Date In: 17 6/2 - 12:00	Jcb description	Date & Time Completed	Done by
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Veh No: Supples D	E-mail (within Shrs, AIC 2hrs;		
D.O.Y: 24/1/2 - 12/12	i-Motor Claim Form	~ C201 POI / FM	17/6/20 12:
The second secon	i-Motor W/O (Within: OD		- The second second second
OD / TP-/ Reporting Only	i-Photo Uploaded		
	Assessment/Survey Repor		
TP Insurer:	Ass't Report by Fax / Han		
Preferred Wksp / INC Assign Wksp / QW: (Control of the Contro	Tel:	Fax:
TP Particulars: Veh No: Justy	INC	()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: () Period	l: () Cover Type: ()
Confirmed by : (Date:	Time:)
	e-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 80-	100%]
	ranty: YES ()/NO ()	
The second secon		DEMONSTRUMENTS OF THE STATE OF	लग्रह सुर प्रति
General Remarks;-			
() Walk-In Customer: Customer's informa	tion strictly Confidential &	Strictly NO refer of repairer.	
() Total Loss Case : to e-mail Insurer U	IRGENTLY.		*# = = = = = = = = = = = = = = = = = = =
		Touris Co. (
Drive-In () / Towed-In (); Invoice: Y			
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Cour	rtesy Car ()	Towing Co: (Date & Time Completed	Done by
Remarks:- (INC hotline: 6788 6616)	rtesy Car ()		Done by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection	rtesy Car ()		Done by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury:	rtesy Car ()	Date&Time Completed*	Done by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury:	rtesy Car ()	Date&Time Completed*	
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Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury:	rtesy Car ()	Date&Time Completed*	
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Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 17/06/2020 12:12

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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 aforesaid.

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electrical and the property.	ACCIDENT STATEMENT
Date Of Report	17/06/2020 12:00
Date Of Accident	27/04/2020 10:15
Exact Location Of Accident	SUN PLAZA CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMR2128D
Insured/Policyholder	
Name Of Registered Owner	MARCUS TAN JINXIONG
NRIC No	SXXXX490D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92230243
Alternative Phone No	OFFICE-92230243
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.8L A
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	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	5115203270
Cover Note Number	
Driver	
Name of Driver	MARCUS TAN JINXIONG

Name of Driver MARCUS TAN JINXIONG

 NRIC No
 SXXXX490D

 Date Of Birth
 21/04/1992

 Occupation
 INDOOR

 Date Of Driving Pass
 30/09/2019

Driving Experience 0 YEAR AND 6 MONTH

Gender MALE

Mobile Number (LOCAL) +65-92230243

Fax Number

Contact Number OFFICE-92230243

EMail Address NOEMAIL

Address

23 SEMBAWANG CRESCENT

#01-07

Postcode

757054

Was driver an employee of the Insured's Company, NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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?

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number

SJH5547X

Vehicle Make/Model/Colour

TOYOTA WISH

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHEW KOK MING

NRIC/Passport Number

SXXXX816H

Contact Number

83882232

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 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 flability</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.
- 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 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)

Lunderstand, 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 insurers) 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 1.
 - 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")
- 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 policyhalder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

Accident Sketch Plan

KETCH PLAN		
→		A SMR 2128D
- ←		B S3H 5547 X
	A	↓
	B	
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
0. the 27th	of April 2000 at years	ximutely 10.15 am at Sun Plaza Curport
Due to traffic (conditions of the Cor	ourk
That to still	ise my vehicle.	
1 100 10 100	y Thick	
I lid ma Safe	etu chodis and Proc	ceeded to reverse when it was safe.
~		
After I came -	to a complete slop.	I felt an impact from behind.
ECLARATION	iculars are true in every respect.	lating
we declare the foregoing part	iculars are not in every respect.	OW.
1/4	1/2	-0
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
ate & Time:	(If driver is not the policyhold	ter) Name:

Date & Time

NRIC/FIN No.:

ACCIDENT STATEMENT

ACC	IDENT DATE: (27 / 04 / 2020) (DD/M	(M/YYYY), TIME:((;15)(HH:MM)
LOCA	ATION: Sun Plaza Carpa	rk
1	. DETAILS OF VEHICLE	11 (4)
	a) VEHICLE NUMBER: SMR 2/287	1
	b)INSURANCE COMPANY: NTUC	Locome.
10	CIPOLICY NUMBER: 5 511520327	-0.
	d)POLICY TYPE: (COMPREHENSIVE / TH	HIRD PARTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL: Itonda c	ivic 1.81
	f)TYPE:(SALOON / COUPE / MPV / VAN g) VEHICLE CATEGORY: (PRIVATE / COM h) PURPOSE OF USING AT ACCIDENT TIM	MMERCIAL / MOTORCYCLE) ME: Personal
	i) ARE YOU CLAIMING UNDER YOUR OV IF NO, PLEASE STATE (THIRD PARTY CLA	
2.	INSURED / POLICY HOLDER	The second second second
	Alname: Marrys Tan Jankier	19 (MALE / FEMALE)
	b)NRIC/FIN/PASSPORT: S92154900	
	CIADDRESS: 366A SEMBAWANG	Cocsent #14-163
55 F6 10		
w 0 -	* CONTINUE TO 3.d IF DRIVER ALSO PO	LICY HOLDER
the of passenger	DRIVER	
Ho of passenge. (Including driver)	a)NAME:	(MALE / FEMALE)
(1)	b) NRIC/FIN/PASSPORT:	CONTACT:
	C)ADDRESS.	
,	*d)DATE OF BIRTH: (21 / 04 / 1992	I(DD/MM/YYYY)
52	eloccupation: (INDOOR / OUTDOOR	
	f) YEARS OF DRIVING EXPRERIENCE:	
4.	WAS DRIVER AN EMPLOYEE OF THE	INSURED'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE DRIVE	R WITH INSURED:
5.	a) WEATHER CONDITION: (CLEAR / RAIN	
	b)ROAD SURFACE: (DRY / WET / OTHER	S
	WAS ANYBODY INJURED (YES / NO)	#15
7.	a) REPORTED TO POLICE (YES / NO)	
920	IF YES, PLEASE STATE WHICH POLICE ST	TATION:
Ma all a	THIRD PARTY VEHICLE a) VEHICLE NUMBER: SJH554	7 4 (1) 5
no of passenger	a) VEHICLE NUMBER: 3 1735	7X MODEL: Toyata Wish
Including driver)	b) DRIVER'S NAME: CHEW KOK	HCONTACT: 8388 2232.
() 。	c) NRIC/FIN/PASSPORT: S6907816 THIRD PARTY VEHICLE	CONTACT: 0308 CC32.
		MODEL
the of passenger	d) VEHICLE NUMBER: e) DRIVER'S NAME:	MODEL:
The of passenger . Including driver)	f) NRIC/FIN/PASSPORT:	CONTACT:
1 3	ij iskieji kaji Oki,	CONTACT.

email = CHARIZARDEX @HOTMAIL com.

fax =

VIDEO =

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			and the last series and the series	and the same of the same of the same of	A STATE OF THE PARTY OF THE PAR	• Chang	je Languag	e • Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date	of Accident		27/04/2020	11:47	
	Vehicle	No.(For Motor)	SMR2	128D		Cert	ificate Numb	er			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5115203270		MARCUS TAN JINXIONG	S9215490D	GPC	drivo CLASSIC	SMR2128D	SMR2128D	27/12/2019	26/12/2020
						Continue					

■ giclaim.income.com.sg — Private

Accident MT/1092053						4EX
Palicy No.	5115203270	Vehicle No.	SMR21280		GST Registration No.	The state of the s
Certificate No.		Venicle No.	5-121200		GST Registration No.	
Policyholder Name	MARCUS TAN JINXIONG				Policyholder NRIC	\$9215490D
Product Code Contact No.(Mobile)	PRIVATE CAR INSURANCE	Cover Type Contact No.(Office)	drivo CLASSIC		Loading	0
Email Address	No.	Special Remark	Liability repudia	ted	Contact No.(Home) eCode	ND .
KFK	O No Yes	TCA	ONo Yes		eCode Reason	-
NCD Protection	No	NCD Entitlement(%)	0		Private Hire	Not available
Accident Details		Accident Depart Within 24				
Report Date	30/04/2020 09:46	Accident Report Within 24 hrs	Yes		Accident Type	Unknown
Date of Accident	27/64/2020	Time of Accident hh:mm	14145		Country of Accident	Singapore
Reporting Centre Accident Location	administrator	Orange Force	No		ICM No.	
Total Excess Applica						NAME OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY.
Excess Type	Per Accident	Windscreen Excess		100.00		
OR Floridad France	Secondary States					
OD Standard Excess YIED OD Excess	600.00	TP Standard Excess YIEO TP Excess		0.00	Driver is Covered?	
Additional Excess	0	TIED IF EXCESS			Univer is Covered?	Not Applicable
Total OD Excess Applicable	600.00	Total TP Excess Applicable		0.00		
 Benefits 	E THE WAY SHELD					
GST Registered Info			COT D			
GST Registered GST Registration No.	No		GST Regis	stration Date us Verified	Yes	
Modification History			551 5000			
Policyholder Mailing	BLK 366A #14-163	Address 2	SEMBAWANG CRESC	rut.		
Address 1 Address 4	SINGAPORE 751366	Address 2 Address Type	Singapore addre		Address 3 Post Code	SUN BREEZE 751366
Unit No.		Related Policy Number	5115203270		ross dode	
OI Driver Info					division and property	MONTH COMPANIES TO THE POPULATION
Driver Name		Driver Type			The second second	The second of the second
Unnamed driver Name		Driver NRIC			Driver DOB	
Register Date of Driver License		Driver Age			Driving Experience	
Contact No.(Mobile)		Contact No.(Office)			Contact No.(Home)	
Address 1		Address 2			Address 3	
Address 4		Address Type	Foreign address		Post Code	
Unit No. Does he own a Singapore	⊖Yes No	Driver Vehicle No.				
Modification History						
Claim 002 New						
			E STATE OF THE STA		and the same the	
Claim 002 New				OD-MX	Insured (MARCUS TAN JINNI	ONG Insured (59215490D
Claim 002 New				OD-MX	Name	NRIC (SELECTION
Claim 002 New				OD-MX 92230243	Insured (MARCUS TAN JINXI) Contact No.	
					Contact No. (Home)	NRIC Contact No. (Office)
Claim 002 New Claim Type * Contact No.(Mobile)				92230243	Contact No. (Home)	NRIC Contact No. (Office) TP
Claim 002 New Claim Type * Contact No.(Mobile)					Contact No. (Home)	NRIC Contact No. (Office) TP
Claim 002 New Claim Type * Contact No.(Mobile) Email Address				92230243 CHARIZARDEN OHOTHAIL	Contact No. (Home) OI Cor Vehicle SMR21280 Number	NRIC Contact No. (Office) TP Vehicle SJHS547X Number Name of
Claim 002 New				92230243 CHARIZARDEN OHOTHAIL	Contact No. (Home) OI .cor Vehicle SMR21380	NRIC Contact No. (Office) TP Vehicle Number
Claim 002 New Claim Type * Contact No.(Mobile) Email Address Claim Description	a.Josuced			92230243 CHARIZARDEN OHOTHAIL	Contact No. (Home) OI Cor Vehicle SMR21280 Number	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred
Claim 002 New Claim Type * Contact No.(Mobile) Email Address Claim Description	Preferend Fully	at Fault GIA Receiver	ved	92230243 CHARIZARDEN OHOTHAIL	Contact No. (Home) OI Cor Vehicle SMR21280 Number	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred
Claim 002 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Markagop Salisation Yes	Professed Fully Preferred W	at Fault GIA Received orkshop, Name u Freport Received	ved 🖸	92230243 DIARIZARDEK HOTHAN	Corract No. (Home) OI Corr Vehicle (SMR21280 Number	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop
Claim 002 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Markagop Salisation Yes		at Fault GIA Received GIA Received	ved	92230243 CHARIZARDEN OHOTHAIL	Corract No. (Home) OI Cor Vehicle EM21280 Number CATY OM 27 Apr 2020 Claim Close	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred
Claim 002 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Morkshop Oute Registered		at Fault GIA Received GIA GIA Received GIA GIA RECEIVE GIA GIA RECEIVE GIA	ved 🖸	92230243 DIARIZARDEK HOTHAN	Corract No. (Home) OI Corr Vehicle (SMR21280 Number	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Date 1706/2020.00003
Claim 002 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Morkshop Oute Registered		at Fault GIA Received GIA GIA Received GIA Received GIA GIA RECEIVE GIA GIA RECEIVE GIA GIA GIA GIA GIA RECEIVE GIA	ved	92230243 CHARIZARDEX (HOTMAI) CMD 31 300 / C1UC) 17/06/2020 12:17	Corract No. (Home) OI Cor Vehicle EM21280 Number CATY OM 27 Apr 2020 Claim Close	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Date 1706/2020.00003
Claim 002 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Architecture Preferred Arch		at Fault GIA GIA Received GIA	ved	92230243 CHARIZARDEX (HOTMAI) CMD 31 300 / C1UC) 17/06/2020 12:17	Corract No. (Home) OI Cor Vehicle EM21280 Number CATY OM 27 Apr 2020 Claim Close	NRIC Contact Na. (Office) TP Vehicle Number Name of Preferred Workshop Date 1706/2020.00003
Claim 002 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Architecture Preferred Arch		at Fault GIA GEA Receive Grant Receive GEA	ved	92230243 CHARIZARDEX (HOTMAI) CMD 31 300 / C1UC) 17/06/2020 12:17	Corract No. (Home) OI Cor Vehicle EM21280 Number CATY OM 27 Apr 2020 Claim Close	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Date 1706/2020.00003
Claim 1002 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Markingo Yes Date Registered Report Taken By		at Fault GIA GIA Received GIA Received GIA Received GIA Received GIA Received GIA Received GIA GIA Received GIA	ved	92230243 CHARIZARDEX (HOTMAI) CMD 31 300 / C1UC) 17/06/2020 12:17	Corract No. (Home) OI Cor Vehicle EM21280 Number CATY OM 27 Apr 2020 Claim Close	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Date 1706/2020.00003
Claim 1002 New Claim Type * Contact No.(Mobile) Email Address			ved Subme)	92230243 CHARIZARDEX (HOTMAI) CMD 31 300 / C1UC) 17/06/2020 12:17	Corract No. (Home) OI Cor Vehicle EM21280 Number CATY OM 27 Apr 2020 Claim Close	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Date 1706/2020.00003
Claim 002 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Address Date Registered Report Taken By Print AK letter				92230243 CHARIZARDEX (HOTMAI) CMD 31 300 / C1UC) 17/06/2020 12:17	Corract No. (Home) OI Cor Vehicle EM21280 Number CATY OM 27 Apr 2020 Claim Close	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Date 1706/2020.0003
Claim 1002 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Address Date Registered Report Taken By Print AK letter				92230243 CHARIZARDEN@HOTMAN CMD 1: 100 / CTUE! 17/06/2020 12:17	Corract No. (Home) OI Cor Vehicle EM21280 Number CATY OM 27 Apr 2020 Claim Close	NRIC Contact Na. (Office) TP Vehicle Number Name of Preferred Workshop Date 1706/2020.00003
Claim 1002 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Action Over Taken By Print AK letter Attachment	Option		(Save) (Submit)	92230243 CHARIZARDEN@HOTMAN CMD 1: 100 / CTUE! 17/06/2020 12:17	Corract No. (Home) OI Cor Vehicle EM21280 Number CATY OM 27 Apr 2020 Claim Close	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Date 1706/2020.00003
Claim 002 New Claim Type * Contact No.(Mobile) Imail Address Claim Description Preferred Attachment Attachment Accident No.	Option MT/1092053	Claim No.	(Save) (Submit)	92230243 CHARIZARDEN@HOTMAN CMN7170N / CTUE! 17/06/2020 12:17 Jackson	Corract No. (Home) OI Cor Vehicle EM21280 Number CATY OM 27 Apr 2020 Claim Close	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Date Received 17/06/2020 00:003
Claim 002 New Claim Type * Contact No.(Mobile) Imail Address Claim Description Preferred Attachment Attachment Accident No.	Option MT/1092053 • Yes • No	Claim No.	(Save) (Submit)	92230243 CHARIZARDEN@HOTMAIL CMN7170N / CTUC! 17/06/2029 12:17 Jackson	Contact No. (Home) OI Cor Vehicle EMA21280 Number Carv OM 27 Apr 2020 Claim Close Date Confidential Urgen NO Norma	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Date Received 17/06/2020 00:001
Claim 002 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Marking Yes Date Registered Report Taken By Print AK letter Attachment Accident No. ast Doc. Received	Option MT/1092053 • Yes • No	Claim No.	(Save) (Submit)	92230243 CHARIZARDEN@HOTMAIL CMN7170N / CTUE! 17/06/2020 12:17 Jackson Category *	Contact No. (Home) OI Cor Vehicle EMA21280 Number Carv OM 27 Apr 2020 Claim Close Date Confidential Urgen No Norma	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Date Received 17/06/2020 00:001
Claim 002 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Attachment Attachment Accident No. ast Doc. Received	Option MT/1092053 • Yes • No	Claim No.	Seve (Submit)	92230243 CHARIZARDEN@HOTMAIL CMN7170N / CTUE! 17/06/2020 12:17 Jackson Category * Please Select	Contact No. (Home) OI Cor) Vehicle SMR21280 Number Claim Close Date Confidential Urgen NO Norma	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Date Received 17/06/2020 00:00 1
Claim 1002 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Markingo Yes Date Registered Report Taken By Print AK letter Attachment Accident No. ast Doc. Received	Option MT/1092053 • Yes • No	Claim No.	Save (Submit)	92230243 CHARIZARDEN@HOTMAIL CMN7170N / CTUC! 17/06/2020 12:17 Jackson Category * Please Select Please Select	Contact No. (Home) OI Cor) Vehicle SMR21280 Number Claim Close Date Confidential Urgen NO Norma NO Norma NO Norma	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Date Received 17/06/2020 00:001
Claim 002 New Claim Type * Contact No.(Mobile) Contact No.(Mobile) Contact No.(Mobile) Contact No.(Mobile) Contact No.(Mobile) Creferred Creferred Creferred Creferred Creferred Contact No.	Option MT/1092053 • Yes • No	Claim No.	Save (Submit) Over (Clear) (Clear)	92230243 CHARIZARDEN ON HARIE (EMPARIZARDEN ON HARIE	Contact No. (Home) OI Cor) Vehicle SMR21280 Number Claim Close Date Confidential Urgen NO Norma	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Date Received 17/06/2020 00:001