Code river Insurer Com houred NRIC contact No. (Office)	ipany	67468633	
Idress 1 Idress 4 Id No. Ides he dwn a Singapore Idrication History Claim 002 New Idrication History Idricat	ор-их 🔻	Address 2 Address Type Driver Vehicle No. Insured Name Contact No.(Home) Of Vehicle Number	TIN SHAN CO PTE LTD. YN7432K	Ac Pro	doress 3 soil Code river Insurer Com houred NRIC contact No. (Office)	ipany	67468633	
Idress 1 Idress 4 Id No. Les he own a Singapore les he own a Singapore diffication History Claim 002 New and Type * Lentact No. (Mobile) half Address lamant Type Claimant Type * lamant Name * lamant Address	OD-MX Please Select ≥≥	Address 2 Address Type Driver Vehicle No. Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	TIN SHAN CO PTE LTD. YN7432K	Ac Pe	odress 3 odr Code river Insurer Com neured NRIC ontact No. (Office) P Vehicle Number	ipany	67468633	
Idress 1 Idress 4 Id No. Idress 4 Id No. Idress 4 Idress 4 Idress 4 Idress 6 Idress 7 Idress 7 Idress 7 Idress 7 Idress 7 Idress 8 Idress 8 Idress 8 Idress 8 Idress 8 Idress 8 Idress 9 Idress 9 Idress 8 Idress 9 Idress 8 Idress 9 Idress	OD-MX V	Address 2 Address Type Driver Vehicle No. Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	TIN SHAN CO PTE LTD YN7432X Please Select	Ac Pe	doress 3 soil Code river Insurer Com houred NRIC contact No. (Office)	ipany	67468633	
ddress 1 ddress 6 lif No. leek in comn a Singapore legistered car? ledification History Claim 002 New learn Type * learnant Type Claimant Type * learnant Name * learnant Name * learnant Address learn Description leferred Wonspag Cortact	OD-MX Please Select ≥≥	Address 2 Address Type Driver Vehicle No. Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	TIN SHAN CO PTE LTD. YN7432K	Pre Di	odress 3 odd Code river Insurer Com neured NRIC ontact No. (Office) P Vehicle Number	ipany	67468633 GB391143	
ddress 1 sdress 6 iif No. bes he own a Singapore egistered car? idification History Claim 002 New entact No. (Moone) hall Address lamant Type Claimant Type * lamant Address	OD-MX Please Select ≥≥	Address 2 Address Type Driver Vehicle No. Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	TIN SHAN CO FTE LTD: YN743ZK Please Select Y	Pre Di	odress 3 odr Code river Insurer Com neured NRIC ontact No. (Office) P Vehicle Number	ipany	67468633 GB291383 Received	
ddress 1 odress 4 int No. oes he own a Singapore epistered car? odrication History Claim 002 New entract No. (Mobile) mail Address lamant Type Claimanc Type * lamant Name * lamant Address lament Address	OD-MX Please Select	Address 2 Address Type Driver Vehicle No. Insured Name Contact No.(Home) Os Vehicle Number Type of Benefit * Claimant NR3C *	TIN SHAN CO PTE LTD YN7432X Please Select Partially at Pault	Pre Di I	odress 3 odd Code river Insurer Com neured NRIC ontact No. (Office) P Vehicle Number	ipany	67468633 GB391143	00:00
ddress 1 ddress 4 int No. des he own a Singapore egistered car? ddication History Claim 602 New entract No. (Modre) mail Address lamant Type Claimanc Type * lamant Name * lamant Address lament Address	OD-MX Please Select ≥≥ VN7432X / GB79118J CN 8 May 2020 Ves	Address 2 Address Type Driver Vehicle No. Insured Name Contact No.(Home) Os Vehicle Number Type of Benefit * Claimant NR3C * Insured Liability * Preference Repair Option	TIN SHAN CO PTE LTD YN7432X Please Select Partially at Pault	Pre Di I	odress 3 odd Code river Insurer Com neured NRIC ontact No. (Office) P Vehicle Number	ipany	67468633 GB291383 Received	00:00
iddress 1 oderss 4 int No. oes he own a Singapore epistered car? odification History Claim 002 New eminat No. iamant Type * iamant Address iamant Add	OD-MX	Address 2 Address Type Driver Vehicle No. Insured Name Contact No.(Home) Os Vehicle Number Type of Benefit * Claimant NR3C * Insured Liability * Preference Repair Option	TIN SHAN CO PTE LTD YN7432X Please Select Partially at Pault	Pre Di I	odress 3 odd Code river Insurer Com neured NRIC ontact No. (Office) P Vehicle Number	ipany	67468633 GB291383 Received	00:00
ddress 1 ddress 4 nit No. ces he own a Singapore egistered car?	OD-MX	Address 2 Address Type Driver Vehicle No. Insured Name Contact No.(Home) Os Vehicle Number Type of Benefit * Claimant NR3C * Insured Liability * Preference Repair Option	TIN SHAN CO PTE LTD YN7432K Please Select Partially at Pault Preferred Workshop, Name unknown	Pre Di I	odress 3 odd Code river Insurer Com neured NRIC ontact No. (Office) P Vehicle Number	ipany	67468633 GB291383 Received	00:00
Idress 1 Idress 4 Id No. Idress 4 Id No. Idress 6 Id No. Idress 7	OD-MX	Address 2 Address Type Driver Vehicle No. Insured Name Contact No.(Home) Os Vehicle Number Type of Benefit * Claimant NR3C * Insured Liability * Preference Repair Option	TIN SHAN CO PTE LTD YN7432X Please Select Partially at Pault	Pre Di I	odress 3 odd Code river Insurer Com neured NRIC ontact No. (Office) P Vehicle Number	ipany	67468633 GB291383 Received	00:00
Idress 1 Idress 4 Id No. Idress 4 Id No. Idress 4 Idress 4 Idress 4 Idress 6 Idress 6 Idress 7 Idress	OD-MX	Address 2 Address Type Driver Vehicle No. Insured Name Contact No.(Home) Os Vehicle Number Type of Benefit * Claimant NR3C * Insured Liability * Preference Repair Option	TIN SHAN CO PTE LTD YN7432K Please Select Partially at Pault Preferred Workshop, Name unknown	Pre Di I	odress 3 odd Code river Insurer Com neured NRIC ontact No. (Office) P Vehicle Number	ipany	67468633 GB291383 Received	00:00
dress 1 dress 4 if No. es he own a Singapore gistered car? dification History Claim 002 New will Type * intact No. (Mobile) half Address armant Type Claimant Type * aimant Name * aimant Name * aimant Address aim Description referred workshop Contact origins Finalsacion ite Registered goot Taken By § Print AK letter Attachment	OD-MX	Address 2 Address Type Driver Vehicle No. Insured Name Contact No.(Home) Os Vehicle Number Type of Benefit * Claimant NR3C * Insured Liability * Preference Repair Option	TIN SHAN CO PTE LTD YN7432K Please Select Partially at Pault Preferred Workshop, Name unknown	Pre Di I	odress 3 odd Code river Insurer Com neured NRIC ontact No. (Office) P Vehicle Number	ipany	67468633 GB291383 Received	00:00
dress 1 dress 4 if No. es he own a Singapore gistered car? dification History Claim 002 New will Type * intact No. (Mobile) half Address arment Type Claimant Type * aimant Name * aimant Name * aimant Address aim Description referred workshop Contact or inquire Finalsacion half Registered goot Taken By 7 Prim AK letter Attachment	OD-MX	Address 2 Address Type Driver Vehicle No. Insured Name Contact No.(Home) Os Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date	TIN SHAN CO PTE LTD YN7432X Please Select Partially at Fault Preferred Workshop, Name unknown Save Submit	Pre Di I	odress 3 odd Code river Insurer Com neured NRIC ontact No. (Office) P Vehicle Number	ipany	67468633 GB291383 Received	00:00
dress 1 dress 4 if No. es he own a Singapore gistered car? dification History Claim 002 New will Type * intlact No. (Mobile) half Address armant Type Claimant Type * aimant Name * aimant Name * aimant Address aim Description referred wonshop Contact origins Finalsacion itse Registered goot Taken By 7 Prim AK letter Attachment	OD-MX	Address 2 Address Type Driver Vehicle No. Insured Name Contact No.(Home) Os Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date Claim No.	TIN SHAN CO PTE LTD YN7432X Please Select Partially at Fault Preferred Workshop, Name unknown Save Submit	Pre Di I	odress 3 odd Code river Insurer Com neured NRIC ontact No. (Office) P Vehicle Number	ipany	67468633 GB291383 Received	00:00
dress 1 dress 4 if No. es he own a Singapore gistered car? dification History Claim 002 New will Type * intlact No. (Mobile) half Address armant Type Claimant Type * aimant Name * aimant Name * aimant Address aim Description referred wonshop Contact origins Finalsacion itse Registered goot Taken By 7 Prim AK letter Attachment	OD-MX	Address 2 Address Type Driver Vehicle No. Insured Name Contact No.(Home) Os Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date	TIN SHAN CO PTE LTD YN7432X Please Select Partially at Fault Preferred Workshop, Name unknown Save Submit 002 22/05/2020 15:17	Pre Di I	odress 3 ost Code river Insurer Com neured NRIC ontact No. (Office) P Vehicle Number lame of Preferred	upany Workshop	67468613 GB391183 Received 2205/2020	
Idress 1 Idress 4 Id No. Idress 4 Id No. Idress 6 Idress 6 Idress 6 Idress 6 Idress 7 Idress 8 Idress 8 Idress 8 Idress 8 Idress 8 Idress 8 Idress 9 Idress	OD-MX	Address 2 Address Type Driver Vehicle No. Insured Name Contact No.(Home) Co Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date	Partially at Fault Preferred Workshop, Name unknown Dog 22/05/2020 15:17 Category *	Pre Di	ddress 3 ost Code river Insurer Com nsured NRIC contact No. (Office) P Vehicle Number lame of Preferred IIA report late Received	Urgen	67468613 GB391183 Received 22/05/2020	
dress 1 dress 4 if No. es he own a Singapore gistered car? dification History Claim 002 New will Type * intlact No. (Mobile) half Address armant Type Claimant Type * aimant Name * aimant Name * aimant Address aim Description referred wonshop Contact origins Finalsacion itse Registered goot Taken By 7 Prim AK letter Attachment	OD-MX	Address 2 Address Type Driver Vehicle No. Insured Name Contact No.(Home) Os Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date Claim No.	Partially at Fault Preferred Workshop, Name unknown Dog 22/05/2020 15:17 Category *	Pre Di	odress 3 odd Code river Insurer Com neured NRIC ontact No. (Office) P Vehicle Number lame of Preferred IIA report late Received	Urgen Normal	Received 22/05/2020	
dress 1 dress 4 if No. es he own a Singapore gistered car? dification History Claim 002 New will Type * intlact No. (Mobile) half Address armant Type Claimant Type * aimant Name * aimant Name * aimant Address aim Description referred wonshop Contact origins Finalsacion itse Registered goot Taken By 7 Prim AK letter Attachment	OD-MX	Address 2 Address Type Driver Vehicle No. Insured Name Contact No.(Home) Co Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date	Partially at Fault Preferred Workshop, Name unknown Save Submit D02 22/05/2020 15:17 Category *	Pre Di	odress 3 odd Code river Insurer Com neured NRIC ontact No. (Office) P Vehicle Number lame of Preferred IIA report late Received	Urgen	67468613 GB391183 Received 22/05/2020	
dress 1 dress 4 if No. es he own a Singapore gistered car? dification History Claim 002 New win Type * milact No.(Mobile) tall Address sement Type Claimans Type * sement Address sement Address sement Address sement Address and Description referred won-shop Contact quire Finalsation the Registered goot Taken By Prim AK letter Attachment	OD-MX	Address 2 Address Type Driver Vehicle No. Insured Name Contact No.(Home) Os Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date Browse	First SHAN CO PTE LTD YN7432X Please Select Preferred Workshop, Name unknown Dog 22/05/2020 15:17 Category * Category * Gear Please Select Please Select	Pre Di	ddress 3 ost Code river Insurer Com neured NRIC ontact No. (Office) P Vehicle Number liame of Preferred liA report late Received Confidential NC NO NO NO NO NO NO NO	Urgen Normal	Received 22/05/2020	
dress 1 dress 4 if No. es he own a Singapore gistered car? dification History Claim 002 New will Type * intlact No. (Mobile) half Address armant Type Claimant Type * aimant Name * aimant Name * aimant Address aim Description referred wonshop Contact origins Finalsacion itse Registered goot Taken By 7 Prim AK letter Attachment	OD-MX	Address 2 Address Type Driver Vehicle No. Insured Name Contact No.(Home) Os Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date Browss Browss Browss	Factisty at Fault Preferred Workshop, Name unknown Dog 22/05/2020 15:17 Category *	Pre Di	ddress 3 ost Code river Insurer Com neured NRIC ontact No. (Office) P Vehicle Number lite Received Confidential NC NO	Urgen Normal Normal	Received 22/05/2020	
Idress 1 Idress 4 Idress 4 Idress 4 Idress 4 Idress 4 Idress 5 Idress 6 Idress 6 Idress 7 Idr	OD-MX	Address 2 Address Type Driver Vehicle No. Insured Name Contact No.(Home) Os Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date Browsi Browsi Browsi Browsi	Please Select Professe Select Dog 22/05/2020 15:17 Category *	Pre Di	ddress 3 ost Code river Insurer Com neured NRIC ontact No. (Office) P Vehicle Number lite Received Confidential NC NO	Urgen Normal Normal Normal	Received 22/05/2020	Descripti
Idress 1 Idress 4 Id No. Les he own a Singapore les he own a Singapore dification History Claim 002 New Idress Idress Address Idress Address Address Idress Address Idress Address Address Idress Address Address Idress Address Addre	OD-MX	Address 2 Address Type Driver Vehicle No. Insured Name Contact No.(Home) Os Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date Browsi Browsi Browsi Browsi Browsi	Partially at Fault Preferred Workshop, Name unknown Dog 22/05/2020 15:17 Category * Category * Case Please Select B Case Please Select	Pre Di	ddress 3 ost Code river Insurer Com neured NRIC ontact No. (Office) P vehicle Number liame of Preferred liA report late Received Confidential NO V NO V	Urgen Normal Normal Normal Normal	Received 22/05/2020	
Idress 1 Idress 4 Idress 4 Idress 4 Idress 4 Idress 4 Idress 5 Idress 6 Idress 6 Idress 7 Idr	OD-MX	Address 2 Address Type Driver Vehicle No. Insured Name Contact No.(Home) Os Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date Browsi Browsi Browsi Browsi	Please Select Professe Select Dog 22/05/2020 15:17 Category * Category *	Pre Di	ddress 3 ost Code river Insurer Com neured NRIC ontact No. (Office) P vehicle Number liame of Preferred liA report late Received Confidential NO V NO V	Urgen Normal Normal Normal	Received 22/05/2020	

